

**Westmoreland County Human Services
Block Grant Plan
FY 2018-19**

September 13, 2018

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PART I: COUNTY PLANNING PROCESS

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

1. Engaging the County community for input on the needs and services by holding public hearings for input.
2. Meet regularly with our Advisory Committee. The Advisory Committee has now been in place for four years. The funding decisions are discussed at the Advisory Committee meetings, allowing representatives from the community on the Advisory Committee to have a voice in the decision.
3. Once the recommendations are vetted by the Advisory Committee, they go to the Board of Commissioners. The Board of Commissioners has the final say and the right to decide a different direction, if they choose.

The Westmoreland County Planning and Leadership Team consist of representatives of the six categorical line items included in the Block Grant as well as the Human Service Coordinator. The Westmoreland County Leadership and Planning Team are:

- Dr. Dirk Matson (Chairperson), Coordinator of Westmoreland County Human Services and Administrator for Behavioral Health, Developmental Services, and Early Intervention
- Colleen Hughes, Executive Director of Westmoreland Drug and Alcohol Commission, Inc.
- Michael Washowich, Executive Director of Westmoreland County Housing Authority or in his place, Carrie Lucotch, Rental Services Supervisor
- Brandon Yorty, Fiscal Director of Westmoreland County Children's Bureau and Human Services
- Sandy Huth, Fiscal Director, Westmoreland County Behavioral Health and Developmental Services

Our Advisory Committee was selected in May, 2014, and consists of consumers, former consumers, family members, advocates, service providers, and advisory board members from each of the categorical departments represented in the Block Grant (Children and Youth, Behavioral Health, Developmental Services (Intellectual Disabilities), and Homeless Assistance. Nineteen (19) members were selected in the initial selection of committee members. Our goal was to have representation of 51% or more from consumers, former consumers, family members, advocates of consumers. We have 14 members currently, 6 of whom are consumers, family members or advocates (46%). A current roster of our Advisory Committee is attached in Appendix F.

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

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

The demographics of our Advisory Committee are:

- 46% (6) are consumers, former consumers, family members or professional advocates of consumers. One of the consumers has chosen not to be identified publicly
- 93% (13) are Westmoreland County residents
- 7% (1) non-Westmoreland County residents (this exception was made due to long work history in Westmoreland County and strong history of Behavioral Health advocacy)
- 93% (13) white, 7% (1) African American
- 86% (12) women, 13% (2) men
- 7 private providers represented

The needs of Westmoreland County are assessed via public input from these two public hearings and also from our Advisory Committee.

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

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

PART II: PUBLIC HEARING NOTICE

The Westmoreland County Commissioners, in conjunction with the Westmoreland County Director of Human Services, held two Public Hearings on February 23, 2018 and February 28, 2018 to gather public input on our FY 2018-19 County Human Services Block Grant Plan. The Public Hearings were advertised in the Latrobe Bulletin on February 14, 2018 as required by the Sunshine Act. In addition, the public was notified of the hearings by emails to providers and by notification on the Westmoreland County website. A proof of publication is included in Appendix A.

The first hearing on February 23, 2018 had 15 attendees and the second hearing on February 28, 2018 had 12 attendees. The Attendees include a CEO from United Way, County employees, Westmoreland Community Foundation, Westmoreland Foodbank, and advocates from Mental Health America of Southwest Pennsylvania and East Suburban Citizen Advocacy. The sign-in sheets for attendance for both meetings is in Appendix B.

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

PART III: CROSS-COLLABORATION OF SERVICES

The Block Grant Planning and Leadership Team, consisting of leaders from each of the categoricals, meets on a quarterly basis. It is through this meeting that we plan our recommendations to the commissioners for how HSBG funds are expended in a way that best suits the needs of the County,

many of which require cross collaboration of services. This is particularly true for left-over HSBG funds. There have been numerous projects that require cross collaboration of systems which have been started with leftover HSBG funds, such as the County prison case management services which provides therapy and treatment. Those decisions are made in the Block Grant Planning and Leadership Team meetings before they are sent to our Commissioners' office for approval. Throughout Part IV, the Human Services Narrative, we describe how our systems leverage Human Service Block Grant funds (HSBG), many of which require cross collaboration of services. Each of our Part IV sections addresses employment, housing or both.

Additionally, we also use existing resources, which uses no HSBG funds to address employment and housing needs.

Employment: Westmoreland County will use existing resources such as Career Link to help citizens network throughout the County to find employment. Career Link is a central force involving many agencies in Westmoreland County that helps address employment. No Human Service Block Grant Funds will be used for these services. Some of the agencies are:

- Bureau of Employer & Career Services (BECS)
- Private Industry Council of Westmoreland/Fayette, Inc. (PIC)
- Westmoreland County Community College (WCCC)
- Central Westmoreland Career & Technology Center (CWCTC)
- Goodwill Industries
- Lifelong Learning Center for Older Adults
- Life's Work of Western PA
- Office of Vocational Rehabilitation
- Penn State New Kensington
- Pittsburgh Job Corps
- Veterans Employment & Training Service
- Westmoreland County Area on Aging
- Westmoreland County Assistance Office
- Westmoreland School-to-Work Partnership
- Westmoreland Human Opportunities

Housing: Westmoreland County will use existing resources to provide housing resources for citizens in need. No Human Service Block Grant Funds will be used for these services, except for a small amount of funding for Westmoreland County Housing Authority and Westmoreland Community Action. Existing resources include:

- Westmoreland County Housing Authority
- Westmoreland Community Action
- Union Mission
- Southwestern Pennsylvania Human Service (SPHS)
- Blackburn Center
- Home Build Hope

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

The Westmoreland County Behavioral Health and Developmental Services Programs continue to serve adults, children, and families each year through community services designed to meet the behavioral health, mental health, and developmental needs; these programs are supported with blended funding of county base funding and our HealthChoices partnership.

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

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

Personnel Updates: Despite several programmatic and personnel changes in the past year, the Westmoreland County Behavioral Health and Developmental Services program office continues to work diligently to fulfill our mission statement and serve Westmoreland County individuals with mental illness or behavioral health needs. The most notable program changes in the past year has been the number of staff turnover within the BH/DS program office; since July 1, 2017, there have been resignations or retirements of seven (7) staff members. One of these changes includes a change in leadership with Dr. Dirk Matson assuming the role of administrator effective October 31, 2017. These personnel changes have provided our department the opportunity to realign our program strategies many of which shall be highlighted in this plan.

Service Review Completion: This past year also marked the conclusion of our multi-year service review process; this process reviewed and examined all programs and services that held a county funded contract and/or those with blended funding of HealthChoices and county funding. The service review focused on three key program areas: quality, access, and cost effectiveness. The service assessment process began in 2013 and was completed in 2017 with all program changes completed and finalized. Overall, the process accomplished several goals and actions some of which include:

- Program/Service description development or revisions to address and meet the county's current needs
- Increased program capacity and access to services

- Reallocated funding for programs with demonstrated outcomes
- Restructuring of programs based on consumer and stakeholder feedback
- Provided technical assistance and support to programs experiencing operational challenges
- Policy updates
- Consolidation of programs for service efficiency

Although the service review process is now complete, the program specialist staff continue their work for program adherence through annual monitoring visits and annual provider meetings for fiscal accountability and program oversight.

Clinic Outpatient Closure/Expansion: In 2017, Westmoreland County BH/DS received notice from Chestnut Ridge Counseling Services of their intention to close their clinic and school based outpatient program; this closure was significant and impacted over 1,400 adult and child consumers. In response, we worked closely with all stakeholders to develop a plan to provide a seamless transition for each consumer; our efforts included hosting several opportunities for consumers to meet other in network providers face to face and allowed the opportunity for immediate intakes to be completed. As we prepared for the June 1, 2017 closure of the Chestnut Ridge clinic, we opened our network to new psychiatric clinic outpatient services and also to independent licensed clinicians; this allowed numerous independent master level social workers and clinicians to serve our consumers in a timely manner.

In response to the need for additional outpatient clinic services, we added two new outpatient providers, Axiom Counseling and Connellsville Counseling Services. In May 2017, Axiom opened their outpatient clinic in Jeannette and is able to serve individuals with behavioral health and substance abuse needs; Connellsville Counseling opened their clinic in Mount Pleasant in January, 2018 and offer outpatient psychiatric services to adults, children and also provide Parent Child Interactional Therapy. We are pleased to have the addition of these two clinic sites as their location offers consumers greater access within or closer to their home and represent a geographically underserved part of the county.

While the network was open for outpatient clinics, Westmoreland County BH/DS met with several other interested providers however, these discussions did not result in the addition of a clinic due to several reasons such as:

- inability to locate clinic space/office
- lack of or inability to obtain consist psychiatric doctor/personnel

To respond to these needs, Westmoreland County has supported the use of tele psychiatry within several outpatient clinic organizations such as Ligonier Valley Learning Center and Primary Health Network; we are currently working with a large provider agency to consider the use of tele psychiatry in their outpatient clinic as well as in other treatment programs.

Adult/Children’s Mental Health and Early Intervention Awareness Event Updates: For the past five years, our office has worked with our community providers and programs to increase awareness about mental health issues, reduce stigma associated with mental illness, and to provide understanding about recovery, positive mental wellness, and treatment strategies for behavioral and emotional disorders. For the past two years, our Birth to Three Early Intervention and Preschool Early Intervention partner has hosted a community awareness event to provide information and resources to families that have concerns about their child’s physical, social, and/other emotional development.

Each year in the month of May, the adult and children’s departments host an annual mental health awareness event at the local shopping mall; our 2017 event was titled ”Rocking your way to

Recovery” and included family friendly activities, information about recovery and resiliency, and performances by several local musicians and performers. The 2018 mental health awareness event was held on May 19, 2018 at Westmoreland Mall in Greensburg.

In October, 2017, our Early Intervention coordinator and system partners hosted our 2nd annual community education and information resource event at Westmoreland Mall; the event featured a local youth cheerleading group, reading/story time, and over 20 providers from child care centers, providers, and preschools.

Participation in the Pennsylvania Gun Law Database: In March 2018 our office was able to coordinate with Pennsylvania State police and gained the capability to enter 302 information directly into the (PICS) Pennsylvania Instant Check System. This information is used instantaneously by firearms dealers to identify individuals who are not able to purchase firearms. This capability greatly improved the speed of entering information into the PICS system and also adds an extra layer of verification to our internal database to ensure that all required reports are entered.

Early Intervention Family Coaching Grant to enhance social and emotional development: For the past four years, Westmoreland County have applied for and received grant funding from the Office of Child Development and Early Learning (OCDEL) for the development of Family Coaching practices within the service delivery of the birth to three Early Intervention Services program. The initial grant focused on providing a solid foundation of skill competencies and training in the family coaching model to all treating early intervention providers and therapists, the service coordinators, and evaluation teams. The Westmoreland County Birth to Three Early Intervention program sought these grant opportunities to fulfill three outcomes within the early intervention services: 1. to increase family engagement 2. increase the child’s social and emotional skills, and 3. increase the skills of Early Intervention providers in using a Family Coaching model. At the conclusion of our third grant we were pleased to report that all Westmoreland County Early Intervention providers and treating therapists received training in Family Coaching techniques and began to see children entering and leaving the birth to three early intervention program in a timely manner with family service plan goals accomplished.

To continue and sustain these positive outcomes and efforts, Westmoreland County was awarded our fourth Evidence Based grant to continue Family Coaching strategies in 2017/2018 fiscal year. The focus of this grant was to target barriers that exist to family engagement, including parent confidence and competence, and ways to further increase a child’s social and emotional development especially when the parent/guardian is not fully engaged in early intervention services. Although we had great success initially, early intervention therapists continued to struggle with the promotion of appropriate social and emotional development in younger children; to address these concerns directly, we opted to set up opportunities for therapists to attend Colleague to Colleague small group sessions which are facilitated by our consultant and family coaching training provider, System 1-2-3; these small group experiences afford the opportunity for therapists to discuss challenges and successes with the coaching strategy among their peers.

As this year’s grant concludes, we are considering ways to sustain our family coaching efforts and further enhance social and emotional development competencies with educators and other child serving systems (see more in our Recovery Transformation priorities).

Building Blocks training: Wired Kids: Each year, the Westmoreland County Birth to Three Early Intervention program in partnership with the Westmoreland County Local Interagency Coordinating Council Birth-5yrs hosts a day long training for parents and early intervention professionals titled Building Blocks. This year, our Building Blocks presentation and training was titled *Wired Kids- How*

Technology Impacts Early Child Development; the presenter, Ms. Cari Ebert, M.S., CCC-SLP, is a Pediatric Speech-Language Pathologist in private practice in the Kansas City, Missouri area and is also a national presenter. There were approximately 114 participants including Infant Toddler Early Intervention Service Coordinators and therapists, Preschool teachers and Early Childhood partners. This one-day training examined the evidence to guide therapists, educators and other early childhood professionals as we live and work in the “digital age” and reminded participants that “just because technology is available at our fingertips, doesn’t necessarily mean we should be using it with very young children”. The speaker presented information demonstrating that infants, toddlers and preschool age children do not learn the same way as older children and adults learn and that it is not just a matter of being pro-technology or anti-technology, but rather considering what is appropriate for the developing brain and body. During this seminar, professionals gained powerful evidence-based information regarding best practices for technology use in therapy and in the early childhood classroom. The favorite quote of the day was “there is no app that replaces your lap”.

Community Education and Training (302): For several years, Westmoreland County BHDS has offered educational trainings to community members, organizations, and system partners about the voluntary/involuntary hospitalization process and the Mental Health Procedures Act; in the current year, we have provided trainings to the following:

- Greensburg Salem School District
- Greater Latrobe School District
- Franklin Regional School District
- Adelphoi Village (MST, in home services, partial, education, and residential programs)
- Westmoreland Case Management & Supports
- Excelsa Health (crisis response center and emergency room departments)
- Latrobe Area Hospital (annual children’s behavioral health conference)
- Derry School District

Student Assistance Program Liaison updates: When the 2017/2018 school year began it marked the first time that Westmoreland County had one liaison agency in the county for all public school districts as part of the Student Assistance Program; it also signaled the first year for a county wide shift from liaison screenings to an assessment. These changes were a result of a multi-year service review and restructuring of how our dually trained SAP liaisons work within each district and in the Student Assistance Program; this partnership has not been without minor adjustments and challenges but has also opened the door for a dialogue with each district about child and adolescent mental health needs, family engagement strategies and how to increase access to appropriate treatment and support services across all the child serving systems.

The *enhanced* SAP liaison services available to all public school districts followed the commonwealth approved SAP guidelines. However, the new liaison model allowed for a comprehensive behavioral health assessment to be completed (with parent consent) on site at the child’s school and examined the needs of both the child and family. This new model allowed for an opportunity to engage with the child’s parent/guardian and to understand not only the child’s behavioral health needs but also the family strengths and needs. Following the assessment and with parent consent, the family and child was given an opportunity to continue with the process by having an intake completed for base service unit and case management services; families were not required to participate and/or become enrolled in case management services and this remains an added benefit to families seeking ongoing support and services.

To ensure that the planned liaison model and services were meeting fidelity of the SAP guidelines and the process was operating smoothly, our department returned to meet with school districts and sought out feedback to refine the role and services of the SAP liaison. In response to school comment, we have revised the referral process when a referral is primarily for drug/alcohol concerns, considered our interactions with parents in alternative ways so that they may participate in the assessment process (meeting in community, phone participation, etc.), provided real-time SAP data to schools including those who have become enrolled in case management services, revised and clarified the parent consent process needed for participation in SAP, and offered school and community post-vention supports and services following a tragic event.

Although systemic change is difficult, we remain confident that the enhanced SAP liaison approach will continue to yield opportunities to engage with families, children, and school systems in ways that will provide increased access to the appropriate services rather than the most available service at the time of assessment for both the child and their family.

Development of Adult Behavioral Health Needs Assessment: Westmoreland County BH/DS has developed a needs assessment process to make informed decisions regarding adult behavioral health services/programs within the county. The purpose or expected outcome will be to provide the county needed information to make decisions regarding, but not limited to, access to services, quality of services, availability of specialized treatment and support services, and to address any potential system issues and needs.

To carry out the adult needs assessment functions, there will be a designated key group of individuals involved throughout the process. This core group will be stakeholders including county behavioral health staff, managed care organizations representatives, base service unit representation, SWBHM oversight entity staff, and a consumer representative. Most of the work completed in the needs assessment process will occur within this group of participants.

Merger of the Peer Support Programs: In the Fall of 2017 the Caregivers, Peer Support Program made the difficult decision to close this level of care within their organizations. In order to not delay this service delivery to the consumers of Westmoreland County, a strategic plan was created to transfer all consumers involved within the Caregivers program to the Westmoreland Case management and Supports, Inc. (WCSI), Peer Support Program. Consumers had the option to continue their Peer Support Services through WCSI if they so choose. Caregivers, Peer Support staff also had the opportunity to interview for CPS positions at WCSI.

Community Support Programs: Westmoreland County and Western Region CSP (Community Support Programs) are monthly consumer meetings that our office staff are involved with and have representation on the steering committees. This year we had our annual recovery awards dinner in May honoring nominees with Ripple Effect Awards, we have monthly meetings bring in community partners for presentations. We also plan a summer picnic and holiday party. Westmoreland County is known for having the largest and most active CSP in the region.

Development of an Enhanced Acute Care Unit: Westmoreland County has submitted a reinvestment plan for the development of an Extended Acute Care (EAC) program to serve individuals in need of extended inpatient psychiatric care to ensure stabilization. The EAC will be a fourteen bed hospital-based psychiatric unit located Highlands Hospital in Fayette County. Highlands Hospital and Westmoreland County BH/DS have had numerous staff turnover but this program continues to be a top priority and is moving forward. A contractor is in the final stages of being awarded the contract and it is estimated that the facility will need 6 months to renovate the

space identified for the operation of the program. It is estimated that this program will be in operation and serving individuals by January, 2019. This program will be initially paid for through reinvestment funds and will be billable to Health Choices, Medicare and private insurance once it begins to receive admissions.

Crisis Intervention Training (CIT): Training the consumers as well as the community when dealing with a mental health crisis is a priority. The BHDS office has worked with both the state and local police departments to educate and train officers on the importance of understanding a mental health crisis and how to respond to it. Westmoreland County BHDS coordinated with many partners to offer Crisis Intervention Training (CIT) to law enforcement in the Western Region. This training supplies police and first responders, the criminal justice system, citizens and county crisis teams with mental health knowledge and awareness, crisis resolution skills and access to community resources when they encounter an individual in a mental health crisis. This promotes more appropriate responses to individuals in a mental health crisis as well as a reduction in physical confrontations, injuries and arrests. Our office plans on continuing to support the regional team and plan for two trainings per year. The next training is in early June, 2018 and is being sponsored by the Western Region CSP program.

Disaster Crisis Outreach and Referral Team (DCORT): Disaster Crisis Outreach and Referral Team (DCORT) is a necessary component in mental health stability. The BH office has had significant turnover in the past year and has added new community programs. We are in the process of completing the introduction to DCORT trainings to continue to enhance our current team. Westmoreland County is known as being one of the counties who is most involved with our community and has responded to numerous calls outs over the past year to schools, fire departments, house fires, police officer death support, as well as numerous suicide assistance calls on different levels.

b) Strengths and Needs

• Older Adults (60 years and above)

- **Strengths:** Westmoreland County and Behavioral Health & Developmental Services recognizes the many needs of the older adult population which consists of the over 60 years old and above. Our office ensures that by discussing, not just the behavioral health needs of this group, but the everyday challenges like preparing meals, transportation and medical/mental issues are addressed.

One important example of recognizing the concerns of the over 60-year-old population is the several committees formed to assist and monitor the issues that they face daily.

An important component to serving the older adults is the Westmoreland's Elder Abuse Task Force, which identifies the need to reduce the number of victimized older adults through prevention, education, identification and prosecution through a joint effort. Our office is part of this important committee, which consists of law enforcement, aging agencies, that includes adult protective services, ombudsman, county government officials, as well as fraud and security professionals. This committee also educates this over 60-year-old population in understanding guardianships, selecting their power of attorney and completing their advance directives.

Another important committee that we sit on is the Domiciliary Care Review Team that is a joint effort between the AAA, Department of Human Services and the BH/DS office. This works to handle complaints or appeals within the Dom Care process.

Another committee that our office participates in is the Pennsylvania Link Network to aging and disability resources. This committee has had local trainings on housing safety options, hoarding and is still meeting to develop future outreach events.

Westmoreland Casemanagement & Supports is also a part of serving the older population that have mental illness, which our office continually supports. WCSI case managers meet this population in their homes and assist them in sustaining their home and most of all their independence. The case manager also supports and educates these consumers about what mental health treatment is available, independent living skills, referrals for medication management nurses, transportation, food bank and socialization.

- **Needs:** Westmoreland County BH/DS has staff in new roles and hopes to continue to expand our knowledge in this area and participate in all relevant committees. We currently do not have any unmet needs in this area.

- **Adults (18 years and above)**

- **Strengths:** As highlighted last year as our CHIPP's project we wanted to give an update on the Enhanced Personal Care Home that is run by Paula Teacher and Associates. We successfully had ten CHIPP discharges total to the Personal Care Home in September, 2016 and was at full capacity by March, 2017. Out of the original ten, Torrance State Hospital discharges, seven are still residing at the PCH. One consumer passed away on November 3, 2017, one needed a higher level of medical care and was transferred to a Skilled Nursing facility on December 6, 2017, and unfortunately one returned to TSH on March 23, 2018 due to the needing a higher level of psychiatric care.

There have been three referrals (two from TSH and one from the community) to the EPCH as of May, 2018, of those three referrals, only one consumer was accepted. There are currently two pending referrals, one from TSH and one from the community inpatient hospital.

- **Needs:** Westmoreland County continues to work on the development of a housing plan using reinvestment funding. We continue to explore options as the initial plan we wanted to partner on was not able to be used due to the limitations on having set number of consumers in the same supporting housing unit. Westmoreland County continues to have unmet housing needs in the community.
- **Strengths: STAR (Service Team for Adults in Recovery) Meetings** - There have been 64 STAR meetings from July, 2017 – present with a total of 28 diversions from the State Hospital. These meetings have occurred at differently community hospitals, WCSI or ACT offices. Out of the 64, 39 were potential TSH referrals and the remaining 25 were to review at-risk consumers.
- **Needs: DDTT (Dual Diagnosis Treatment Team)** - Westmoreland County is currently continuing to work with Merakay as the provider for the counties DDTT. This is a relatively new program and during internal audits we have found areas that need improvement. We are working with another county to ensure that this program improves its quality and continues to be a quality service for our consumers within this population. Currently Merakay is serving 17 Westmoreland County consumers. Westmoreland County continues to improve oversight of the program to meet the needs of the consumer. This program is a very needed resource to meet the needs of the dual population.

- **Strengths: Risk Management** - The CHIPP Coordinator participates in the monthly Risk Management Committee for dual diagnosed consumers. The Risk Management Committee consisting of representation from Behavioral Health, ODP, SCO-BH & ID, Developmental Services and the HCQU, meets monthly and is responsible for reviewing and analyzing individual and aggregate data to mitigate risk to those receiving ID services. This process also assists local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, etc.

Another piece of risk management is Westmoreland County Human Rights Committee. This committee reviews and approves restrictive procedure plans; reviews incidents of restraint and violations of individual rights in aggregate to ensure the use of positive practices and least restrictive techniques to protect individual human rights, health and safety.

- **Transitional-age Youth (ages 18 to 26)**

This past year marked the first year following major program changes serving our transitional aged youth; these changes included the additional of mobile psychiatric rehabilitation services for adolescents 18 years and older and the redesigning of social rehabilitation services for adolescents aged 16 to 17 years old. As with other target population groups, we recognize and acknowledge the importance of these transitional years for young adults with severe mental illness and have dedicated the next year to an in-depth review for this population group.

- **Strengths:** for over 10 years, Westmoreland County BHDS has dedicated financial and program staff resources for the transitional aged population; this is evidenced by our ongoing support of county programs such as social rehabilitation, psychiatric rehabilitation services and a drop in center exclusively for youth ages 16 to 26. In addition, Westmoreland County has a transitional aged housing support program that allows young adults with serious mental illness to live independently; this program provides apartment housing for individuals 18 years and older who are chronically homeless and have serious mental illness. In addition to the above mentioned strengths, our base service unit had identified three case managers to specialize and work with transitional aged youth.
- **Needs:** Although our current service array has served hundreds of transitional aged youth, we feel that our continuum of care for this target population is sufficient. We recognize this as an unmet need for our county and for this reason, a thorough review of the needs of transitional aged youth service options is long overdue. It is our intention to start a comprehensive review of the effectiveness and utilization of our current programs and will examine how neighboring counties serve transitional aged youth. This review will include a system and program analysis and will include youth input and participation which has been absent in many of our prior program development and reviews.

In addition to the need for a county-wide assessment in this area, we have started this examination with the consideration of joining the Office of Mental Health and Substance Abuse Services First Episode Psychosis grant funded services program and will consider moving ahead with this endeavor following our need assessment review.

- **Children (under 18 years of age)**

In the past year, our children's services department remained busy with the completion of several projects however the most notable theme was the challenges that related to having adequate access to clinical services such as Behavioral Health Rehabilitation Services, Residential Treatment programs, and inpatient hospitalization programs that are local to the family's home.

Much of our past and current year's efforts have been to find ways to ensure that the family is aware of alternative services to meet their child/children's behavioral health needs as well as explore ways to work across other child serving systems facing similar access, capacity and behavioral health service needs. In this section, we will highlight the strengths and needs of children and adolescents with regards to program areas that were, and continue, to be our focus for children and their families in the upcoming year.

- **Strengths:** Westmoreland County BHDS continues to prioritize children's behavioral health services and continues to have a department solely dedicated to administrative oversight of children's behavioral health services and the birth to three early intervention program services. With respect to children's services, we feel that our greatest strength has been the involvement of our staff with system stakeholders and partners to creatively examine our current processes, services, and programs serving children to determine where and how systematic changes should be made to improve and enhance services for children ages birth to 18 years of age.

The first example of our strength based approach to serve children under the age of 18 years in the past year has been our efforts in the area of child centered/complex case planning facilitation services. The concept of complex case planning for children began last year as our families faced challenges with accessing various levels of care such as BHRS, RTF, and inpatient care to program capacity issues and the presenting needs of the children appeared to be complex in nature. Consequently, as families waited for service delivery to begin, the child's behavior decompensated and resulted with a need for a higher level of care and/or a crisis response. Our county's response has been to establish a complex youth facilitator at the base service unit for the purposes of working in partnership with the county BHDS office to triage and manage complex cases for children with behavioral health needs; to date, the facilitator and program has started to implement the following procedures and practices to ensure that a child and family have adequate access to clinical services and appropriate supports to prevent further disruption and/or an out of home placement:

- following an initial ISPT meeting for BHRS services, the youth facilitator meets with families to explain the process for selection of a BHRS provider and discusses alternative services and supports which may be available should there be a delay in the start of the BHR service and/or there be ongoing service delivery disruptions
- upon discovering that a provider has not accepted an initial BHRS prescription/referral OR that the preferred provider has not fulfilled the provision of BHRS services as prescribed after 30 days, the youth facilitator is contacting the family and offering support and to reconvene in a small system meeting format for the purposes of identifying alternative clinical services and/or supports until BHR services are delivered to the family in accordance with the prescription
- all initial BHRS referrals are tracked closely to determine the date that the referral was sent, the specific reason for denial and the first date of service delivery. This information is shared and discussed with the county BH/DS office on a monthly basis.
- families/parents are extended invitations to participate in a small system meeting with youth once a system barrier is identified (such as gaps in BHRS service delivery schedule, lack of providers to accept BHRS referral, etc.)
- county children's program specialist staff are taking an active role as a participant in initial and ongoing ISPT meetings for cases that are considered MA/Fee-For-Service

Another programmatic strength for children has been our ongoing efforts to support the educators and school districts through our Student Assistance Program; as mentioned above in the program highlights, we continue to meet with districts to adapt our interventions and interactions that will encourage family participation, engagement, and involvement. In the current school year (September 1, 2017 to March 31, 2018), our SAP liaisons have completed 900 comprehensive behavioral health assessments with students and their families; of these, 250 have then agreed to complete the intake to become enrolled with case management services at the county base service unit. The liaison's efforts have proven to be successful and 593 of families (66%) completing an assessment were linked to at least one service. The discussion exchange between the county BHDS office and school districts has been beneficial to ensure that our Student Assistance Liaison service enhancements have been effective and they have also demonstrated service gaps and ways in which schools continue to struggle to support students with mental health needs.

- **Needs:** Across all levels of care for children and adolescents, the common theme and concern has been for access and capacity for behavioral health services; the reasons for these concerns vary from provider staffing challenges, program closures, and/or the complexity of the child's needs. While we acknowledge these issues are systemic and larger to Westmoreland County, it has resulted in our program office to recognize program areas of need to respond to the child and family in a proactive manner and one that is respectful to the CASSP principals and in such a way that the child and family needs are individualized and promote seamless transitions when children are involved in multiple systems.

The discussions and meetings over the past year with various system partners have highlighted the need for early identification of behavioral health needs with younger children, when possible, and providing as much information to families about their child's development and services that are available in their community. Through discussions with early child care providers and elementary school educators, it appears that the behavioral health needs of children are increasing in frequency and severity, often times resulting in a child's expulsion in a day care setting and or disruptions to learning at a kindergarten level. While our early intervention program has made significant progress in the area of family coaching and supporting child care center staff, we continue to see young children leaving early intervention services and moving directly into BHRS services; many times, these two services run concurrently prior to the child's exit from early intervention at age three.

At the elementary school level, we also heard educator concerns for children entering public school system with little to no social and emotional skill development therefore resulting in frequent behavioral health episodes, suspension, expulsion and/or out of school placement. Westmoreland County is prioritizing the social and emotional development in younger children for this year's county plan; our goal for the upcoming year will be to work towards an interconnected system framework to develop a coordinated and responsive approach to the needs of our early intervention system partners, child care center providers, behavioral health providers, and our local public school educators that begins to bridge the system gaps between early intervention and behavioral health services and promotes family confidence and competencies to address their child's emotional and social needs.

We have also identified the need to enhance our services and supports for the transitional aged youth. As the social and emotional needs of our young children is essential for healthy development, the transitional aged youth must also acquire and retain similar skills to transition into and maintain health and wellness as a young adult. We highlight the transitional aged youth strengths in needs later in our county plan as well as prioritize this population for a recovery oriented transformation goal.

Therefore, Westmoreland County is establishing system transformation priorities in the following areas: 1. enhanced collaboration to bridge system service gaps and enhance social and emotional development in young children (ages birth to 6); 2. strengthening school partnerships and be responsive to student wellness following traumatic national and local threats of harm; and 3. assess the county service needs for transitional aged youth (ages 16 to 24).

These child system needs will be addressed through current projects that are in the early stages of development and planning will continue to utilize current processes and programs such as the SAP program, CASSP Coordination, and other child serving system partners.

Based on these child/children specific needs identified above, we are submitting a *Recovery Oriented Systems Transformation Priority Goal* for the following:

1. Bridging the system gap between Early Intervention and Children's Behavioral Health- building the social and emotional capacity of young children
2. Transitional aged youth county need assessment-developing system capacity to serve transitional aged youth
3. Supporting schools and students for safety and mental wellness- exploring ways to support students with mental health needs

- **Individuals transitioning out of state hospitals**

- **Strengths:** Westmoreland County has had 17 admissions to Torrance State Hospital from July 2017- present. We have had 14 discharges from Torrance State Hospital from July 2017-present. Consumers have been discharged to CRR's, LTSR, PCH, EPCH, ESH, SH or independently to the community with supports such as ACT, Case management, Psych Nursing, ACE, IOP, Peer, Payee, etc.

The average census has been 45 and Westmoreland county bed cap is 55. We have had 11 referrals to the State hospital that were diverted before being accepted. The Westmorland County CHIPP Coordinator has participated in 28 CSP meetings for consumers at TSH.

- **Needs:** Westmoreland County is still experiencing high complex placement needs of consumers with sex offender's history and criminal issues. We are in the initial stages of submitting a plan to use reinvestment funding to OMHSAS. This plan will be to develop either a Forensic LTSR or other community program.

- **Co-Occurring Mental Health/Substance Use Disorder**

- **Strengths:** Westmoreland County Behavioral Health and Developmental Services is committed to supporting the needs of those with Co-Occurring Mental Health and Substance Abuse Disorders. Several providers offer psychoeducational groups to support those with Co-Occurring Disorders. This year we have used base funding to support a drug overdose survivor group at Mental Health America and a drug and alcohol support hotline with Westmoreland County Community Action.

- **Needs:** Westmoreland County Behavioral Health and Developmental Services will explore additional options to directly support individuals with Co-Occurring Disorders in order to provide specialized care for this population. We currently have no unmet needs in this area. We will continue to be partners with the community program and look at new trends.

- **Justice-involved Individuals**

- **Strengths:** Once incarcerated, individuals with mental illnesses tend to stay longer in jail and upon release, are at a higher risk of returning to incarceration than those without these illnesses. Westmoreland county has made tremendous efforts to address this problem which includes better coordination between the criminal justice system, mental health system, substance use treatment, and other agencies.

The existing WCSI Criminal Justice Liaison Program, which intercepts those who have mental illness at the pre-trial level of the criminal justice system, can offer needed services at the front of the intercept model utilized by Westmoreland County. Liaisons assess defendants and offer case management services, as well as mental health treatment.

Our new WCSI Prison Treatment Program, which currently has three staff members have served a total of 205 inmates since the program's inception in June of 2017. The master's level supervisor identifies, assesses and provides individual therapy to any inmate that may identify as having mental illness. The two bachelor's level staff facilitate groups during the day. Based on the average number of groups typically held per week, the Prison Treatment Program has held 450 psycho-educational group sessions. This vital program will assist in not only providing behavioral health care for the inmates, but ensure a seamless re-entry process once release is imminent.

The Westmoreland BH/DS is a committee member of the Re-entry Committee, in which judges, probation officers, behavioral health professionals, law enforcement as well as prison officials, come together to establish solutions and methods to track and reduce recidivism of the mentally ill in our counties criminal justice system.

Our department also sits on the CJAB committee. Its mission is to bring key members of the criminal justice system together to monitor and advise policy makers regarding the need for innovation and change in our county's Criminal Justice system. This committee also evaluates the educational drug programs for families and drug court. Westmoreland County also offers CIT training to members of law enforcement and the criminal justice system, so that they better understand the behaviors of those who have mental illness in the community.

Lastly, Westmoreland County has become part of the national Stepping Up Initiative. This initiative was formed to reduce and to collect accurate data on the number of individuals with mental illness in our jails. In addition, Westmoreland County will receive technical assistance and resources from the Stepping Up partners to improve the mental health screening process, so that they are able to develop strategies that produce a system-wide impact.

- **Needs:** Westmoreland BH/DS wants to develop a program and collect data to address the need of those individuals in jail that have mental illness. We will partner with the county prison and base service unit on this project. Once we have a tracking system in place we can further expand our services to meet the needs of the community. We currently have no unmet needs in this area.

- **Veterans**

- **Strengths:** Westmoreland County Behavioral Health and Developmental Services partners with the local VA clinic and the Veteran's Hospital in Pittsburgh collaborate regarding individuals who are in need of mental health services on an individual basis. This year with our staffing changes we have reached out to the County Veterans office to offer additional support and ask for them to add us to any committees that may be appropriate. They are considering offering MH First Aid at a state conference that they are planning later this year.

- **Needs** – Westmoreland County Behavioral Health and Developmental Services is in need of establishing a more concrete process for communication with VA entities and is in need of developing a continuum of care and formal communication in collaboration with the base service unit. We have a need in this area to determine the linkages to service problems of this population and how we can better offer services and supports in the community.

- **Lesbian/Gay/Bisexual/Transgendered/Questioning/Intersex consumers**

- **Strengths and Needs:** In all levels of care, our providers are respectful of one's sexual identity and orientation and services are adapted to meet the individualized needs of all persons. In our Early Intervention program and throughout children and adult services, training to increase knowledge and competence in the area of serving LGBTQI consumers is available and encouraged. However, our county has not designated local behavior health providers to solely serve this population.

As we continue to work with our local school districts on a closer level in the next year, all liaisons will receive LGBTQI 101 training and advanced training as necessary; our office will also consider the expansion of behavioral health services designed specifically to meet the needs and be respectful of the needs of our LGBTQI consumers.

- **Racial/Ethnic/Linguistic Minorities**

- **Strengths:** Westmoreland County Behavioral Health and Developmental Services embraces cultural competency and strives to ensure that the needs of minorities are embedded within the mental health treatment process. Language lines are available on an as needed basis for crisis services and other levels of care. The base service unit also provides training to the community to address cultural concerns.
- **Needs:** Providers need to continue offering training to staff in order to support service provision to minorities and to maintain awareness of cultural issues within Westmoreland County. We have no specific unmet needs in this area.

- **Other (people living with HIV/AIDS, other chronic diseases/impairments, traumatic brain injury)** No addition services offered in this category.

- **Is the county utilizing Cultural and Linguistic Competence (CLC) training**

No training is being utilized for cultural or linguistic competence, however we have interpretive services available through a Westmoreland County agreement with the Center for Hearing & Deaf Services, Inc. and also have Telephonic Language Services provided by Southwest Behavioral Health Management, Inc. through a contract with Network Omni.

- **County Suicide Prevention Efforts**

Westmoreland County has had an active suicide prevention and awareness task force whose mission is to raise awareness that suicide is a national public health problem, suicide prevention efforts include all individuals across the lifespan and to reduce stigma associated with mental illness. Westmoreland County's suicide rates declined from sixty completed suicides in 2016 to a total of fifty-seven in 2017. Last year, key stakeholders from our county human services department, behavioral health department, and our local mental health advocacy organization met to review and examine our completed suicide rates; our discussion examined various factors such as identified antecedents, demographic information and manner of death.

In addition to our internal review, the annual suicide statistical information is collected and shared with our task force chairperson and the task force members; this information provides valuable information to assist the group's strategies for awareness and prevention.

The task force which has several staff from the BH/DS office has completed 12 community outreach events and had 6 QPR trainings.

The task force has an annual Ray of Hope Walk, this year was Saturday, September 9, 2017. We had over 278 registered participants. Last year the task force also hosted a 2017 Suicide Prevention Conference on November 17. We had 119 community members in attendance. Wounded Warriors Earl Granville, Dr. Sam Lonich, and David Delvaux were the presenters.

The Ray of Hope collaborated with Mental Health America of Southwestern PA to host a film screening, Suicide: The Ripple Effect film on April 4th with over 100 in attendance. The film featured the story and work of Kevin Hines, Suicide Prevention Advocate.

The Task Force is currently seeking funding to cover the cost of a part-time paid employee to support Task Force efforts. The task force also had several members of the states PA Prevent Suicide program.

c) Supportive Housing:

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

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

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

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

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

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section. N/A					
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
Notes:									

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

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	38,730	38,730	10	6			3	Long Term Program
Notes: Program closed one home and is in discussion with county office with program transition									

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	BASE	587,029	598,993	300	300			6-8	Long term HSS Provider
Notes:									

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
	BASE	67,000	62,000	421	375			Up to \$400	Long term supported program
Notes:									

7. Other: Identify the Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<p>Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
Self - Supported		0	0	3	3			2006
Notes:								

d) Recovery-Oriented Systems Transformation Priorities

1. **Children's** - Developing an interconnected system framework to bridge systemic gaps between Early Intervention and Children's Behavioral Health

Narrative: Westmoreland County Birth to Three Early Intervention (EI) Program has worked collaboratively with our EI providers to increase the family's participation in service and with the hope that the parent/family member would develop confidence and competencies to continue the strategies and interventions that were presented during their child's EI therapy services. Historically, EI services had utilized a medical model approach and did not require, or invite, the family members to take a "hands on" approach during the session. In early 2014, the Office of Child Development and Early Learning (OCDEL) encouraged counties to move towards a *Home Based Coaching* model that increased the family's role and participation in services; initial goals of home based coaching included:

- include parent/caregiver during EI therapy services and increasing their confidence so they can manage their child's therapy during periods in between sessions
- increase parent/caregiver understanding of how their child can be supported to learn and develop in places that are typical for children of the same age
- home based coaching strategies that take into account daily routines and activities that are identified as challenging and/or difficult

In the second year of our grant we focused on the sustainability of home based coaching strategies and targeted EI independent evaluators, service coordinators, and a "train the trainer" model to support new staff coming into the profession. During this time, we had an opportunity to support parents and caregivers in the healthy development of their infant/toddler's social and emotional abilities which had been a system priority for young children; we applied for and received our third year of grant funding to continue our coaching efforts and to enhance education to the family about social and emotional development. The grant funding was used for targeted consultation and observation of coaching practices; we also began to transition our language from home based coaching to family coaching strategies. We are in our fourth grant year with a goal to continue family based coaching; this year's grant activity includes the following:

- ongoing direct service observations and "coaching" in the field
- training partnership with our preschool early intervention program
- small group sessions for therapists to discuss their challenges/successes of coaching among their peer group
- development of a process for the completion of a functional behavioral assessment and data in a progressive manner and a web based FBA program with guided strategies and interventions for the early interventionist to use in real time
- development of Individualized Family Support Plan (ISFP) outcomes and strategies to incorporate coaching efforts and session note documentation

We have found the family coaching model to be successful and have seen the average length of time a child spends in EI services decrease as the child is meeting their goals as a result of increasing the family's involvement in services and thereby increasing parent/caregiver

confidence and competency. In addition, each EI system partner learned to communicate with family members in a standardized manner that is encouraging, supportive, and closely resembles a mentoring approach; throughout the course of EI services, families are encouraged to examine their confidence and competencies with respect to continuing the child's therapy between the scheduled therapy session.

Westmoreland County BH/DS is invested in the development of an interconnected system model that applies family coaching strategies in the behavioral health system with a focus to providers serving a younger population (birth to six). Westmoreland County is currently in the early stages of an initiative that will attempt to provide a coordinated and responsive approach for young children (ages birth to 6 years) with behavioral health needs and who meet the following criteria:

- concurrent Infant/Toddler Early Intervention and BHRS service plan and/or prescription
- at risk for suspension or expulsion from a child care or day care center due to their behaviors
- identified physical aggression and/or elopement behaviors in the elementary school classroom setting
- children between the ages of 2 ½ and 5 with an initial prescription for BHRS services

Our early planning meetings and discussions have suggested that our county, along with key system stakeholders, consider programming that includes (but not limited to) the following:

- county wide implementation and family coaching training for all BHRS providers, including prescribers and evaluators
- family coaching training to our county designees at the base service unit
- standardized strength based teaming strategies for all families at the onset of BHRS services
- development of a specialized BHRS provider to serve young children with complex social, emotional, and/or behavioral disturbances
- working with the BHRS provider to provide immediate access for families with a BHRS prescription for children under 6 years of age and to establish a no reject/eject policy
- working with selected school districts to develop responsive approaches to maintain children in the classroom
- utilize a specialized "progressive" functional behavioral assessment that incorporates guided strategies and interventions when working with younger children

Timeline: Planning is in the early stages of development and discussions have begun with our EI Technical Assistance consultant, current family coaching consultant, and representatives from our behavioral health oversight entity. We will prioritize the next steps to create an interconnected system framework for younger children and families; the outcome will focus on naturally occurring processes that the child and family encounter during their journey in the infant/toddler and behavioral health systems, such as transition meetings, ISPT meetings, and BHRS intake/admission sessions.

The planning for the development of an interconnected service network will begin in July, 2018 with a discussion with our BHRS providers, county behavioral health and early intervention stakeholders, managed care organization, and our oversight entity. Based on the comments

received, we will be preparing our written plan and proposal to begin the collaborative work with our behavioral health and EI system partners. Based on these stakeholder discussions and reinvestment funding available, it is likely that Westmoreland County will be seeking to submit a reinvestment plan to the Office of Mental Health and Substance Abuse Services by December 31, 2018 with a goal to operationalize training and consultation services within the BHRS service array.

Fiscal and other resources: The fiscal resources considered for this proposed program are blended funding streams of HealthChoices and/or Reinvestment Plan funding, pending plan submission and approval. Although the family coaching initiative was launched with an Evidence Based Grant through OCDEL we are not planning to submit another grant request at this time; however, we would consider HC reinvestment funding for the implementation and development of a family coaching model in the children's BHRS service delivery which can include family coaching training, direct observation, and consultation for children that are ages birth to six years of age and older. *As stated earlier, this proposed pilot is in the early stages of planning and development; the final decision to continue will be based on funding availability and data that supports the need.*

Tracking mechanism: It is our intention to monitor and track data for this planned project using a variety of data resources including:

- direct observation data for fidelity to the family coaching model
- # of children that meet medical necessity for BHRS services between birth and 6 yrs of age
- # of children that have a BHRS authorization and service delivery will be occurring in a child care and/or elementary school setting (with family consent)
- completion of a functional behavioral assessment and follow up to determine if interventions were successful (did specialized BHRS service intervention prevent suspension, expulsion or an out of school placement?)
- parent/caregiver confidence and competency skill development; family satisfaction
- completion of BHRS treatment goals within identified plan of care

2. Youth/Adult-Transitional aged youth county need assessment-developing system capacity to serve transitional aged youth

Narrative: BHDS has been an early implementer of transitional age services for over ten years with the development and ongoing support of social rehabilitation and drop in services; while each of these programs has been in operation for a significant amount of time the process of meaningful youth engagement continues to be a struggle. A service review was completed for transitional age programs and resulted in the distinction of a social rehabilitation program for 16 and 17-year-old youth and the addition and enhancement of psychiatric rehabilitation services for youth 18 years and older. The 2017/2018 fiscal year marked the first year for these systemic changes and unfortunately, these program updates did not increase youth involvement in the programs.

Despite our creative efforts to engage youth such as providing a mobile social rehabilitation program including individual and group services; we continue to have approximately 12 youth in the program for the current fiscal year. The drop in center for youth has faced numerous challenges such as the inability to recruit and retain staffing, decreased hours of operation and the transportation of youth to and from the center is required therefore, the concept of a "true"

drop in center is no longer possible. Our data has also demonstrated that drop in center averages approximately 30 members per month with youth attendance averaging around two to three times per month; utilization of drop in center services is greatest of youth between the ages of 20 to 25 years of age.

In April, program staff from our BHDS office were invited to participate in permanency planning meetings for child welfare involved youth; our involvement has provided cross system education and resource sharing to help youth with mental health needs move towards their defined permanency goal. As a result of our partnership with our child welfare system partners, there has been interest to continue the early identification and permanency planning meetings in the future for these multi-system involved youth. Furthermore, these discussions have highlighted the county need to support child welfare involved youth with mental health needs in the area of housing and/or housing supports; this housing need will be a focus during our county need assessment process.

In addition to the programmatic challenges that our providers face to engage youth with serious mental health issues, we also know that the Generation “Y” and Generation “Z” groups communicate in very different styles and therefore, our programming must also keep up with the cultural changes so that we are reducing barriers for treatment, socialization, and support to our youth population. For the reasons as stated above, our county department will be embarking on a county wide need assessment of transitional age programs and services with the hope that services and programs will meet not only the needs of today’s youth but be relevant, accessible and youth friendly for the upcoming generations.

Timeline: In May, 2018 we will review of our current programs and services that serve our transitional aged youth as defined by youth between the ages of 16 to 26. It is our plan to begin with an annual site visit of the social rehabilitation and drop in center programs. We also plan to visit neighboring county programs and consider ways to integrate the youth voice into our planning efforts for this assessment and for all future planning and program development.

We are considering our county’s involvement in the SAMHSA First Episode Psychosis grant efforts and will be discussing a possible partnership with Allegheny County as they currently have FEP programming for youth with serious mental illness.

Lastly, it is our plan to continue discussions with child welfare to determine how to develop an interconnected system framework for adolescents with child welfare/mental health system involvement especially for those whose permanency needs are undetermined. We will have our county transitional aged services need assessment completed by June 30, 2019 and will use our March, 2019 provider fiscal meetings as an opportunity to discuss any proposed programmatic and contract changes.

Fiscal and other resources: Westmoreland County currently utilizes base funding for the social rehabilitation and transitional aged drop in center programs; based on our assessment findings and recommendations from youth stakeholders, this funding may be reallocated and/or re-distributed to serve transitional aged youth in a manner that is youth driven and meets their mental health needs.

Tracking mechanism: The need assessment process will be documented thoroughly; since our outcomes are not determined, we do not have a tracking mechanism for program goals. At a minimum, the inclusion of the youth voice in our planning process will be a benchmark for our recovery oriented transformation goal as well as other goals and program expectations that may be identified by the youth involved. We would also track our outcome of this goal by the increase

of youth utilizing services and ensuring that each service is delivered with fiscal responsibility to serve each of the youth in a meaningful manner.

3. Supporting schools and students for safety and mental wellness- exploring ways to support students with mental health needs

Narrative: Over the past three years, Westmoreland County BHDS, in partnership with our child serving system and education partners have worked diligently to enhance Student Assistance Program services to students and their families; these changes were complete and implemented in this current school year (2017/2018). As we continue to engage with school districts, our discussions continue to highlight the school district's ongoing attempts to support students with serious emotional disturbances. The greatest need identified includes 1. engaging parents/caregivers 2. immediate support for a mental health crisis event 3. keeping students physically safe and maintaining a supportive and caring environment for learning.

In April, community and system partners met to begin a cross system discussion regarding school safety from a physical and mental health perspective. Our first discussion occurred on April 17, 2018 and identified several areas for systemic and programmatic consideration, some of these discussion topics included:

- Facility safety-how to develop a school wide response plan, school safety audits, and developing/revising emergency response procedures
- School Supports/training opportunities such as Mental Health First Aid, Bully Prevention Programs, Crisis Preparedness procedures, and community crisis response teams
- Student Supports/Services-universal screening, student education, peer suicide support programs (Aevidum),
- Policy/Procedures-crisis training and practice drills, communication pathways

A public forum is planned to be held over the summer; the expected outcome will be to provide school districts with information so students, community members, parents and school personnel are as best prepared to manage a crisis event with minimal disruption to the students.

We feel that our school safety forum will lead to future conversations with school districts to further support students with mental health needs; our office is in the early stages of preparing for these conversations by the issuance of a Requests for Proposal (RFP) for a pool of qualified providers in the areas of partial hospitalization and school based outpatient services.

Timeline: Westmoreland County BH/DS is working to issue a Request for Proposals for school based outpatient providers; the RFP shall identify a group of qualified outpatient clinic providers that are able and willing to provide school based mental health outpatient services in a school district; all current school based outpatient providers will be required to respond to the RFP to continue providing this level of care in Westmoreland County schools.

Westmoreland County is considering the issuance of a RFP for a qualified pool of partial hospitalization providers that would be willing to provide partial services within a public school district building upon request from schools.

In addition to these efforts to support schools and their students, our office is also assisting a local school district to bring the Aevidum peer supported model into our county to raise

awareness on youth mental health issues and suicide prevention. The Aavidum program will be the first in Westmoreland County and the September, 2018 will be opened to any local school district willing to increase student awareness about mental health issues.

Fiscal and other resources: The partnership between our local intermediate unit and other system stakeholders for the School Safety forum will not require any financial resources; however, staff from the county BH/DS office will participate in this event.

Westmoreland County has historically provided financial resources to our outpatient clinics, including those providing school based outpatient services, and shall continue to do so and thereby removing barriers to treatment services. We are not proposing to provide any county funding for the school based partial hospitalization RFP and/or any subsequent services; these costs shall continue to be absorbed by the HealthChoices program and agreements with the school district and/or intermediate unit.

Our September, 2018 Aavidum training will be hosted by the Greater Latrobe School District through an agreement with the Nazarath School District; there are no costs to the county for this training.

Tracking mechanism: Westmoreland County is supporting our local school districts to adopt and implement student driven programs to reduce stigma associated with mental illness and to reduce school violence; following the launching of the Aavidum program, Westmoreland County BH/DS and in partnership with the Westmoreland Intermediate Unit plans to continue meeting with all participating school districts to track the following:

- Number of schools and students participating in Aavidum training
- Activities completed by school district following Aavidum training that address reduction of stigma and promote mental wellness
- School events and activities that have a focus on the reduction of stigma associated with mental illness and/or promotion of mental wellness

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices - MST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	104	TMACT County & state Monitoring	County State Independent	1 Yr. TMACT 1 yr. county & state	N	Y	
Supportive Housing	Y	200 last year	County Monitoring	County	Yearly	N	N/A	
Supported Employment	Y	1	County Monitoring	County	Yearly	N	Y	Include # Employed 1
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy - ADULT	Y	20	County Monitoring	County	Yearly	N	N	
Multisystemic Therapy - Children	Y	13	See #1 Below	County, MCO, State	See #2 Below	Y	Y	1 MST provider in County
Functional Family Therapy	N							
Family Psycho-Education	N							

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

#1 Fidelity: MST adherence data collection through TAM-R's (Therapist Adherence Measure), SAMs (Supervisor Adherence Measure), and CAMs (Consultant Adherence Measure)

#2 How often is Fidelity measured: Weekly supervision and consultation with MST Supervisor and MST System Supervisor

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	1131	
Compeer	N	-	
Fairweather Lodge	Y	2	
MA Funded Certified Peer Specialist- Total**	Y	41	
CPS Services for Transition Age Youth	N	-	
CPS Services for Older Adults	Y	12	
Other Funded Certified Peer Specialist- Total**	N	-	
CPS Services for Transition Age Youth	N	-	
CPS Services for Older Adults	N	-	
Dialectical Behavioral Therapy		-	
Mobile Meds	Y	181	
Wellness Recovery Action Plan (WRAP)	Y	40	PEER Complete & Psych ??
High Fidelity Wrap Around/Joint Planning Team	N	-	
Shared Decision Making	N	-	
Psychiatric Rehabilitation Services (including clubhouse)	Y	171	
Self-Directed Care	N	-	
Supported Education	N	-	
Treatment of Depression in Older Adults	N	-	None specific to this population
Consumer Operated Services	N	-	
Parent Child Interaction Therapy	Y	98	
Sanctuary	N	-	
Trauma Focused Cognitive Behavioral Therapy-Adult	N	-	
Trauma Focused Cognitive Behavioral Therapy-Children	Y	-	Approximately 20 clinicians comp. TF CBT Training
Eye Movement Desensitization And Reprocessing (EMDR)	N	-	
First Episode Psychosis Coordinated Specialty Care	N	-	In process
Other (Specify)		-	

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

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

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	13
Number Full Time (30 hours or more)	11
Number Part Time (Under 30 hours)	2

INTELLECTUAL DISABILITY SERVICES

Westmoreland County Developmental Services, Administrative Entity (AE), is committed to responding to the assessed needs of our county citizens with intellectual and developmental disabilities. Regardless of funding, Westmoreland County DS utilizes the principals of Person Centered Planning, Everyday Lives, Self-Determination, the Prioritization of Urgency of Need for Services (PUNS), System and Supports Intensity Scale to identify the needs of individuals with autism and intellectual disabilities.

Planning to meet the needs of county residents with autism and intellectual disabilities emphasizes a continuum of home-based and community-based support service options in the most integrated setting appropriate. Upon enrollment, natural supports and community resources are emphasized, and Lifecourse Framework is introduced to help identify the individual’s trajectory in achieving an Everyday Life. In order to promote health and safety and enhance independence, services funded through the base allocation are explored with the individual. Westmoreland County utilizes ODP’s Individualized Support Planning Process and Intellectual Disabilities Service Definitions to approve and authorize services for eligible individuals. Annually, individuals with intellectual disabilities and their families receive ODP publications regarding Every Day Lives and Self-Determination during the plan update process.

Overall, Westmoreland County DS serves approximately 1440 individuals that receive at a minimum SC Only services. The Base program supports individuals who live in private homes, personal care homes where additional support is needed but are ineligible for a waiver, nursing homes where specialized support in a medical environment is provided and when needed and available in crisis situations. In order to ensure those with the most need are prioritized when waiver vacancies occur, the Waiver Capacity Management Lead meets monthly with the SCO to review current information on individuals in the Emergency PUNS category. Westmoreland County manages a waiver capacity of

414 Consolidated Waiver, 21 Community Living Waiver and 409 PFDS Waiver slots. Currently there are 81 Westmoreland County individuals in the Emergency PUNS category, 328 in the Critical PUNS category, and 57 individuals in the Planning PUNS category awaiting waiver supports.

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	1	>1%	1	>1%
Pre-Vocational	10	5%	9	5%
Community Participation	4		5	3%
Base Funded Supports Coordination	123	100%	140	100%
Residential (6400)/unlicensed	0	0%	0	0%
Lifesharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	64	>1%	64	>1%
PDS/VF	5	>1%	5	>1%
Family Driven Family Support Services	123	100%	140	100%

Supported Employment:

Westmoreland County continues to support and encourage individuals and organizations to move toward an, “Employment First,” philosophy. A broad range of changes for employment occurred across the Commonwealth during the past year, and the continuum of services provided were expanded upon with the implementation of the new service definitions. Supported Employment now encompasses three different areas, which includes career assessment, job find/development and job support. There are 15 active Supported Employment providers who deliver the array of employment services in order to assist individuals in meeting their employment goals. In addition, several of the providers also specialize in customized employment and discovery.

As the world of Employment changes for Pennsylvanians, Westmoreland County’s Employment Point Person has made a concerted effort to stay abreast of information related to CMS Final Rule, WIOA, SELN (State Employment Leadership Network) and the OVR/ODP joint bulletins. Changes in policy relevant to these employment guidelines and principles continue to evolve and become integrated into ISP approval and authorization of new services. This information is also relayed and discussed at the quarterly Employment Coalition meetings. The Employment Coalition is made up of family advocates, Supported Employment providers, OVR Counselors, the SCO, and Transition Specialists. This year, the coalition invested its energy in working with the above mentioned stakeholders to host a two-part, day long, Employment and Transition Conference. The emphasis of the conference was to prepare

students who are in their transition age range, for employment. The first session in October focused on resources available, appropriate dress, and resume building. In May 2018, the students then conducted a mock interview with an employer and had the opportunity to meet with a coach to review their interviewing experience. In addition, the students participated in interactive sessions that focused on various aspects of career acquisition, such as employment application vocabulary, resume and interviewing do's and don'ts.

An ODP program representative is welcome to participate in the quarterly Westmoreland County Employment coalition meetings.

Supports Coordination: Westmoreland County Developmental Services has collaborated with our Supports Coordination Organization (SCO) to utilize the Communities of Practice approach to support families with expanding on natural supports and community resources. All Supports Coordinators have been trained on the LifeCourse Framework tools and have begun implementing the practice with at least one individual on each of their caseloads. Two Support Coordinators have been identified as leads on LifeCourse Framework tools and utilize this approach with individuals on their caseloads who currently receive base funds or no funding to develop a natural support system to assist in meeting their needs. The SCO is also developing a community resource list that supports coordinators and teams can reference. Westmoreland County is working to grow our collaborative and is in process of reaching out to services providers, advocacy organizations, Student Assistance Program, EI, and Behavioral Health to educate on the LifeCourse framework and promote the benefits of utilizing the tools throughout the IDD service system. Our focus moving forward will be reaching out to individuals at a younger age, transition age, and individuals interested in community employment prior to needing waiver supports. Our collaborative is also working toward developing family and community outreach opportunities for training and resource sharing. Westmoreland County has been allocated \$5,000 in temporary Non-Block Grant funds to support our Regional Collaborative efforts throughout the fiscal year.

The AE meets with the Supports Coordination Organization (SCO) monthly to review the Emergency PUNS and prioritize individuals for waiver vacancies. Individual cases are reviewed in detail and suggestions/feedback is given by the AE to the SCO so they may better plan to meet individual's needs.

The AE approves and authorizes ISPs. While reviewing ISPs, the reviewer looks for community integration activities within the ISP. If none are seen, the AE reaches out to the SCO to discuss possible opportunities for community integration. The AE also meets with the SCO on a quarterly basis to discuss service definition changes and provide technical assistance when needed. The AE has an employment point person who meets regularly with the SCO, OVR and provider agencies to discuss employment opportunities and work through the barriers.

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

In an effort to facilitate the growth of Lifesharing as an option Westmoreland County has a Lifesharing point person, who facilitates a quarterly Lifesharing Coalition meeting. The coalition is comprised of Lifesharing provider agencies, families and individuals, WCSI SC's and ODP Wester Region's Lifesharing point person. Much focus in FY 16/17 was to discuss and plan for the FY 17/18 waiver renewal changes that occurred in Lifesharing on 7/1/2018. For example, Lifesharing may now be opened up for parents, family, and legal guardians. The Westmoreland County Lifesharing coalition

continues to meet to discuss barriers to Lifesharing. Lifesharing seems to have a stigma, and family members often do not feel comfortable sending individuals into the private homes of other community members. As such, coalition meeting discussions often center on increasing community awareness, and how various provider agencies can spread the word through their communities. Opening Lifesharing up to family may help decrease some of the current stigma around Lifesharing. The coalition is hopeful that having family members care for individuals may build trust and confidence within the Lifesharing world. Additionally, Supports Coordinators discuss Lifesharing at every intake and annually to provide information and resources to anyone who may be interested in Lifesharing. Individual's PUNS are monitored to gauge interest as well.

Westmoreland County Lifesharing Point Person has also begun to participate in the monthly regional Lifesharing meetings. Through these meetings discussion has centered on the impending changes to Lifesharing programs, as well as conversations regarding the barriers to engage people in Lifesharing. In seeing what works within other areas Westmoreland County can continue to expand Lifesharing.

An ODP program representative is welcome to participate in the quarterly Lifesharing Coalition meetings.

Westmoreland AE has identified a point person, Amy Jellison, for Supported Living. Over the past several months, she has been researching resources for Supported Living and working with the SCO to identify individuals that may be appropriate and interested in supported living. Connections with community resources such as Self-Determination Housing Project of Pennsylvania, Inc., Westmoreland Community Action, and other local community agencies that provide information, training, and ideas to develop more supported living programs have been made. We have identified one provider so far, Achieva "A Home of My Own" that is able to provide supported living in Westmoreland County. We will also be presenting the need for additional supported living providers at a county I/DD provider informational meeting on 9/12/2018. As to barriers to being successful in providing Supported Living are the lack of suitable, safe and affordable housing, the lack of transportation, individuals currently receiving 24 hours supports where all team members do not agree on less supervision, compatible housemates and the lack of available providers in Westmoreland County. We continue to work on the barriers and hope to be able to successfully serve someone soon.

Cross Systems Communications and Training: Westmoreland County Developmental Services will continue to participate in various efforts to train and improve cross systems communications.

Westmoreland County embraces the principles of supporting families throughout the lifespan using Life Course Framework. Westmoreland County DS will seek out training for all stakeholders that promote these principles and expand and maximize community support for individuals and families. For other ongoing training topics that support individuals with multiple needs, Westmoreland County DS has designated \$5,000. Sufficient base allocations will need to be continued to ensure the availability of these funds.

Westmoreland County supports the efforts of the Intake and Registration staff in attending local school district in-service days. In doing so, families, professionals, and individuals can make the connections with those who will be able to assist with the eligibility and referral process for ID Services. As noted above, the Employment Coalition has invested its energy in working with stakeholders to host an employment/transition conference. This two-part, day long, conference that took place in the fall of 2017 and the spring of 2018, at Saint Vincent College. It focused on preparing individuals who are in their transition age range, for employment.

In the BH/DS office, there are representatives from both the BH Department and the DS Department who serve as the Dual Diagnosis Point Persons. These staff members work closely together on complex cases in order to achieve the most integrated setting appropriate for individuals who have both ID/BH diagnoses. This constant connection and collaboration has helped each point person to become more educated about the counterpart's service system. In addition, during the Risk Management monthly meetings, there is at least one representative from the BH Department available to discuss services and supports from this perspective. Westmoreland County DS Program Specialists participated in a day-long Mental Health First Aide training in order to identify, understand and respond to signs of mental illness and substance abuse disorders.

The Westmoreland County Aging/Intellectual Disability County Team identifies the needs of elderly that also receive ID services. Westmoreland County has identified a point person for aging/intellectually disabled individuals in both the Behavioral Health and Developmental Services departments, as well as with the Area Agency on Aging, PA Link to Aging and Disability Resources, and other nursing facility and stakeholders. This Westmoreland County Aging/Intellectual Disability County Team had developed free cross-systems training targeting aging, intellectual disabilities, behavioral health and substance abuse systems. The state also offers an annual conference entitled "Building Bridges"; the goal is to: identify programs and models of care, which are intended to improve the quality of life for older persons with intellectual disability, identify the challenges faced by older persons with intellectual disability, recognize alternative programs and models of care, utilize resources and ideas presented to enhance their work with older persons with intellectual disability and cite aspects of physical change with aging.

Westmoreland County DS has identified a point person, Bryan Schroder, to be a provider development point person. We have identified our service needs as a county and will first present them at the I/DD provider informational meeting we are hosting 9/12/2018. We want to give existing providers an opportunity to expand services. Then we will begin reaching out to qualified providers that offer services in other counties to see if they can provide needed services in Westmoreland County. We currently already have a number of medical providers and providers that have expertise in Autism but we will continue our efforts to recruit additional providers with expertise in these areas. As far as increasing communication and collaboration with local youth and family agencies, Westmoreland DS participates in a county transition council and Employment Coalition along with the IU, OVR, families, advocates, providers, where various community stakeholders meet and plan employment based events for transition aged kids. We also reach out to a number of community organizations when planning and organizing I/DD awareness events. Our SCO participates in resource fairs where they provide information and resources on services and supports. In addition, we continue in our efforts to recruit school district liaisons and personnel and community members to participate in Community of Practice workgroups.

Emergency Supports: Westmoreland County Developmental Services works in conjunction with the Supports Coordination Organization (SCO) to link individuals with community resources, explore natural supports, locate PCH/Dom Care/homeless shelters, make referrals as necessary and explore alternative waivers or services to meet the individual's needs. Due to the increasing support needs in Westmoreland County, base funding cannot be reserved to meet emergency needs. A utilization review is performed at the time of an emergency situation to determine if underutilized resources are available.

Emergency response plan: Westmoreland County Behavioral Health/Developmental Services utilizes a 24/7 crisis hotline to access County and Supports Coordination Organization personnel to address emergency situations as they are identified.

An agreement has been established with a local base-contracted provider to be on-call and available for any emergency support needs that may occur outside of business hours.

Based upon historical information, we anticipate the need for base allocated funding to respond to crisis situations yet to occur in the 18/19 fiscal year. Westmoreland County Developmental Services typically utilizes base funds to provide services and supports to prevent homelessness and allow individuals to have their health and safety needs met while living in the community.

If base funding is not available, Westmoreland County Developmental Services would explore Waiver Capacity utilizing ODP's unanticipated Emergency Request Process if the individual is at immediate risk due to loss of caregiver, loss of home, or other such circumstances.

Westmoreland County Behavioral Health/Developmental Services provides a mobile crisis team. Our mobile crisis team is comprised of either a: Mental Health Professional, which under the crisis regulations is defined as an individual that has a graduate degree in either medicine, osteopathy, social work, psychology, rehabilitation, activity therapies, counseling, education or a related field and 1 year of direct care mental health experience Or a Crisis Worker 2-minimum of: Bachelor's degree with major course work in sociology, social work, psychology, gerontology, criminal justice, theology, nursing, counseling, education or a related field & 2 years of experience of which 1 year must be mental health direct care experience or 6 years of experience as a Crisis Worker 1. Crisis Worker 1 shall have a high school diploma or equivalency. The crisis team can also provide a team service with 2 people responding. Then the service shall include a Mental Health professional or a Crisis Worker 2 in addition to the Crisis Worker 1. Currently, staff do not receive training specific to individuals who have an ID and /or autism diagnosis and have minimal background in ID and/or Autism. Training specific to ID/Autism for Mobile Crisis staff is under discussion.

Westmoreland DS provided mobile crisis web-based training materials made available to Westmoreland DS by Kepro HCQU on both I/DD and Autism. The I/DD training outline is: defines intellectual and developmental disability (I/DD), describes risk factors for potential abuse and lists current supports and services for people with I/DD. The link for the training is:

<https://hcqu-training.kepro.com/content/overview/IDD%20Overview%208.17.pdf>

The Autism training outline is: identifies characteristics of Autism Spectrum Disorder (ASD), discusses "setting events" that may cause changes in behavior, describes treatment approaches for ASD, recalls ways in which caregivers can support people with ASD, Neurodevelopmental Disorders, life-long condition (DSM-5, 2013), "Spectrum" refers to a wide range of symptoms, skills, and levels of impairment or disability (NIH, 2018), impaired development of social interactions, impaired language, restricted and repetitive behaviors, interests, and activities (DSM-5, 2013). The link for this training is:

[https://hcqu-training.kepro.com/content/overview/Autism%20Spectrum%20Disorder%20\(ASD\)%208-18.pdf](https://hcqu-training.kepro.com/content/overview/Autism%20Spectrum%20Disorder%20(ASD)%208-18.pdf)

We have requested all mobile crisis staff complete the trainings by 9/30/2018. When new mobile crisis staff are hired, we also requested these trainings be part of their initial orientation. Westmoreland DS also offered ongoing technical assistance.

*24-hour crisis emergency plan is Attachment H in the Appendix.

Administrative Funding: Westmoreland County DS participated in the Communities of Practice training opportunities including Engaging Communities in Improving Outcomes for Individuals with Disabilities and the LifeCourse Framework Principles. As mentioned previously, Westmoreland County is developing our collaborative and is seeking out opportunities for training for all stakeholders to promote these principles and expand and maximize community support for individuals and families. As planning progress, appropriate training from PA Family Network would be considered.

Community connections and networking have been created as a result of the IDD Awareness Planning Committee. Over a course of 7 years, Westmoreland DS has created connections with the Seton Hill University Art Therapy program, Local School Districts, Stage Right, Latrobe Art Center and Greensburg Art Center. Unfortunately, Westmoreland DS was not able to host the usual I/DD Awareness Events this year, however many of the connections that were created still took part in the I/DD Awareness activities this year. I/DD Awareness is not the only opportunity for networking presented at a local level. The Westmoreland Employment and Transition conference and Lifesharing coalition (described above) has and will provide a valuable opportunity for professionals, families, and supported individuals to improve individual and family community connections and networks. For ongoing training needs, Westmoreland County has designated \$5,000 in base funds for future training needs. Sufficient base allocations will need to be continued to ensure the availability of these funds.

Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. Westmoreland County Developmental Service manages the \$1,715,031 allocation on behalf of an eight county collaborative for the local HCQU. The HCQU provides physical and behavioral health related training topics to Developmental Services' service delivery systems and support staff so that they can better assist persons with I/DD (training 1,109 participants from Westmoreland County in 2017); support healthcare professionals and support those who work with the I/DD community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs through their Complex Technical Assistance (CTA) process (18 CTA's completed in 2017); and collect and analyze health-related data to identify and improve support.

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

Independent Monitoring for Quality (IM4Q) is a statewide process, implemented to meet CMS's requirement for completing independent monitoring of those receiving services from the ID system. Westmoreland County contracts with Mental Health America to administer this process and to provide the individual and aggregate results of their activities. ODP determined using ODP's Essential Data Element (EDE) survey tool, that the number of Westmoreland County individuals and families to be interviewed by the IM4Q Local Program in this 17/18 fiscal year is 127. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Westmoreland County, the data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet communication needs of its citizens, increase the number of individuals who carry some form of emergency identification and identify those in need of an emergency preparedness plan. The focus of this year's surveys includes asking individuals follow up questions related to barriers to obtain and keep employment in the community. The data obtained from IM4Q was incorporated into the Quality Management Plan, three people that had considerations related to employment, gained employment. This objective will continue to be a focus for 18/19 as Westmoreland County continues to move toward the "Employment First" philosophy. ODP can partner with Westmoreland County to identify more streamlined satisfaction and quality of life statistics for individuals involved in ODP initiatives

Westmoreland County will support local providers to increase their competency and capacity to support individuals who present with higher levels of need through the use of the Dual Diagnosis Treatment Team (DDTT), Health Care Quality Units (HCQUs), Incident Management Process and the Risk Management Committee. The Dual Diagnosis Treatment Team (DDTT) is a recovery oriented, person-centered approach to supporting individuals with a co-occurring behavioral health diagnosis and a

developmental disability. Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. Westmoreland County encourages providers and families to utilize specialized training for physical and behavioral health topics through the local Health Care Quality Unit.

Westmoreland County will continue to use the Incident Management Process to communicate with providers regarding support of individuals with higher level of need. The goal will center on the individuals' health and well-being and actions the provider must take to improve the quality of services. The Risk Management Committee, consisting of representation from Behavioral Health, ODP, SCO-BH & ID, Developmental Services and the HCQU, meets monthly and is responsible for reviewing and analyzing individual and aggregate data to mitigate risk to those receiving ID services. This process also assists local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, etc.

Using incident management data, once a person meets the criteria of "At Risk," recommendations from the committee are incorporated into an action plan and forwarded to the provider and Supports Coordinator for completion by the person's team. The risk management team then provides feedback and the action plan continues until the risk is mitigated.

Mitigating risk enhances individual health and well-being, and ultimately improves a person's quality of life. Risk Management supports an efficient and cost-effective use of resources. The HCQU is an integral part of this process as many people identified at risk are also referred for a CTA (Complex Technical Assistance.)

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

In order to better utilize housing resources for individuals with autism and ID in Westmoreland County, Westmoreland County DS attended the Housing Conference in March 2018. Information and resources were obtained from the Redevelopment Authority of Westmoreland County, Westmoreland Community Action, and the Disability Options Network. Westmoreland County DS will continue to maintain connection with the Regional Housing Authority to gain resources and determine benefit and applicability to individuals with autism and ID. In addition, Westmoreland County DS will explore possible involvement with the Pennsylvania Housing Choice Coalition and making connections between the Housing Authority and the SCO.

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

Westmoreland County DS contacted the PA Family Network to update them on our progress on implementing Communities of Practice/Lifecourse Framework in Westmoreland County. We invited them to the next COP meeting on 9/24/2018 at Westmoreland Casemanagement & Supports, Inc. to discuss what we have done so far, our plans for the future and how we can utilize them.

Participant Directed Services (PDS): Westmoreland County currently supports 64 individuals in Agency with Choice- Financial Management Services (FMS) and only 5 individuals in State Vendor

Fiscal-FMS. We have found that most of our families are not interested in the Vendor Fiscal-FMS due to the amount of responsibility required. We have designated a Person Directed Services (PDS) point person who participates in quarterly regional meetings with provider agencies, Support Coordinators and the Western Region's ODP point person to help facilitate growth of self-directed services. Every individual is informed at the time of intake, annual meeting and PUNS update about Financial Management Services and their option to self-direct services. A large barrier to increasing the use of Participant Directed Services is the lack of Managing Employers due to work effort and responsibility. Because of the lack in Managing Employers individuals often choose a trusted family member which can be counterproductive to individual's independence from family. There is continued discussion with ODP and providers at our regional meetings to promote the use of Support Brokers to alleviate the Managing Employers responsibility. We will continue to make stakeholders aware of ODP Trainings that become available.

Community for All: Westmoreland County has reviewed the data regarding the number of individuals receiving services in congregate settings. Supports Coordinators are regularly monitoring the progress toward returning to the community, on an individual-by-individual basis. In the event that anyone would be identified as wanting to return to the community due to, no longer requiring Nursing Home Level of Care or having changed Service Preference, a PUNS would be completed and the waiver capacity management process would begin.

HOMELESS ASSISTANCE SERVICES

Continuum of Services: WCHA's Homeless Assistance Program (HAP) assists families and individuals who are homeless, near homeless or facing eviction. Assistance is provided in the form of a first month's rent and/or security deposit, rent arrearages and case management. Low income residents of Westmoreland County are eligible to apply to the HAP Program.

The HAP Program has an Advisory Board comprised of community and social service agencies and homeless and domestic violence shelters that meets annually. The HAP Supervisor reports funding, statistics, HAP activities and noticeable housing trends among its clients. WCHA seeks input, guidance and direction from its HAP Advisory Board members. Community, social service agencies and shelters discuss current and new programs they offer, share information about their agencies and strategize how agencies and programs can work together to benefit our mutual clientele. Through referrals, verification of information and case management, HAP staff have developed ongoing, working relationships with Advisory Board members and their agencies.

Westmoreland County Housing Authority (WCHA) is a member and active participant of the Westmoreland Coalition on Housing (WCOH) and the Local Housing Options Team (LHOT). Community and social service agencies are represented at the WCOH and LHOT meetings. These representatives identify unmet housing needs of Westmoreland County residents. The HAP Supervisor also attends community and social service agency meetings to share information about the housing programs at WCHA.

Homeless and domestic violence shelters address clients' immediate needs. Residents of the shelter can only stay for a limited number of days, then, must relocate. Shelters refer individuals and families to WCHA for housing. WCHA and Westmoreland County's homeless and domestic violence shelters have a cooperative, working relationship. In partnership with local homeless and domestic violence shelters, The HAP Program provides rent and security assistance to individuals transitioning out of a shelter and into stable, affordable housing. WCHA's Section 8 Voucher Program has a Preference List

for individuals who are homeless or facing domestic violence. Applications are listed in order of time and date received.

WCHA has taken steps to increase funds available to homeless families. The Housing Authority has applied for and obtained additional Section 8 vouchers through HUD's Family Unification Program (FUP). This program allows families to obtain affordable housing to gain or retain custody of their children. Youth transitioning out of foster care are also eligible for the FUP. This program is administered in partnership with Westmoreland County Children's Bureau (WCCB). WCHA will continue to pursue funds to assist the homeless and near homeless population and expand low income housing opportunities in Westmoreland County.

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

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

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

Case Management: HAP Case managers receive applications by mail or complete, in person, a detailed application with individuals or families in need of rent assistance. Clients list their current or past landlord, household income, housing and other monthly obligations. The HAP Case manager verifies income, homelessness, need, family composition, residency and landlord information. The Case manager reviews the application to determine what community and social service agencies are working with the family. Case managers will develop a Service Plan, with the client, to identify needs and stabilize housing. The Case manager will make referrals to the appropriate community and social service agencies. Case managers act as a liaison between client, landlord and agencies. The application is also reviewed to determine client need and eligibility. Rental assistance is provided if the applicant is eligible.

* For budgeting and statistical purposes, case management numbers do not include individuals and families receiving Rental Assistance. All applicants who receive Rental Assistance also receive Case Management services. This avoids a duplication of numbers in reporting.

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

There is always a need for additional funds for Case Management.

No changes in Case Management are planned for this year.

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

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

There is always a need for additional funds for Rental Assistance.

No changes in Rent Assistance are planned for this year.

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

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

There is always a need for additional funds for Emergency Shelter.

No changes in Emergency Shelter are planned for this year.

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

Homeless Management Information Systems: Westmoreland County has an operational HMIS system. WCHA currently provides information to HMIS for its federally funded, rent assistance programs. HAP statistics are not reported in HMIS.

SUBSTANCE USE DISORDER SERVICES

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

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

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

place on a consistent basis in order to assure an integrated approach to include planning, service delivery, assessment and reporting.

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

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

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

Specific services provided to clients utilizing all funding sources include inpatient non-hospital detox, inpatient non- hospital rehabilitation, halfway house, partial hospitalization, intensive outpatient treatment, outpatient treatment services and Medicated Assisted Treatment Services.

Block Grant funds will be utilized for costs for Drug Court. Expenses that will be paid for with Block Grant funding for Westmoreland County Drug Court include assessments, casemanagement, MAT if appropriate and CRS services. Any services related to the drug court oversight will not be funded by the Block Grant.

1. Waiting List Information

	# of Individuals	Wait Time (days)**
Detoxification Services	220	1.73 days
Non-Hospital Rehab Services	287	4.53 days
Medication Assisted Treatment	95	1 day
Halfway House Services	1	5 weeks
Partial Hospitalization	84	1.5 days
Outpatient	459	1.1 days

*Use Average Weekly Wait Time

2. Overdose Survivor Data

Statistical data to portray the overdose survivors continues to be a challenge due to HIPPA restraints. According to the Excelsa Health System, there were 705 individuals who presented to the hospital system due to overdose. This number may include repeat emergency room visits from patients and is not unique in nature. Also, please note that this number does not represent all the individuals who may seek EMS services for overdose and later refuse transport. A total of 1,266 individuals referred to treatment services through the D&A Case Management Unit, 174 individuals refused to participate in treatment services and 90 overdose survivors were assessed for level of care assessments. All individuals who refuse treatment are provided with information and offered ancillary supports such as Certified Recovery Specialists and Case Management Services.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
90	63	27	193

Treatment Availability for Overdose Survivors

Access to Assessment and Treatment Services: Entry points for accessing treatment services in Westmoreland County are centralized. The Westmoreland Single County Authority (SCA) has a subcontracted Case Management Unit comprised of two case management supervisors, eight full-time case managers, one part-time case manager, two full time clerk typist/case management screeners, and one full time and one-part time vacant case manager position. Each case manager has completed the required core case management trainings and is available between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday, to provide screening and assessment. Case Managers are also stationed at Excelsa Westmoreland (at the Crisis Response Center) to facilitate screening and assessments for inpatient detox and inpatient rehab clients on Saturday from 8:30am to 5:00pm.

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

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

24/7 Case Management Services: The Case Management Unit currently has 24/7 coverage to facilitate referrals for emergency clients via an on-call process. This coverage is available through a toll-free number (1-800-220-1810) which has been distributed throughout Westmoreland County via information dissemination. The Case Management Unit will assist all individuals with accessing treatment services (despite their insurance status) for all overdose survivors and any individual seeking treatment services.

Warm Hand Off: There is currently a warm hand off in place in the Excelsa Hospital System. Excelsa has three campus locations in Westmoreland County (Westmoreland Hospital,

Frick Hospital, and Latrobe Hospital). Currently, there is a full-time staff person available Monday thru Sunday from 8:30am to 5:00pm to facilitate screening, assessments, and referrals for individual who presents with a substance use disorder. There are also two full time staff available during the overnight hours at Westmoreland Hospital. Staff provide coverage at the Frick and Latrobe Campus Monday through Friday from 8:30am to 5:00pm on a as needed basis. All off-staff hours are covered by telephonic assistance and support. The hospital has a designated number to call to initiate a referral for a drug and alcohol evaluation. The hospital is also equipped to facilitate Overdose Prevention Training for patients and families and to distribute the SCA's Overdose Prevention Kits. Also, each patient who presents with a substance use disorder is provided with information on how to access treatment services in their discharge paperwork; therefore, even if a person refuses to receive assistance with help they have the information provided to them prior to discharge.

Hospital wide trainings occurred throughout the Excela Health System (and continue to occur) to educate inpatient staff and outpatient staff on how to refer an individual for drug and alcohol treatment services (and what resources are available). Certified Recovery Specialists (CRS) are also used in the hospital system on an as needed basis to assist with patient engagement into treatment (if the patient is refusing to go to treatment services). They work hand in hand with the Case Manager during this process. The SCA expanded the use of CRS within the past year by having CRS follow up with all treatment refusals in the Excela System. Also, the SCA expanded this service by funding a designated CRS to assist with treatment engagement to include weekend hours.

In general, the use of CRS by the SCA is to complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain and sustain long-term recovery. These services are community based and available throughout Westmoreland County.

3. Levels of Care (LOC)

SCA contracts with 30 non-hospital based detoxification and residential facilities, 18 halfway houses, two prevention providers, 11 outpatient providers and three methadone clinics. The SCA also subcontracts all case management services including screening and assessments, coordination of services and recovery supports.

Within Westmoreland County, the SCA contracts with one inpatient detox/inpatient rehabilitation treatment provider (non-hospital based), six partial hospitalization treatment providers, seven intensive outpatient treatment providers and nine outpatient treatment providers.

Some of the special population services provided by the SCA's contracted providers include the following services: Women with Children, Perinatal, Prenatal, Medicated Assisted Treatment, Co-Occurring, Adolescent Treatment, Faith Based Recovery and Trauma Informed Care.

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

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	0	0	n/a

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Rehab	0	0	n/a
Inpatient Non-Hospital Detox	19	1	Women with Children, perinatal, prenatal, Medicated Assisted Treatment, Co-occurring, Faith Based, Trauma Informed Care
Inpatient Non-Hospital Rehab	30	1	Women with Children, perinatal, prenatal, Medicated Assisted Treatment, Co-occurring, Faith Based, Trauma Informed Care, Adolescent Treatment
Partial Hospitalization	8	6	Women with Children, perinatal, prenatal, Medicated Assisted Treatment, Co-occurring, Trauma Informed Care
Intensive Outpatient	6	6	Women with Children, perinatal, prenatal, Medicated Assisted Treatment, Co-occurring, Trauma Informed Care
Outpatient	6	6	Women with Children, perinatal, prenatal, Medicated Assisted Treatment, Co-occurring, Trauma Informed Care
Halfway House	18	0	Co-occurring, Trauma Informed Care

4. Treatment Services Needed in County:

- **Inpatient Detox/Rehabilitation Treatment Services**

Due to the overdose epidemic, numerous out of county treatment providers for detox and inpatient rehabilitation treatment facilities have either increased capacity and/or are looking to increase capacity. The SCA recognized that there was a need to increase inpatient detox/rehabilitation treatment services in Westmoreland County. To address this need, the SCA worked with Gateway Rehab using reinvestment dollars to expand their 16-bed facility to a 32-bed capacity. This will create additional beds for non-hospital detox/non-hospital inpatient treatment option within the county borders. The expansion is scheduled to occur in the fall of 2018.

To further address the need for additional detox/inpatient treatment beds, the SCA partnered with a new provider, through the use of reinvestment funds, to open a 70 bed non-hospital based detoxification and rehabilitation facility which will treat individuals on Medicated Assisted Treatment. The facility is scheduled to open in late summer of 2018. This effort

assists with meeting the treatment needs for individuals in Westmoreland County, specifically those who are currently on Medicated Assisted Treatment, or for those who will be on MAT.

- **Adolescent Treatment Services**

Following a meeting with providers and key stakeholders in the county, it was recognized that there is a need for expansion of adolescent treatment services. Following this, the SCA issued a RFP to expand intensive outpatient and partial hospitalization adolescent treatment services in Westmoreland County. Recently the SCA awarded two providers with the RFP and will ensure that this treatment need is met for the county during the 2018-2019 fiscal year.

- **Recovery Housing**

The SCA continues to work with the Oxford House to expand housing options within Westmoreland County. The SCA issued an additional RFP to request a non-Oxford affiliated Recovery House within the county. Once this RFP is awarded, the SCA will continue to work with the provider and provide oversight to the existing home. The SCA will also notify the RFP awardee of any potential DDAP housing certification requirements prior to implementation.

- **Westmoreland County is a predominately rural county**

With a lack of a county wide transportation system, residents encounter an ongoing barrier when trying to access public transportation. Although there is a Medical Assistance Transportation Program available, many SCA/public clients do not meet the eligibility requirements to utilize the program. Those clients who do meet the eligibility criteria must schedule transportation days in advance and there are often long waits associated with the service, causing late arrivals to treatment appointments. The SCA reached out to local EMS to initiate a contract for non-emergent transportation; however, no providers were agreeable to contract. The SCA is currently scheduling a meeting with the local MATP provider to pursue a possible contract for non-emergent transportation.

- **Capacity for Halfway House**

There is a current need to increase bed availability for halfway house within the state of Pennsylvania. Many clients are presenting who need assistance and would benefit clinically in participating in this level of care; however, the SCA finds that the waiting list for these facilities is often long (which can preclude a person's ability to participate in this level of care once they are discharged from an inpatient rehabilitation program). There is a definite need to increase the number of available halfway house beds for both males and females and females with children.

5. Access to and use of Narcan in the County:

The Westmoreland Drug and Alcohol Commission (WeDAC) currently offers free naloxone trainings for organizations, agencies, providers, community members, clients, law enforcement and first responders. WeDAC also provides free naloxone kits upon completion of Overdose Prevention Training. Trainings occur upon request on an as needed basis. There are also standing trainings monthly which occur during daylight hours in Greensburg through SPHS Behavioral Health Drug and Alcohol Case Management Unit and standing trainings that occur monthly through Sage's Army (in the evening hours) located in Irwin, Pennsylvania.

The SCA was awarded the PCCD Grant and recognized as the Centralized Coordinating Entity for Naloxone Distribution in Westmoreland County (CCE). As a part of this grant, the SCA was awarded 34 cases of Naloxone to distribute to target populations in the county. Through this funding, the SCA is working on providing additional overdose prevention training and naloxone to first responders, law enforcement, public library systems and child care providers.

During the past year, naloxone was distributed by WeDAC to the following entities: law enforcement, school districts, Juvenile Adult Probation, Westmoreland County Children's Bureau, Drug Court, Alternative Living Solutions, community members, local fire departments, local drug and alcohol treatment facilities, homeless shelters, local libraries, grass roots organizations, local churches, LECOM, Seton Hill University, Westmoreland County Adult Probation, Westmoreland County Prison, UPMC St. Margaret, My Father's Heart Ministry, The Excelsa Hospital System, community members, Head Start, Westmoreland Case Management and Supports Inc. and The Latrobe Reality Tour among others. WeDAC has distributed 2067 kits in Westmoreland County during the 2017 calendar year.

The SCA also implemented a "leave behind naloxone" program in 2018 for EMS. This program allows first responders to provide naloxone kits to overdose survivors who refuse transport to emergency care and/or a responsible family member. The EMS also obtain consent from the patient to have the SCA's subcontracted D&A Case Management Unit and Certified Recovery Specialists contact the individual to reengage them into treatment services. There are currently three EMS agencies who agreed to participate in this program.

Prescription Drug take back locations were implemented throughout local police departments in Westmoreland County. WeDAC continues to disseminate information regarding current take back locations at local fairs, conferences, and other events. We will use additional block grant intervention dollars to purchase additional naloxone kits.

Please note for the 2017 year, approximately 2067 overdose prevention kits were disseminated throughout Westmoreland County. At this point, it is estimated that additional funding will be needed to support overdose prevention training and naloxone distribution efforts in Westmoreland County.

6. ASAM Training:

Southwest Behavioral Health Management, Inc. and Northwest Behavioral Health Partnership, Inc., in cooperation with Value Behavioral Health of PA is offering the following Drug and Alcohol Case Management and Treatment quality improvement process through the implementation of the American Society of Addiction Medicine (ASAM) Criteria.

This offering is made to D&A Case Management and Treatment providers who are geographically located in the following Counties: Armstrong, Butler, Crawford, Indiana, Lawrence, Mercer, Venango, Washington and Westmoreland.

The program is as follows:

December

- The SCA, Senior Executive Officer or Director of the Provider's entity will participate in 2-hour webinar to describe the process.
- Agency makes a written commitment to the process

January

- At a minimum the SCA and Senior Executive Officer or Director of the Provider's entity participate in a one-day ASAM Criteria Overview Training.
- Each provider will choose one supervisor to act as the "ASAM Criteria Implementation Leader". This person is responsible for coordinating and overseeing the implementation of the ASAM criteria to guide clinical decision making throughout the substance abuse treatment program.
- Each Implementation Leader participates in a Two Day ASAM Criteria Skill Building Training. One specific training will be targeted at D&A Case Management Supervisors.

February

- Each Implementation Leader completing the two-Day Criteria Training participates in Three Day ASAM Criteria Implementation Leader Training. One training will be targeted at Case Management Supervisors.
- Implementation Leaders begin to review agency policies, procedures and supervision with the intent of preparing the organization for full implementation of the ASAM criteria.

March – June

- Each Case Management staff member with responsibility for either Level of Care Assessments or developing a Case Management plan completes the Two Day ASAM Criteria Skill Building Training.
- Implementation Leaders participate in a minimum of monthly coaching calls to support their implementation efforts. One call will be specialized for case management programs.
- Implementation Leaders provide monthly brief written updates regarding the implementation efforts. These will focus on the changes being made.

July – October

- Monthly implementation calls continue

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	2	1
Provider Network	151	21

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Administration: No services

Interagency Coordination:

The following projects require no HSDf funding but involve interagency coordination. Westmoreland County is demonstrating its commitment to interagency coordination through its Truancy Pilot Program and the Drug Overdose Task Force. The Truancy Pilot Program is now administered by the Westmoreland County Children's Bureau. Through a private foundation grant, the Drug Overdose Task Force now has a full time Director, Tim Philips.

The Truancy Pilot Program involves 12 County Public School Districts, 8 Magisterial District Justices, the Westmoreland County Children's Bureau, the Westmoreland County Human Service Department, private providers, Westmoreland County Judges, consumer advocates, and other stakeholders. There have been over 100 individuals involved on either the Advisory Committee or the Pilot Program itself. We began implementing our Truancy Model with 7 school districts in the 2013-14 school year, with 10 school districts now participating. Our goal is to eventually include all 17 school districts in Westmoreland County.

The Drug Overdose Task Force involves the business community, education, health care, law enforcement, the court system, adult probation, juvenile probation, private providers, the state legislature, the County Commissioner's office, the recovery community, the County prison, Veterans Affairs, Westmoreland Drug and Alcohol Commission, Area Agency on Aging, funders, attorneys, Coroner's office, and other stakeholders. The number of overdose deaths in Westmoreland County has increased by 777% from 2002 to 2017 (from 22 deaths to 193 deaths). Overdose deaths in Westmoreland County have increased by 121.8% in just the past two years (87 deaths in 2014 to 193 deaths in 2017).

ADULT SERVICES: No services

AGING SERVICES: No services

CHILDREN AND YOUTH SERVICES: No services

GENERIC SERVICES: No services

SPECIALIZED SERVICES:

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

Description of Services: The Generations In Touch (GIT) program is a program for the young and the young at heart. Applicants for both programs must be 55 years or older, a resident of Westmoreland County, able to obtain Act 33 and 34 clearances and have a valid Pennsylvania Driver's License and Insurance. The GIT In-Home program is its 20th year of existence. The main purpose of the GIT is to keep children safe in their family home. The GIT program attempts to make this a reality by providing support to the families as well as to the caseworkers. The GIT program links the senior population to work with pre-school age children, 0-5 years of age in their families' homes where abuse and/or neglect has already been documented. During training, the GIT worker will learn listening skills, how to give emotional support, indicators of abuse, and legal issues related to reporting child abuse.

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

Program Name: Westmoreland County Food Bank

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

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

Note: HSDF funds totaling \$139,484 are located within pages 5-21 under Mental Health that are for Targeted Case Management and Community Services.

Total for all HSDF categories: \$360,493

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

Description of Services: The Westmoreland County Area Agency on Aging (AAA) will continue to provide adult guardianship services for adults under the age of 60. The guardianship program assumes power of attorney for adults who have no or little other support from family members, and are in need of guardianship services. The cost and number of clients represents approximately 25% of the cost for our guardianship program. These protective services and case management are critical for the safety and well-being of vulnerable adults.

Service Category: Protective

ATTACHMENTS

MISCELLANEOUS LEGAL NOTICE

WESTMORELAND COUNTY CHILDREN'S BUREAU in compliance with the Commonwealth of Pennsylvania, Dept. of Public Welfare, Office of Children, Youth & Families Regulations does hereby give notice that a Public Meeting on the Westmoreland County Children & Youth 2018-2019 Implementation Plan and 2019-2020 Needs Based Budget (NBB) will be held on February 23, 2018 from 1:30 p.m. - 2:30 p.m. and February 28, 2018 from 5:00 p.m. - 6:00 p.m. in Commissioner's Meeting Rooms 1, 2 and 3 at 2 North Main St., Greensburg, PA 15601. Subsequent written comments will be accepted from the public for the NBB through August 10, 2018 at Westmoreland County Children and Youth Services, 40 N Pennsylvania Ave., Suite 310, Greensburg, PA 15601. Addie Beighley, Chief Juvenile Probation Officer; Dirk Matson, Administrator, Behavioral Health/Developmental Services and Coordinator of Human Services and Shara Saveikis, Administrator, Children's Bureau will be available to receive comments.

Dirk Matson will present details of the Human Services Block Grant voted into law in 2012, and input will be sought from stakeholders and citizens of our County. Subsequent written comments, for the Human Services Block Grant will be accepted by the public through, April 15, 2018 at Westmoreland County Behavioral Health and Developmental Services, 40 North Pennsylvania Avenue, Suite 110, Greensburg, PA 15601.

(2/14/18)

088

1.28

SIGN IN SHEET

Block Grant Public Hearing- February 23, 2018

NAME	ORGANIZATION	EMAIL
Debra Nohlin	East Suburban Citizen Advocacy	right2deb@ADL.com
Shara Sarcik	WCB	
Toni Antonucci	MHA-SWPA	tantonucci@mhaswpa.org
Lynette Emerson	WCSI	l Emerson, WCSI.ORG
Amy Fern	Pressley Ridge	afenne@pressleyridge.org
Carol Ceasey	CFWC	CCROSEY@CFWESTMORLAND.ORG
Mandy Malin	CASA	casazali@co.westmoreland.pa.us
Carol DiPaola	CASA	Carol carolpaola@co.westmoreland.pa.us
Janine Wytovich	SPHS	jwytovich@sphs.org
Lindsay Burrik	SPHS	LBURRIK@SPHS.ORG
Kelli Belanger	Big Brothers Big Sisters	kelli@bbbslr.org
Dobbi Walt Geer	United Way of SWPA	Dobbi.waltgeer@unitedwayswpa.org
Lauren Brunitt Loren	Mental Health America of SWPA	lblevine@mhaswpa.org
Karen Pratt	Adelphi	Karen.pratt@adelphi.org
Tim Phillips	WCA/DOTF	tphillips@westmorelandca.org

PUBLIC HEARING
Westmoreland County Children and Youth
Needs Based Budget and Human Service Block Grant
February 23, 2018

MINUTES

The first meeting was held on February 23, 2018 at 1:30 p.m. at the Westmoreland County Courthouse located at 2 North Main Street in Greensburg in the Commissioners' Meeting Rooms 1, 2, and 3.

In Attendance:

Janine Wytovich, SPHS	Amy Fern, Pressley Ridge
Lyndsay Burrik, SPHS	Caleb Crousey, CFWC
Kelli Belanger, Big Brothers Big Sisters	Mandy Zalih, CASA
Debra Wohlin, East Suburban Citizen Advocacy	Karyn Pratt, Adelphoi
Shara Saveikis, WCCB	Laurie Barnett Levine, MHA of SWPA
Toni Antonucci, MHA of SWPA	Tim Phillips, WCS/DOTF
Lynette Emerick, WCSI	Bobbi Watt Geer, United Way of SWPA
Carol Paleic, CASA	

Testimony was provided by the following attendees:

Karen Pratt, Adelphoi

Ms. Pratt commented that she was seeing a lot more needs for kids in placement for after care services for example, kids that have no support system. There is a need for career development, vocational training and she would like to see some funds in those areas so individuals are able to support themselves independently when they leave placement.

Laurie Barnett Levine, MHA of SWPA

Ms. Barnett Levine commented that we are seeing an increased number in suicides and in substance use deaths, and we need to take a look at people who are falling between the cracks. Outreach needs to be provided to people, for whatever reason, who are not able to access typical standard services. There needs to be outreach to find them and bring them into services. There also needs to be representation from people with lived experience, advocates and other stakeholders and the importance of maintaining the safety net services.

Bobbi Watt Geer, United Way of SWPA

Ms. Watt Geer commented that they served over 120,000 individuals with most being in Westmoreland County and they continue to see increased needs around emergency basic needs, i.e. making sure the safety net services are in place, making sure they have a roof over their head, have food and their basic needs met. They have an incredible time keeping up with that and do provide some resources to be able to support folks in keeping them housed before they run into trouble. Those people trying to stay in their homes and those risking homelessness continue to be very important needs that need to be addressed in the community.

Tim Phillips, WCA/Drug Overdose Task Force

Mr. Phillips said we tend to focus on the 10% of folks that are accessing services for D&A substance abuse. He feels we need to work with the 90% of people that are not engaged, i.e., families, outreach and communities. We need to get those people engaged in some type of unified connection so the 10% are able to get to the next level of treatment.

SIGN IN SHEET

5:00 p.m.

Block Grant Public Hearing- February 28, 2018

NAME	ORGANIZATION	EMAIL
✓ Carrie Luestel	WCHA	carriel@wchaonline.com
✓ Mike Lucatch	Bsa	
✓ Monna Brooks	Pathways	mbrooks@pathwayswap.org
✓ Nikia Serbo	SPHS	nserbo@sphs.org
✓ Barbara Ferrer	CFWC	
✓ Julie Cawoski	WFS	cawoski@fswp.org
✓ Phil Koch	Community Foundation	pkoche@westmoreland.org
✓ Dan Carney	Union Mission	dcarney@theunionmission.org
✓ Joyce Burruss	MLFA	jburruss@mlfaswpa.org
✓ Elizabeth Au	WEPA	ea@wepa.net
✓ Luc Montminy	Westmoreland County Food Bank	luc@wellingtonstrategies.com
✓ Shara Serekid	WCCB	

PUBLIC HEARING
Westmoreland County Children and Youth
Needs Based Budget and Human Service Block Grant
February 28, 2018

MINUTES

The first meeting was held on February 28, 2018 at 5:00 p.m. at the Westmoreland County Courthouse located at 2 North Main Street in Greensburg in the Commissioners' Meeting Rooms 1, 2, and 3.

In Attendance:

Carrie Lucotch, WC Housing Authority
 Mike Lucotch, BSA
 Monica Brooks, Pathways
 Nikki Serlo, SPS
 Barbara Ferrier, CFWC
 Julie Cawoski, Wesley Family Services

Phil Koch, Community Foundation
 Dan Carney, Union Mission
 Janice Burruss, MHA
 Elizabeth Comer, WCPAL
 Luc Montminy, WC Food Bank
 Shara Saveikis, WCCB

Testimony was provided by the following attendees:

Barbara Ferrier, CFWC

Voiced concern regarding individuals getting into the prison system and feels that adequate resources for prevention need to be provided, i.e. drug programs, etc. She also commented that driver's licenses are being taken from individuals for non-driving offenses, which leads to problems when the person drives their car without a license and gets in trouble, they are unable to go to work, then can't pay for child support and the cycle continues. She stated that the CYS has prevention in place, Dan Carney from Union Mission has data showing with programs, people are able to be kept out of prison. ParentWise also has programs for prevention. She also noted that providers need to be paid well enough so that qualified individuals can be hired.

Phil Koch, Community Foundation

Phil urged the commissioners to listen to the feedback provided through public surveys and through the advisory committee. He feels that we need to listen to the voice of the people that served and the professionals on the advisory committee. His worry is that if the commissioners continue to create a process that is counter to the suggestions of the advisory committee and of the public, eventually folks will not want to invest their time and talent into making a strong system. He commented that people need to move in the same direction to help our most vulnerable populations and also need to listen to our non-profit professionals that work in the field every day and understand the needs of the folks they serve. He also pointed out the need to think about how to "tap" our non-profit leaders in a more thoughtful way to work in collaboration with the county. Phil urged the county to think about how to work hand in hand with the non-profits as there needs to be a link between the two to increase efficiencies and effectiveness. He encouraged everyone to look at models from other counties and the processes to compare how work is getting done, i.e. best practices.

Julie Cawoski, Wesley Family Services

Julie suggested support for Evidence-Based Parenting Programs. The Incredible Years is now joined with the state to look at child sexual abuse prevention. They are using the Incredible Years as a model to study if working with parents can help to prevent sexual abuse of children in addition to other issues. She would like to see the Incredible Years as an evidence-based program be included in the Needs Based Budget.

**Roster of the
Westmoreland County Block Grant
Advisory Committee**

1. Carlotta Paige
2. Sherry Anderson
3. Mitzi Corden
4. Chuck Seamons
5. Tracy Brown
6. Anita Leonard
7. Dr. Tony Stile
8. Lynette Emerick
9. Laurie Barnette-Levine
10. Julie Cawoski
11. Paula Martino
12. Debra Wohlin
13. Kelly Wolfgang
14. Kim Sonafelt

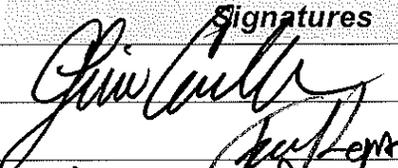
Appendix A

**Fiscal Year 2018.2019
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

COUNTY OF: WESTMORELAND

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the 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>	<i>Date</i>
	Gina Ceccoli	9/13/18
	Ted Kopas	9/13/18
	Charles W. Anderson	9/13/18

WESTMORELAND COUNTY BHDS CRISIS SERVICES

Providing support to people and families in need!

CRISIS HOTLINE SERVICES

This service is a 24 hour a day, 7 Days a week telephone hotline service provided to individuals in crisis and callers who represent or seek assistance for person in crisis. The service screens calls and provides counseling consultation and referral.

Provider: Westmoreland Community Action 1-800-836-6010

CRISIS RESPONSE CENTER

As an enhancement of the Crisis-Walk-in Center, this service is operating 7am-11pm/seven days a week and utilizes a multi-disciplinary approach to crisis response and assessment. Individuals get a brief physical health assessment as well as a comprehensive nursing and psycho-social assessment. Intervention will expand to the development of a comprehensive recovery action plan. If need be in-patient care will be facilitated. Excelsa Health Westmoreland Regional Hospital Emergency Room can be utilized after hours (724-832-4465).

Provider: Excelsa Health Westmoreland Regional Hospital

43 Depot Street

Greensburg, PA 15601 724-832-4465

*(Please note that any emergency room can provide a Mental Health assessment.)

CRISIS INTERVENTION MOBILE

This service is available to adults, children, and adolescents in Westmoreland County who require face to face intervention in the community where the crisis is taking place. Calls are prioritized base on criteria for emergent, urgent and routine. Depending on the nature of the call, calls can be responded to 24 hours a day/7 days a week. The Crisis Hotline Staff determine priority and dispatch the mobile unit.

Provider: Westmoreland Community Action 1-800-836-6010

BASE SERVICE UNIT (Behavioral Health - Intake)

The Base Service Unit is able to assist in determining insurance coverage and eligibility for services. Information and referral is available to anyone who calls or visits the offices and would like more information on BH services. Office hours for all locations are Monday thru Friday 8:30 AM to 4:30 PM.

Provider: Westmoreland Casemanagement and Supports, Inc. (WCSI)

Greensburg Office 727-837-8290 or Toll Free 1-800-353-6467

New Kensington Office 724-334-1774 or Toll Free 1-877-334-1774

DCORT (Disaster Crisis Outreach Referral Team)

DCORT members are trained crisis outreach responders coordinated by Westmoreland County Behavioral Health & Developmental Services. They provide services to people impacted by traumatic events or disasters. They assist by assessing the impact of the incident and provide support, education and referral assistance. To contact DCORT, call 724-830-3617 Monday – Friday 8:30 a.m. – 4:00 p.m. After hours, holidays & weekends, call the Crisis Hotline at 1-800-836-6010.

Westmoreland Casemanagement & Supports, Inc.

AFTER HOURS – ON CALL

During regular business hours, callers can always reach someone by calling Westmoreland County BHDS at 724-830-3617.

After regular business hours, both Westmoreland County BHDS and Westmoreland Casemanagement and Supports, Inc. (WCSI) have answering systems that tell callers to contact the crisis hotline if they need to speak with someone immediately.

The crisis hotline will then contact the WCSI TCM on-call during all non-office hours for crisis situations. The TCM will look in Clientrek to see if a person is open to I/DD casemanagement. If the person is open, the TCM will contact the WCSI I/DD on-call person. The I/DD on-call person will then assist as needed in resolving the crisis situation.

If needed, the I/DD on-call will contact the Westmoreland County DS Coordinator or the Crisis Hotline Services.

*The above is also the process if mobile crisis becomes involved with an individual.

I/DD – INTAKE AND REGISTRATION

Provider: Regional Integrated Human Services (RIHS)

Greensburg Office 724-836-6215 or Toll Free 1-800-267-7062

Office Hours- Monday thru Friday 8:30am-4:30pm

AND

I/DD – SUPPORTS COORDINATION ORGANIZATION

Provider: Westmoreland Casemanagement and Supports, Inc. (WCSI)

Greensburg Office 727-837-1808 or Toll Free 1-800-353-6467

Office Hours- Monday thru Friday 8:30am-4:30pm

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

County: Westmoreland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	37		\$ 257,119		\$ 12,265	
Administrative Management	4,901		\$ 1,685,458		\$ 75,045	\$ 786,062
Administrator's Office			\$ 925,952		\$ 44,168	\$ 18,000
Adult Developmental Training						
Children's Evidence-Based Practices	13		\$ 38,179		\$ 1,821	
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services	90		\$ 2,720,588		\$ 129,772	\$ 85,201
Community Services	710		\$ 506,385		\$ 24,155	\$ 120,428
Consumer-Driven Services						
Emergency Services	65		\$ 170,748		\$ 8,145	
Facility Based Vocational Rehabilitation	1		\$ 2,863		\$ 137	
Family Based Mental Health Services	31		\$ 145,557		\$ 6,943	
Family Support Services	765		\$ 174,533		\$ 8,325	
Housing Support Services	300		\$ 1,476,017		\$ 58,269	
Mental Health Crisis Intervention	280		\$ 204,257		\$ 9,743	
Other						
Outpatient	100		\$ 405,496		\$ 19,342	
Partial Hospitalization	1		\$ 3,341		\$ 159	
Peer Support Services	170		\$ 85,948		\$ 2,941	
Psychiatric Inpatient Hospitalization	1		\$ 28,634		\$ 1,366	
Psychiatric Rehabilitation	45		\$ 320,123		\$ 15,270	
Social Rehabilitation Services	700		\$ 1,630,326		\$ 77,767	
Targeted Case Management	550		\$ 442,149		\$ 21,091	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	8,760	\$ 11,084,189	\$ 11,223,673	\$ -	\$ 516,724	\$ 1,009,691
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 3,362,969		\$ 104,829	\$ 30,000
Case Management	1,460		\$ 458,748		\$ 13,652	
Community-Based Services	140		\$ 635,248		\$ 30,301	
Community Residential Services						
Other	-		\$ 3,576		\$ 171	
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,600	\$ 4,460,541	\$ 4,460,541	\$ -	\$ 148,953	\$ 30,000

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

County: Westmoreland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	520		\$ 310,000			
Rental Assistance	500		\$ 170,294			
Emergency Shelter	130		\$ 16,000			
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	1,150	\$ 496,294	\$ 496,294		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	125		\$ 125,000			
Medication Assisted Therapy	35		\$ 87,500			
Other Intervention	411		\$ 56,000			
Outpatient/Intensive Outpatient	270		\$ 176,055			
Partial Hospitalization	15		\$ 23,000			
Prevention	1,500		\$ 15,000			
Recovery Support Services						
Administration			\$ 41,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	2,356	\$ 497,555	\$ 523,555	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services						
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	28,800		\$ 195,009			
Interagency Coordination						
Administration						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	28,800	\$ 360,493	\$ 195,009		\$ -	\$ -

GRAND TOTAL	42,666	\$ 16,899,072	\$ 16,899,072	\$ -	\$ 665,677	\$ 1,039,691
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