BEAVER COUNTY

HUMAN SERVICES PLAN

2016-2017

Table of Contents

Appendix A

Assurance of Compliance
Board of Commissioners Signature Page

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Beaver

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.

B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
Sandy Egley	Sandy Egley, Chairman	Date: 6/28/16
Daniel C. Camp	Daniel C. Camp, III	Date: 6/28/16
Tony Amadio	Tony Amadio	Date: 06/28/16

Appendix B

County Human Services Plan Template

PART I: BEAVER COUNTY PLANNING PROCESS 2016/2017

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems:

The Beaver County Planning Team includes representatives from each of the program areas outlined in the plan. It also includes the local Office on Aging and the co-chairs of the Beaver County System of Care (SOC) Steering Committee. This team met on Monday, May 23, 2016 to review the Human Services Plan guidelines, analyze progress made over the last year, discuss the public hearing details, and determine priorities for the delivery of human services over the next year. As part of the ongoing System of Care (SOC) development, Beaver County has a Leadership Team and a Steering Committee, as well as several subcommittees. The Leadership Team membership includes county staff, along with Steering Committee and subcommittee chairs. The Steering Committee and the subcommittees are comprised of individuals who receive services, families, change agents, and providers. The County Planning Team and SOC Steering Committee work together on the development of a countywide plan and discuss the expenditure of funds. The Steering Committee takes a lead role in gathering stakeholder input and planning the public hearings. Each human service department director attends at least one Steering Committee meeting annually to present their piece of the plan and to obtain stakeholder feedback.

2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement:

Beaver County has a comprehensive quality management (QM) structure outlined by the Department of Human Resources to assure the successful implementation of HealthChoices. In Beaver County, families and peers comprise 51% of the QM committee. The committee is facilitated by the County's Administrative Service Organization, Value Behavioral Health, and includes representatives from mental health, substance abuse services, and intellectual disabilities (ID). In addition to measures established by the state, County specific performance outcomes are added each year. Findings from the Family/Consumer Satisfaction Teams, Incident Management reports, and Transformation Priorities are also reviewed by this committee. FACT sheets are also presented quarterly to provide updates on SOC initiatives.

Beaver County Behavioral Health (BCBH**)** also has a SOC Quality Improvement (QI) committee that meets quarterly to review data collected that is related to the various areas included in the plan. Several sources of secondary data are used to create reports that are reviewed by the QI committee. Examples include: the results of Justice/Behavioral Health Collaboration; fidelity assessments of specific Evidence-

Based Programs (EBPs), the percentage of individuals with lived experience participating in the SOC, and use of both the electronic service plan (eSP) and the crisis plan. Additionally, BCBH has an internal QI committee that meets monthly to assure coordination among mental health, intellectual disabilities, and drug and alcohol. Service utilization, outcome data, and client satisfaction are considered by each member of the County Planning Team when funds are allocated each year. Priority is given to evidence-based practices that address the County-level measures and transformation priorities.

Stakeholder input was also gathered at the two public hearings and through a survey that could be completed online or with pen and paper. A copy was emailed along with the instructions for online submission. Paper copies of the survey were also available at each public hearing. Findings are summarized in the Appendices of this document.

The **Single County Authority** that administers Drug and Alcohol services for Beaver County also has a number of methods to obtain stakeholder input. These include, in addition to participating in the quality management meetings, the County Leadership Team and the Steering Committee; the Drug and Alcohol Advisory Council; the Prescription Drug Coalition; a Law Enforcement Subcommittee to the Prescription Drug Coalition; the Problem Gambling Prevention Coalition; and the planning committee for Forward/U.

The **Intellectual Disability** program also participates in in the quality management meetings, the County Leadership Team, and the Steering Committee.

Beaver County Children and Youth uses the data sources below to determine the achievement of benchmarks and outcomes of the programs funded by the Block Grant:

- Hornby Zeller NBB data package
- AFCARS
- AOPC Data Dashboard and PPI data
- Pennsylvania Partnership for Children
- Agency generated year end reports
- Provider outcome reports
- Agency placement and re-entry data

This information is reviewed to determine if the funded programs are achieving positive outcomes. Information is shared with stakeholders at public hearings, stakeholder meetings, and steering committee, and meetings with families and transition-age youth. To date, the Special Grant programs have been critical to the agency being able to safely reduce the number of children entering out-of-home placements by allowing the development of an array of services designed to keep families safely together. When children do enter placement, Children and Youth uses programs funded by the block grant to complete thorough assessments and work toward safe and timely reunification. Programs designed to increase family engagement have allowed the agency to develop a much more strength-based orientation that, in turn, increases the family's role and voice in the casework process. Other block grant programs allow the agency to meet its

mandate of “Reasonable Efforts” to prevent placement by assisting families to meet their requirements for basic needs, while others enable staff to divert children/families from the CYS system by providing preventative services.

In the **Homeless Assistance Program (HAP)** operated by the Community Development Program, the subrecipient agencies submit quarterly activity reports. These figures are entered into a yearly report submitted to the Department of Public Welfare. In order to assure program compliance, all participating agencies are monitored annually during a site visit. Tracking and a coordinated assessment process also occur through the utilization of the County’s Homeless Management Information Systems (HMIS). In addition, the annual Point-in-Time survey is conducted through the County’s Continuum of Care. This is also used to determine homeless need. The HAP complements the efforts of the County’s Emergency Solutions Grant and the Continuum of Care. These efforts are shared with stakeholders through the county’s Housing and Homeless Coalition that is comprised of approximately 50 organizations, including representatives from state and local government, private non-profits, and the faith-based community.

Beaver County Office on Aging (BCOA) has an Advisory Council which, according to its by-laws, must be at least 60% older citizens of Beaver County. This group meets 10 times a year to offer advocacy, feedback, and support to BCOA programs. The agency also has more than 60 volunteers, who work in Aging programs and provide assistance with planning and service delivery. Approximately 90% of these volunteers are over age 60. The Advisory Council and the volunteers were provided an opportunity to complete the online survey about behavioral health services in Beaver County. Members of the County Planning Team also participate in the planning process used to develop the BCOA plan. The BCOA online survey is distributed to the countywide SOC.

The two Public Hearings for the Block Grant, both of which are also considered SOC Stakeholder meetings, Beaver County staff and the BCBH Recovery Coordinators conducted outreach efforts to engage a broad range of constituents in the planning process. An online survey using Survey Monkey was distributed to stakeholders, including natural supports, faith-based organizations, the provider community, consumer groups, family members, housing providers, and forensic partners. Information presented was also placed in the “spotlight” of the Beaver County System of Care website. A paper survey was also distributed to consumer and family groups and was available at both public hearings. The survey concentrated on identifying strengths and needs.

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs:

Beaver County, one of only five counties in Pennsylvania operating without access to a state hospital, is committed to serving its residents in the least restrictive setting appropriate to their needs. The county had one person in a state (non-forensic) facility since Mayview closed in December 2008. That person was originally in the forensic unit

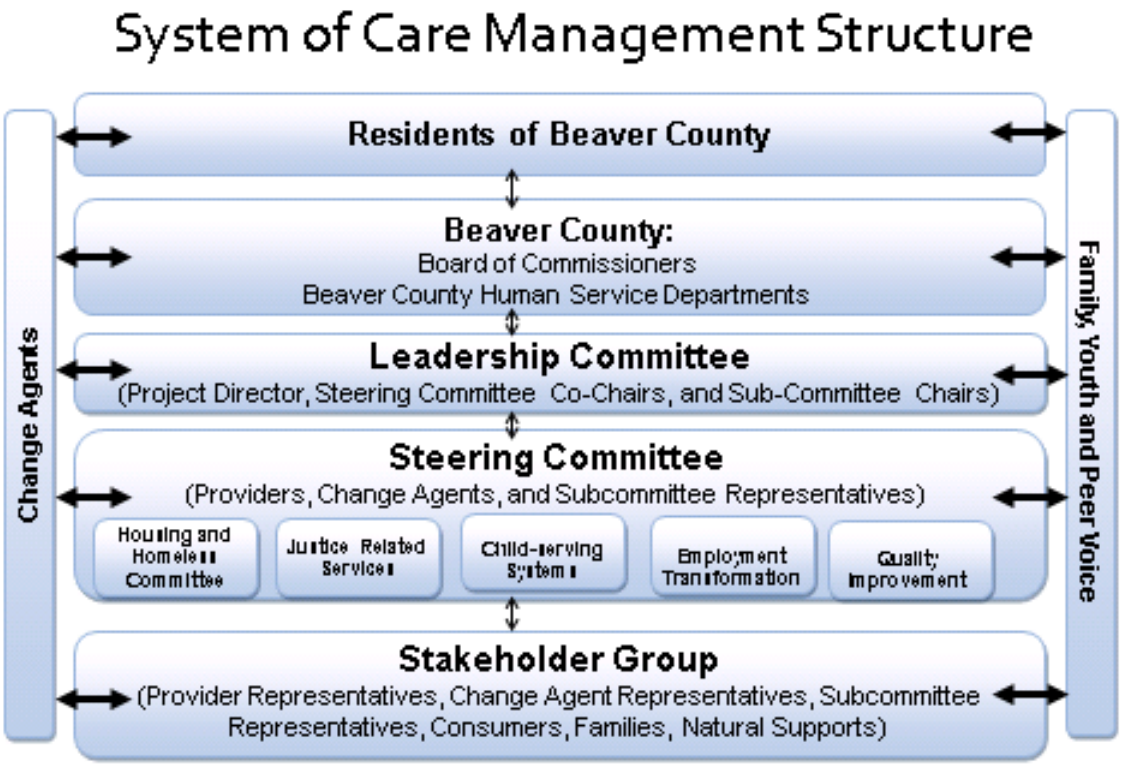
and transferred to civil. As of May 2015, Beaver County had less than 20 children/adolescents in residential treatment.

BCCYS is an agency that believes in using a strength-based approach with families and that children have a right to be raised by their family whenever possible. Since 2006, BCCYS has reduced the number of children in out-of-home care by 60%. Its current placement rate is .87/1000 children in the county, the lowest percentage of any fourth class county in Pennsylvania. BCCYS workers are all trained to use solution-focused practice when engaging families. The agency utilizes FGDM for case planning, engagement, establishing permanency, and transition planning. In addition to its Crisis Stabilization Program, BCCYS has developed an Emergency Housing Program to assist families in need of safe, affordable housing. BCCYS also uses Human Service Block Grant dollars to fund an innovative Truancy intervention Program (TIP) that has been very effective and very well received by the courts. It is a collaboration between BCCYS and the Juvenile Services Division.

BCOA also has a strong commitment to community-based services. When asked, very few seniors or disabled adults express a desire to reside in a nursing home. The vast majority prefer to remain in their own home receiving home and community-based services to meet their needs. This is also the least expensive way to assist those adults. Two to three adults can receive home and community-based services for the cost of one person living in a nursing home. BCOA provides Nursing Home Transition services, home modifications, and in-home care, so that older Beaver County Citizens can reside at home while receiving the care they need. Older adults and persons with disabilities have the right to choose to live at home or in a community setting, and the Aging Office is committed to helping them do so.

The array of behavioral health services available in Beaver County is outlined in Exhibits F and G. These exhibits include service category, target population, service availability (number of slots and providers), and how allocated funds are utilized in conjunction with other available funding. Estimates of the number of individuals to be funded in each service can be found in Exhibit C.

Beaver County has been building a countywide SOC since 2005, when the county received a Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program. The county has been refining its original SOC structure into a more comprehensive countywide effort and has been working with nationally recognized consultants, Drs. Kenneth Minkoff and Christie Cline, to expand their Substance Abuse and Mental Health Services Administration (SAMHSA) best practice Comprehensive, Continuous, Integrated System of Care (CCISC). This effort is currently funded, in part, through a SAMHSA Center for Mental Health Services (CMHS) transformation grant, the primary goals of which mirror the purpose and goal of Pennsylvania's Human Services Block Grant. In 2014, the County received a SOC expansion grant that is also helping to grow and support this approach. Below is the organizational structure in place to implement the SOC. This process was highlighted as the county's innovative service in the Block Grant application.



4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Block grant funding in Beaver County has led to greater collaboration among human services departments, increased data sharing, and valued flexibility between previously categorical budget line items. During the last fiscal year, Beaver County was able to increase housing supports.

5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA).

Not Applicable

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings were held as part of the Human Services Block Grant planning process. One was Monday, 06/27/16 from 1:30 to 4:00 p.m. at the Senior Center at the Beaver Valley Mall and the second was held on Thursday, 06/30/16 from 1:30 to 3:00 p.m. at the local Mental Health Association. Proof of publication in the *Beaver County Times*, along with a summary and copy of the sign-in sheet from both public hearings, can be found on page 80 (6/27/16) and pages 82 and 83 (6/30/16).

PART III: MINIMUM EXPENDITURE LEVEL
(Applicable only to Block Grant Counties)

Beaver County acknowledges that for FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

The achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016 are below.

- **Transition-Age Case Management** is available to aid in the transition to adulthood, but assuring the individual can continue with the same case manager.
- **Drug and Alcohol Case Management** is soon to be offered to provide individuals with a high substance use or a substance use only diagnosis assistance in system navigation.
- **Psychiatric Rehabilitation** for youth, as young as 14, is underway as part of a SOC Expansion grant.
- **Parent coaching** is a new service that brings empowerment and direction to those families of adolescents seeking a different way to resolve conflict.
- **Vocational/Outpatient Connections** have been enhanced by having vocational staff available at the outpatient clinic, where they are able to meet with people with mental illness, who may be interested in vocational services.
- **Youth Mental Health First Aid** is being offered in all of the local school districts.
- **Poster Presentation at the National Council Conference**: Beaver County was selected to present a poster that summarized System of Care and Criminal Justice Partnerships developed from 1999 to present.
- The **Open Table** model organizes a group of 6 to12 volunteers (called a Table) to engage individuals (called “Brothers” and “Sisters”) in an enduring relationship, and create a matrix of support to assist them with life challenges.

b) Strengths and Needs:

Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

Older Adults (ages 60 and above)

Strengths:

- Beaver County Behavioral Health (BCBH) works closely with Beaver County Office on Aging (BCOA). BCBH is a Core partner for the BeaverLINK. BeaverLINK is the

Aging and Disabilities Resource Collaborative (ADRC) serving Beaver County residents.

- BCBH and BCOA work cooperatively with the Emergency Operation (911) Center to assure information needed for disaster drills is comprehensive and current.
- BCBH and BCOA jointly attend Risk Management meetings facilitated by the Department of Human Services / Bureau of Human Services / Adult Residential Licensing.
- BCBH and BCOA collaborate on individual cases and have worked well with Protective Services.
- BCOA participates in SOC activities.
- **BCOA will have a provider trained in Mental Health First Aid in order to promote the County's goal of Mental Health Literacy across the Lifespan**.
- One of the two public hearings is held at a senior center.
- BCBH and BCOA participate collaboratively in "Cross Systems Collaboration Technical Assistance Call" to review cases with other PA counties via teleconference. Approaches and resources are compared and developed to best address the individual cases being presented.
- BCBH and BCOA collaboratively attend/monitor Beaver County personal care home licensing visits/exits conducted by the PA Bureau of Human Services and Licensing.

Needs:

- More appropriate care options (facilities/nursing homes) for Older Adults deemed in need of nursing care, having mental health diagnoses, and presenting with challenging behaviors. Nursing homes often deny admission due to previous mental health history.
- Accessing transportation that will travel across county lines to close neighboring sites, medical, and other.
- Community safety checks for Older Adults perceived to be especially vulnerable.
- Accessing appropriate inpatient care.
- Availability of trustworthy respite care.
- Additional home support worker resources to help promote "Aging in Place".
- Increased access to a benefits counselor, who can help with Social Security and Healthcare questions.
- Additional guardianship services.
- Increased access to home modification services and general maintenance services.
- Accessing medical needs not covered under traditional medical insurance (i.e. hearing aids, eyeglasses, and personal emergency response devices).

<u>Adults (ages 18 and above)</u>

Strengths:

- BCBH emphasizes the use of evidence-based practices, such as Assertive Community Treatment, Seeking Safety, Motivational Interviewing, and Supported Employment (SE). The number of Wellness Recovery Action Plans (WRAP) is increasing.

- BCBH employs a recovery coordinator to increase consumer voice in the SOC.
- BCBH works closely with NAMI. The president of the local NAMI is also a member of VBH's Beaver County's MCO QM committee.
- BCBH has expanded the number of case management entities (Single Points of Accountability) and has a countywide initiative to assure competency across providers. There is an initiative underway with VBH to establish best practice standards.
- Both Transition-Age and D&A case management have been added to the SPA initiative.
- Beaver County is working with case management providers to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are available to staff in both of the emergency rooms that primarily serve Beaver County clients, both Inpatient Units and to Adult Probation Officers with a release from shared clients.
- Work is underway to share crisis plans with other county agencies, including Child Welfare, Juvenile Probation, the jail, the Emergency Operations Center (911), the Office on Aging and the Housing Authority.
- A local vocational provider has partnered with the major provider of Outpatient Services.
- Beaver County has had increased success working with individuals, who have both a mental health and an Intellectual Disabilities diagnosis. The use of a Dual Diagnosis Treatment Team has helped to support individuals in the community. There has been increased cooperation between the Inpatient Units and the Long Term Structured Units.

Needs:
- An increased emphasis on employment.
- Continued work on co-occurring mental health and substance abuse treatment.
- Continued efforts to increase physical and behavioral health integration.
- More transportation options.
- More housing options.
- A review of crisis services.

<u>Transition-age Youth (ages 18-26)</u>

Strengths:
- As a result of a workgroup, the Youth Ambassadors group has been re-initiated and hopes to encourage increased participation from transition-age youth voice in the SOC.
- BCBH has a work group chaired by the family coordinator and charged with increasing transition-age youth voice in the SOC.
- BCBH contracts with a faith-based organization in Aliquippa to provide life skills, academic support, and pre-vocational training to at-risk youth.
- BCBH contracts with several faith-based organizations to offer recovery-based supports aimed at increasing community ties among transition-age youth. These

activities are supported by a Substance Abuse and Mental Health Services Administration grant.

- The Mental Health Matters grant was used to introduce Signs of Suicide (SOS) in the local schools; this is being done in conjunction with the Student Assistance program.
- Youth Mental Health First Aid is being offered to all school districts in the county.
- The Family-Focused Recovery Coordinator organizes the annual Children's Mental Health Awareness Day event for Beaver County, which was even more successful as a result of the participation and assistance from at least 30 youth.
- Two transition-age youth programs were selected to present at the state SOC conference. One works to offer vocational/educational options and the other helps to implement SAMHSA's Eight Dimensions of Wellness.
- BCBH has supported the Managed Care Company's Transition-Age Advocacy Group (TAAG) events and has worked to assist with representation from Beaver County.
- Beaver County Rehabilitation Center offers vocational support to every school district through CAPs (Creating Alternative Pathways).
- Beaver County is working with the Managed Care Company and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP) as part of Transition-Age case management.
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.
- For transition-age youth currently receiving MH and/or ID services and involved with Special Education Services, the assigned case manager participates in the transition IEP's.
- Community Alternatives' StepUP Summer Program is a four-week summer program for transition-level students in Beaver County, ages 14-21. The program helps create awareness about careers and the necessary skills in obtaining employment, identifying and implementing the necessary life skills for daily living situations, and proper social functioning.
- Beaver County is working to implement Transition-Age Psychiatric Rehabilitation. Staff form the County office and a provider participated in an OMHSAS sponsored work group to develop regulations.
- BCBH and Children and Youth services have successfully implemented mobile crisis response teams for youth and families.

Needs:

- Transportation to appointments, education, employment, supports.
- A review of crisis services.
- Increased housing options.

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

Strengths:

- BCBH serves as the Zone Administrator for the Student Assistance Program reporting for both drug and alcohol and mental health. BCBH contracts with The Prevention Network to deliver student assistance liaison services in all 14 school districts at the high school/middle school level. All students referred for SAP are screened and, if warranted, referred for further assessment.
- Drug and Alcohol Services of Beaver Valley offers services in local school districts and can provide a co-occurring assessment.
- The SHORES Program at Holy Family can now provide assessments, in addition to treatment, in the community, including schools.
- Beaver County Behavioral Health Outpatient Assessment Center is available to provide mental health evaluations and drug and alcohol assessments for all students referred through the Student Assistance Program.
- All BCBH child/adolescent staff is trained in the CASSP principles. At all Interagency Service Planning Team meetings, where there is County representation, the CASSP principles are applied.
- Beaver County, through its HealthChoices network with Value Behavioral Health, has a panel of independent evaluators available to assess and prescribe BHRS. An independent evaluator panel serves to reduce conflict of interest for service delivery.
- Beaver County has a long standing history of offering blended case management services and has increased the number of case management providers.
- BCBH continues to expand the development of school-based outpatient.
- On April 28, 2016 Beaver County celebrated the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Children's Mental Health Awareness Day and NAEYC Week of the Young Child and brought attention to the importance of positive mental health and resources available to familie. Over 223 people, 79 exhibitors tables, and 40 youth volunteers participated in the event held at the Beaver Valley Mall. In addition to the many activities occurring at the event we had on display posters created by students from nine different schools. With the help of seven mentors, Community Alternatives and BCRC, the "Finding Help Finding Hope" poster contest was a huge success.
- Beaver County is working with VBH and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.
- Through a SOC expansion grant from SAMHSA, the County developed transition-age case management and is offering an immediate response to families in crisis through the HELP Team.
- Through a SOC expansion grant, the county now offers a mobile response team to youth and families.

Needs:

- Easier access to overnight respite.
- More mentoring and support for youth with special needs (for example, youth with an incarcerated parent).
- More evidence-based trauma-informed practices

- Additional programs focusing on the transition to adulthood

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

Individuals transitioning out of state hospitals

Strengths:
- Since 2008 and the closure of Mayview State Hospital, Beaver County had one person enter a civil state hospital bed and that occurred as the result of a transfer from the forensic unit at Torrance State Hospital.

Needs:
- One-on-one respite or stabilization.
- Housing with intense treatment component specific to individuals in the home.
- Wrap-around capacity for up to four months.
- More permanent, specialized housing.
- More housing for maximum of three individuals, who are not acceptable to any other housing provider (e.g., those under Megan's Law).
- Cross-training and clarification of roles (e.g., when to call Blended Case Management [BCM] or when to call Crisis).
- Training in interventions.
- Collaborative treatment planning.
- Locked, permanent housing (LTSRs as permanent housing for some individuals).

Co-occurring Mental Health/Substance Abuse

Strengths:
- Beaver County has been working since 2001 to develop a system of care (SOC) welcoming to individuals with a co-occurring mental health and substance use disorder (COD), who are involved in the forensic system.
- Progress is measured through tools found in the Comprehensive, Continuous, Integrated System of Care model developed by Drs. Minkoff and Cline, who work as consultants with BCBH.
- All providers in Beaver County assess for COD.
- BCBH offers the 10 part COD training series and Motivational Interviewing annually.
- BCBH is about to offer a case management service that will follow individuals with a substance use only and a COD.

Needs:
- Continued education and training for both provider systems.
- Better transition planning post-inpatient.
- Increased communication/collaboration among providers.

Justice-involved individuals

Strengths:

- Since 2001, BCBH has funded COD treatment and re-entry services in the county jail.
- BCBH also provides COD assessments in the courthouse and Global Appraisal of Individual Need (GAIN) screens in the Regional Booking Center.
- Beaver County is one of seven programs selected to participate in a national evaluation of the Second Chance Act (SCA) conducted by the Department of Justice. The aim of the SCA is to reduce recidivism by providing re-entry services in the jail and in the community.
- Beaver County presented a poster summarizing SOC and Criminal Justice Partnerships at the National Council's 2016 national conference.
- Beaver County makes contact with State Correctional Institutes, when an individual is identified on the Final Discharge Maximum Expiration (FDME) report. This report lists inmates receiving active mental health treatment or monitoring, and also contains the maximum sentence date for each inmate.
- BCBH participates in the County's Criminal Justice Advisory Board (CJAB) and helped to complete its strategic plan. The Sequential Intercept Model is part of the comprehensive strategic plan. The BCBH Administrator is the current chair of the CJAB.
- Beaver County has an Assertive Community Treatment team with a strong forensic component.
- Mental Health First Aid training is being offered to local law enforcement, probation/parole, 911 dispatchers, Emergency Medical Services (EMS), and other first responders.
- Vocational services are provided in the jail and there is community follow up. There is a special work release program for women.
- The county has a sponsor program in which two faith-based organizations train and supervise individuals, who mentor released offenders.
- Another faith-based organization offers a Future Anticipated Cohort for youth, who have a parent in the justice system.
- Certified Peer Specialists and Recovery Specialists work with this population.
- The county oversees the Forensic Partner Meeting made up of county, probation, treatment, re-entry, vocational and faith-based providers, who meet monthly to discuss issues related to the provision of services to individuals with a behavioral health diagnosis who are involved in the justice system.
- Specialized probation teams have been established and consist of a probation officer, a case manager and a person with lived experience.

Needs:

- The importance of jail-based treatment, as part of forensic services, is well established, but funding for the program is difficult to maintain. It would be helpful if at least the State portion of the Medical Assistance dollar could be used for this purpose.
- Increased housing options are always needed, especially for sex offenders.

- Coordination of services and supports to families of offenders, who are in the jail or a State Correctional Institution.
- Increased employment options.

Veterans

Strengths:

- The County has a Veteran's Court. BCBH, through a contracted provider, completes assessments for the Veteran's court.
- Veterans also participate in jail-based treatment.
- BCBH has a positive relationship with the veteran's outreach coordinator and clinical staff at the local veteran's outpatient center.
- Veterans are identified as a priority population for enrollment into a specialized probation team, if they get re-arrested while on probation. This team integrates probation, behavioral health, and peer services.
- Supportive Services for Veteran Families (SSVF) Program operates in the county and provides supportive services to very low income Veteran families in or transitioning to permanent housing. SSVF provides eligible Veteran families with outreach, case management, and assistance in obtaining VA and other mainstream benefits, which may include:
    - Health care services
    - Daily living services
    - Personal financial planning services
    - Transportation services
    - Fiduciary and payee services
    - Legal services
    - Child care services
    - Housing counseling services
    - Referral to local resources for furniture and food banks
    - Military discharge documents
    - Connection to other Veteran resources via the local Veterans Affairs office out of the Beaver County Courthouse.
    - Employment options

Needs:

- Addiction Treatment and dual diagnosis groups.
- Housing for individuals with specific issues: substance abuse, mental health, or sexual offense charges/Megan law registrants.
- Funding from the Veteran's Administration that will support community options, such as case management.
- More outreach to local VA services.

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

Strengths:

- BCBH holds an annual training addressing LGBTQI topics. Specifically, trainings have included: *Working Competently with LGBT (Lesbian, Gay, Bisexual and Transgender) Consumers and Families;* and *Working Competently with LGBT Youth* were held in 2015 and additional trainings are planned for 2016.
- The LGBTQI community is included in the countywide Cultural Linguistic Competency Plan and the LGBT trainer has agreed to review the CLC plan.

Needs:
- More training would be helpful, especially, training focused on transition-age youth.
- Training that includes school personnel and students.
- Increased access to specialized providers.

Racial/Ethnic/Linguistic Minorities

Strengths:
- There is a countywide Cultural Linguistic Competence (CLC) Advisory Committee.
- The CLC Advisory Committee is represented on the Shell Oil Community Group to ensure that a trained and diverse workforce is an integral part of the discussions and future goals of the Shell facility in Beaver County.
- The increase in diverse articles in the local newspaper is a direct result of the involvement of the *Beaver County Times* editor serving on the CLC Committee.
- Beaver County's System of Care (SOC) has developed a Cultural and Linguistic Competency Plan that is fully committed to ensuring that all SOC agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- BCBH contracts now require providers to provide or attend an annual CLC training
- Beaver County will develop and implement CLC training programs that will improve the overall employment representation of underserved minority groups.
- Beaver County will develop a minority database that will link potential employers with potential employees, who are members of under-represented groups.

Needs
- Expand the CLC activity and trainings on understanding more on the issues surrounding the LGBT community.
- Provide CLC trainings focusing specifically on the inter-relationships among poverty, employment, mental illness, and underserved populations (e.g., LGBT community).
- Expand the Culture of Poverty training and Diversity training to accommodate the schedule of schools and the education community.
- Increase the representation on the CLC committee to include other community representatives, such as parents, youth, and religious leaders.

Homeless

Strengths:

- Beaver County continues to support and provide services to homeless individuals and families through its Continuum of Care initiatives addressed in the Housing and Urban Development mandate.
- Since the late 1990s, a Housing and Homeless Coalition of Beaver County (HHCBC), which includes a Homeless Task Force, has met under the leadership of the Beaver County Community Development Office. The HHCBC is comprised of over 100 members from over 50 agencies and meets monthly to address the need and to provide affordable, sustainable housing with the goal to end homelessness in Beaver County.
- The Cornerstone, a suite of centrally located offices, provides a single point of entry into most of the continuum of care's homeless assistance programs using a coordinated assessment.
- Since 2009, BCBH has had a permanent supportive housing program targeted to individuals diagnosed with serious, persistent mental illness. The program is designed to assist individuals in accessing and maintaining safe, affordable, permanent housing within the community by providing Housing Supports Coordination, funding for Bridge Subsidies until access to Section 8 HCV's is available, and funding to increase available housing stock.
- In 2014, funding was set aside from the HSBG for a homeless outreach coordinator to oversee one of the HUD funded permanent supportive housing programs designed to assist disabled households residing in shelters or places not meant for human habitation.

Needs:

- Increased outreach to individuals, who are homeless, and assistance in navigating the maze of services and community/natural supports.
- Expansion to a 24 hour homeless shelter for men.
- An emergency family shelter.
- Increase in safe, affordable housing stock.
- Additional transportation resources for shelter and supportive housing program residents.
- Housing options for individuals registered as offenders under Megan's Law.

Mental Health and Intellectual Disabilities (ID)

Strengths:

- Beaver County was the lead county in the development of Community Health Connections, the Health Care Quality Unit (HCQU), located in Butler.
- BCBH participates in the HCQU Management Oversight Committee.
- Through the Community Support Plan process at Mayview, BCBH has been successful in utilizing services and supports from the ID system for individuals, who do not technically qualify for that system, but are benefiting from the approach and the expertise available.
- As part of BCBH's internal QI process, cases of individuals receiving services from both the mental health and the ID system are reviewed.

- BCBH participates in the Positive Practice Committee described in the ID section of this plan.
- BCBH now has a regional Dual Diagnosis Treatment Team, which is a voluntary, community-based, direct service that provides intensive supports with a primary focus on crisis intervention, hospital diversion, and community stabilization to individuals with a co-occurring ID/MH diagnosis. This is achieved through the delivery of integrated case management, medication monitoring/management, behavioral assessment, and the development and implementation of comprehensive behavioral support plans.
- In the past year, both Beaver County LTSRs (Friendship Ridge LTSR and NHS LTSR) have served clients dually diagnosed (MH/ID).

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

c) Recovery-Oriented Systems Transformation:

The priority of the behavioral health system is to support recovery and resiliency. Beaver County's **transformation priorities/county level performance indicators are below.** As part of this year's planning process, the transformation priorities were expanded to reflect the human services, rather than, solely, the mental health system
.

Transformation Priorities

- Physical and behavioral health are provided in an integrated coordinated manner.
- All services in the county are delivered within a framework of trauma-informed care.
- There is a countywide crisis response to the national Opioid Overdose Epidemic.
- Medication Assisted Treatment Protocols are available for all individuals in need of this treatment option.
- Every citizen has access to safe and affordable housing options, and housing supports.
- There are education and community-based employment options for adults and transition-age youth.
- There is consistent countywide implementation of the standards for a Single Point of Accountability.
- Beaver County maintains a trained, skilled, effective, and productive workforce.
- Behavioral health, developmental services and criminal justice collaboration through implementation of the County's Sequential Intercept Model.

- Human Services funding support for successful recovery-oriented community support programs.

A brief summary of the top five priorities the county plans to address in FY 2016-2017 and the corresponding fiscal resources are below. Outcome measures and a time line for these priorities, as well as the other transformation priorities are in Appendix G. Outcomes (the action the county will be taking to address the identified priority in the coming year) are also summarized below A small work group meets bimonthly to monitor and track the implementation of these priorities.

- **Implementation of a countywide framework of trauma-informed care**: In 2007 through a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD), the County began to offer Seeking Safety, a trauma-informed evidence-based practice (EBP) to individuals in the local jail, who had a history of behavioral health issues and trauma. The County has provided multiple trainings on Seeking Safety and this EBP is now offered in the community, in the jail, and has had two peer-guided groups at Long Term Structured Residences. There are plans to continue the peer-guided Seeking Safety at the LTSRs and to expand this practice into the community. Training is grant funded. Services are billable to HealthChoices and the block grant depending on the client's eligibility. In addition, during the coming year, the County is working to standardize the trauma-related questions that are asked of consumers at intake or assessment across all agencies in the SOC to ensure that service is provided in a trauma-informed manner.

- **Increase safe and affordable housing options and housing supports:** In 2007, as part of a statewide OMHSAS initiative, BCBH developed and received approval for their permanent supportive housing plan targeted to individuals diagnosed with serious persistent mental illness. During the coming year, the county is continuing to measure housing capacity and planning to survey individuals to determine a baseline of stability and satisfaction by type of residence. The program is designed to assist individuals in accessing and maintaining safe, affordable permanent housing within the community by providing Housing Supports Coordination, funding for Bridge Subsidies until access to Section 8 HCV's is available, and funding to increase available housing stock.

- **Increase education and employment options for adults and transition-age youth:** The County is especially interested in growing Supported Employment using mobile employment and mobile psych rehab peers. A countywide Employment Transformation committee exists and serves as a subcommittee of the SOC. For the last several years, vocational and educational assessments have been offered in the local jail. Psychiatric Rehabilitation is available for adults and has been broadened to serve youth starting at age 16 through a SAMHSA SOC expansion grant. The County's largest behavioral health vocational provider is in the process of moving funds from their workshop to community-based employment options. During the coming year, the county plans to collect baseline information on the number and type of referrals made by case management to education or employment resources

and to re-measure the number of individuals employed or involved in education. Supported Employment services and Psychiatric Rehabilitation are funded through HealthChoices, grants and base dollars. Other employment resources include the Office of Vocational Rehabilitation, Job Training, and CareerLink. These entities participate in the employment transformation committee.

- **Establish countywide standards for a Single Point of Accountability (SPA):** County SPA providers continue to meet as a group to develop consistent countywide standards and improve client outcomes. Value Behavioral Health is participating in the group to identify best practice expectations. Online competency exams exist for Outreach and Engagement, Emergency Department Diversion, Crisis Response, Crisis Prevention, and SPA Transition Planning. A new SPA provider will be added during the 16/17 year that focuses on drug and alcohol case management. Also, during the coming year the county will measure the number and percent of SPA staff who complete competencies. Targets have been added to create SPA competency pass rates.

- SPAs continue to use an electronic Service Plan (eSP). Crisis plans are part of the eSP and both emergency rooms in the County and probation officers have access to them. Plans are being made for affiliated agencies (CYS, JSD, Housing Authority, etc.) to have access to consumer crisis plans, as well. Development of the eSP is grant funded. SPA services are billed to HealthChoices and the block grant.

- **Develop and sustain a trained, skilled, effective, and productive workforce:** BCBH continues to offer countywide training in evidence-based practices, such as Motivational Interviewing, Seeking Safety, Stages of Change, Wellness Recovery Action Plans (WRAP), and a ten-part COD series. Requirements for individual staff training plans were included in 16/17 agency contracts. Also during the coming year, follow-up surveys will be used to measure training effectiveness by asking attendees one content question and how they are using what they learned. Training is predominately grant funded.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service Available in the County/Joinder? (Y/N)	Number served in the County/Joinder (approx.)	What fidelity Measure is Used?	Who measures fidelity? (agency, county, MCO or State)	How often is Fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	164	TMACT DDCT	Agency AHCI	Annually	Yes	Yes	
Supportive Housing	N							

Supported Employment	Y	60	SAMHSA Toolkit	Agency County	Annually	Yes	Yes	
Integrated treatment for Co-occurring Disorders (MH/SA)	Y	500	Compass	Agency County	Annually	No	No	
Illness Management Recovery	Y	13	IMR	Agency County				
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	41	PIR	Agency	Q6 Month	Yes	Yes	
Functional Family Therapy	N							
Family Psycho-Education	Y	15	Evaluation Forms	NAMI Board	End of each class	No	No	Family To Family

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

To access SAMHSA's EBP toolkits:

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

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented And Promising Practices	Services Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Y	650	CFST
Family Satisfaction Team	Y		
Compeer	Y	17	MHA
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	28	BCRC
Other Funded Certified Peer Specialist	Y	84	MHA Peer Mentors – F/ACT – SAMHSA grant
Dialectical Behavioral Therapy	Y	310	F/ACT and Primary Health Network
Mobile Services/In-Home Meds	Y	64	F/ACT

Wellness Recovery Action Plan (WRAP)	Y	97	MHA and BCRC and F/ACT
Shared Decision Making	Y	164	F/ACT and NHS BCM
Psychiatric Rehab Services (including clubhouse)	Y	56	Aurora
Self-Directed Care	Y		All consumers are encouraged to drive their treatment
Supported Education	Y	3	
Treatment of Depression in Older Adults	Y	130	Primary Health Network and F/ACT
Consumer Operated Services	Y		BCRC
Sanctuary	N		
Trauma Focused Cognitive Behavior Therapy	Y	65	Primary Health Network and F/ACT
Eye Movement Desensitization and Reprocessing (EMDR)	Y	45	Primary Health Network
Family Based	Y	61	Pressley – Glade Run
Enhanced Family Based	Y	37	Pressley
Mobile Crisis Teams	Y	190	Pressley
Transition Age Psychiatric Rehabilitation	Y	6	BCRC

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

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

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

INTELLECTUAL DISABILITY SERVICES

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

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

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration

category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

	Estimated Individuals served in FY 15-16	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 16-17*	*Percent of total Individuals Served*
Supported Employment	19	7%	23	8%
Pre-Vocational	32	11%	29	9%
Adult Training Facility	25	9%	25	8%
Base Funded Supports Coordination	292	100%	306	100%
Residential (6400)/unlicensed	21	7%	21	7%
Life sharing (6500)/unlicensed	0			
PDS/AWC	0			
PDS/VF	0			
Family Driven Family Support Services	0			

Supported Employment: "Employment First" is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities.

Some Beaver County related activities related to establishing employment growth are

- Needs based assessment/planning for ODP Graduates Initiatives, which expanded in 2015-2016 by 21 participants in PFDS Waiver.
- Needs based assessment/planning for ODP Aging/Caregiver/Emergency Initiatives, which expanded in 2015-2016 by 6 participants in Consolidated Waiver.

- Distribution of information at intake.
- Maintaining productive relationships with community providers for expansion of choice.
- Distribution of information to SCO's including trainings and the Employment Indicator on the ISPs.

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

Total # of Youth and Young Adults Receiving Supported Employment Through Base Funding

- Total unduplicated number of youth and young adults served by the base funded employment project - 8
- Number of youth and young adults in the base funded employment project with a job paying at least minimum wage - 6
- Number of youth and young adults in the base funded employment project working 20 hours or more a week - 4
- Number of youth and young adults in this year's base funded employment project, who received base funded employment project funding in the previous year - 6

Age Breakdown of Youth and Young Adults Who Received Base Funded Supported Employment at the Time of Their Entry Into the Employment Program

- Age 16 and below - 0
- Age 17 through 21 - 0
- Age 22 through 26 - 6
- Age 27 and older - 2

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

- ❖ Increase number of individuals moving from non-work to vocational training
- ❖ Increase number of individuals moving from vocational training to employment
- ❖ Increase number of hours individuals work
- ❖ Increase number of employers

Supports Coordination: Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

Beaver County is not proposing any changes in the provision of supports coordination. The program will continue to fund transitions from ICF/ID as part of its commitment to offering services in the least restrictive setting and adhering to a best practice model.

Lifesharing Options: Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?

Beaver County currently has 2 clients who participate in the Lifesharing Program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available.

- BCBH has a Lifesharing Point Person who attends Regional meetings and trainings. Also attends local meetings/gatherings (School, Church, Provider, Support Coordination Organization, and with families) to promote the benefits of the program.
- Encouraging provider agencies to consider making current Lifesharing vacancies eligible for respite as a means of developing future potential Lifesharing placements. This would assist in the needs assessment and the formation of bonds between potential participants and providers.
- Encouraging provider agencies to offer Lifesharing as a residential living option to participants, and maintain a pool of potential Lifesharing providers.
- Distribution of information at intake.
- Distribution of information to SCO's, including Lifesharing Facts Sheets, utilizing the Lifesharing Indicator on the ISPs and discussion points for offering choice.

The Supports Coordinator is expected to discuss Lifesharing options with persons and their families as part of the ISP Planning Process and/or before a new residential service is authorized. This discussion is expected to occur when a person and family begin to consider the need of locating a new home for the person and when a person who is living in another type of residential service (such as ICF/ID or community home) may be interested in considering Lifesharing options. This discussion is expected to include:

- A description of Lifesharing
- A description of how health, safety, and positive community outcomes are structured into Lifesharing settings through program support and supervision, home studies, training of Lifesharers, and monitoring by Supports Coordination, IM4Q, and licensing
- A review of the availability of Lifesharing providers in and around the county
- A review of the services and costs associated with Lifesharing, including Substitute Care
- A review of the benefits of Lifesharing, the AE Lifesharing point person, including longevity of relationship, permanency, and social integration

- ❖ An opportunity to address the person's/family's questions/concerns
- ❖ Opportunities for the person and family to discuss Lifesharing with practitioners, including provider agency representatives and Lifesharers, as well as family members of people in Lifesharing arrangements.

Cross Systems Communications and Training: Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.

Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.

Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.

The Western Region Positive Practices Committee was established in April of 2012 with stakeholder attendance from across Western Pennsylvania to discuss the challenges facing our system and the people we serve related to Dual Diagnosis, and continues to this day. The statewide mission statement and the goals of the state and BCBH for those that have a dual diagnosis are to improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental disabilities, as well as mental health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives, and Recovery through a DPW and multi-system stakeholder collaboration. BCBH also has an internal mechanism to review cases in which individuals are receiving services from both mental health and ID. Committee activities have focused around psychiatric hospitalizations occurring for individuals, not only in residential settings, but also for people with ID living in other settings. In order to keep on top of what is transpiring, we want to identify individuals, as soon as possible, in order to help meet people's needs. This assists with communication with Mental Health peers also, so we are clear on what is materializing.

This project is also meant as a Quality Management project related to Positive Practices Committee activities across the region. If our actions as a support system are effective, it should be reflected in a reduction in numbers of psychiatric hospitalizations or other positive outcomes.

Emergency Supports: Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).

Provide details on your county's emergency response plan including: Does your county reserve any base or block grant funds to meet emergency needs? What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours? Please

submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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

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

Block grant funding is used to assure the health and safety of individuals in the least restrictive setting and to address emergency situations until other resources or natural supports can be established. The Beaver County Administrative Entity (AE) does maintain reserved funds through the prior year's Retained Revenue of the Block Grant for any emergency supports necessary.
The ISP Team must determine that there are no natural or local resources to address the emergency.

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

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

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

Step Two - After the AE has gathered as much information as possible, the designated person in the AE contacts the Waiver Capacity Manager. During business hours, the AE would contact the Regional Waiver Capacity Manager at his or her office. Outside normal business hours, the AE would page the Waiver Capacity Manager who is on-call. The AE and Waiver Capacity Manager will review the situation of the individual experiencing the unanticipated emergency. They will determine whether the support needs of the individual are expected to be long-term or short-term, if the individual is

known to the AE, and if eligibility for waiver services has been established. If during the conversation between the AE and the Waiver Capacity Manager, the Waiver Capacity Manager determines that the situation does not meet the definition of an unanticipated emergency, the Waiver Capacity Manager may work with the AE to explore other options to address the individual's needs.

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

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

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

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

The first scenario occurs when the eligibility process has not been completed, but the individual is likely to be eligible based on gathered information. During this 15-day period, the AE must pursue the determination of eligibility. ODP realizes that the confirmation of waiver eligibility cannot be made without partnership with the County Assistance Offices. ODP will be working with the Office of Income Maintenance on this issue.

The second scenario occurs when the AE cannot determine if the individual's needs are long-term or short-term based on available information. In this situation, 15 days of state-only funding may also be approved to provide the AE additional time to learn about the individual and his or her needs. Note that in both situations just described, the 15 days of state-only funding is only approved if the AE does not have the ability to provide for the individual on a short-term basis within its current resources and. the AE can make a determination that the person is likely to meet ID eligibility criteria, based on available information.

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

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

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

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

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

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

are Person Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.

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

Functions performed by the Administrative Entity Operating include:

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

Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?

Describe how the county will engage with the HCQU to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

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

Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated

by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?

Beaver County Behavioral Health:

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

ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 16/17 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?

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

Describe how you will utilize the county housing coordinator for people with an intellectual disability.

Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Participant Directed Services (PDS): Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?

Beaver County Behavioral Health initiates conversation about the PDS during the intake process and furthers that during the participant's initial ISP Meeting with the Supports Coordinator. Beaver County Behavioral Health is an active member of the Western Region Agency With Choice (AWC) group that meets periodically throughout the year to discuss new and/or ongoing issues. A barrier that comes to light often, is the lack of financial incentive to be an Agency With Choice for possible AWC Providers.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.

Homeless Assistance

The Homeless Assistance Program (HAP) makes available a **continuum of services** to persons, who are at risk of becoming homeless or who are currently homeless. The Community Services Program (a designated public community action agency) administers the Program by establishing subcontract agreements with local human service agencies. These agencies provide the necessary supports to homeless or near homeless individuals, including emergency shelter, case management, bridge housing, rental assistance and information and referral, and other related supports.

The HAP provides supplemental funding to existing homeless programs administered through the Community Development Program of Beaver County, the umbrella agency for the Community Services Program. These programs include the Emergency Solutions Grant Program that the County receives through the federal government as

an entitlement and from state awards through a competitive process and the HUD Continuum of Care effort for which the County, through the Community Development Program, is the collaborative applicant. The County also utilizes its Affordable Housing Fund Program (Act 137) and a portion of its allocation of Community Services Block Grant Program funds to support homeless efforts.

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

Additionally, a government mandated Point-in-Time Homeless Survey is conducted annually in Beaver County on the last Wednesday in January. A group of volunteers go out and canvas areas where they may find homeless persons, searching under bridges, along railroad tracks, and in abandoned houses. In addition, every person in Beaver County who is staying in a homeless shelter or a supportive housing program bed is counted. This information is used to give the County a snapshot of what homelessness looks like on a single night. We use this information for planning and fund seeking.

The County's Continuum of Care saw a need for emergency housing for victims of sudden disaster, such as fires, flooding and other weather related issues that render a dwelling uninhabitable. Typically, when disaster strikes, the American Red Cross steps in and provides assistance for 3 days. The Continuum has found that most people who are experiencing a sudden housing crisis have not secured permanent, affordable and safe housing in that short period of time. So, through the HAP Program, a project titled "Beaver County On-Call" was established to provide housing for an extended period of time to allow for a more effective search for permanent housing.

The chart below shows the actual number of individuals served through the HAP funds only in Program Year 15-16 and the projected number of individuals to be served in Program Year 16-17.

	Estimated Individuals served in FY 15/16	Projected Individuals to be served in FY 16/17
Bridge Housing	0	0
Case Management	1834	1750
Rental Assistance	290	280
Emergency Shelter	279	250
Other Housing Supports	150	125

Bridge Housing

Due to the small budget for this program, this service is not provided through this funding source. However, bridge housing does exist and is supported by other grants.

Case Management

The case management activities include counseling through a crisis helpline and case management as essential services in bridge housing and an emergency shelter.

Rental Assistance

Rental Assistance is provided in the form of first month's rent, security deposits, utility payments and arrearages. This funding is utilized as a supplement to the HEARTH funding rental assistance to fill the gaps created by HEARTH eligibility and funding constraints.

Emergency Shelter

Emergency shelter funding is used hotels/motels. This program provides emergency, temporary shelter for individuals and families who are waiting to be placed in bridge or permanent housing.

Other Housing Supports

Supportive activities are in the form of bus tickets and food gift cards that are provided to human services agencies that assist individuals faced with housing crises. The bus tickets give the clients an opportunity to access appointments needed to assure housing placement. The gift cards are used for essential purchases at local food stores and discount department stores.

Describe the current status of the county's HMIS implementation.

The Beaver County Homeless Management Information System is a comprehensive, confidential electronic database that collects important information about people, who are living in places unfit for human habitation, doubled up with family members or friends, or staying in shelters and motels. The Homeless Management Info System provides an accurate snapshot of the demographics of homelessness in Beaver County. This data is integral in analyzing homeless trends in the county. The HMIS also provides information regarding the destination of all clients who entered and exited the system. A coordinated assessment process is now in place and provides an online tool for all agencies to report; creating a mechanism to collect and process all up-to-date homeless data and to most importantly track and follow-up with individuals who find a need to access the services that are offered throughout the continuum.

Last year the county's HMIS coordinated assessment process recorded 900+ unduplicated individuals as noted in the performance objectives. At full operational capacity, the project would be attempting to address the needs of at least 85% of those households.

To this end, the county's HMIS recently purchased an advanced program through its vendor for more seamless tracking and customized reporting. This specially designed program enables service, shelter and housing providers to collect and share information about the homeless individuals and families seeking services within the Continuum as well as providing current bed availability. This program is fully scalable, designed with the newest software development tools, and built on the most recent HUD universal data standards.

.

In an effort to strengthen the County's HMIS process even more, the County was awarded funding for the addition of a staff person who will be assigned exclusively to coordinated assessment. This will provide a "safety net" for any individual who may have reached out for services, but for whatever reason, "has potentially fallen through the cracks."

The enhanced HMIS, coupled with a refined assessment strategy, will enable the County's Continuum of Care to have a full, real-time understanding of the needs of the homeless and, as a result, affect a reduction in the number of homeless and near-homeless in our County.

CHILDREN and YOUTH SERVICES

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

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

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

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

Beaver County Children and Youth Services (BCCYS) is a state mandated, county administered agency that is responsible for the provision of child welfare services in Beaver County. For the past 7 years, the agency has addressed the following areas as goals of our child welfare program:

- Safely reducing the number of children in out-of-home care
- Reducing the number of children re-entering placement after being reunited with parent/guardian

- Increasing the use of kinship care
- Increasing efforts to engage non-custodial parents, particularly fathers
- Improving our rates of reunifying children
- Focusing on teaming both internally and externally
- Increase our engagement of families with regard to planning, role and voice and service provision
- Assuring that the permanency needs of children in placement are identified early and are addressed throughout the life of the case
- Fully implement concurrent planning
- Continue to support our casework and other staff to improve retention and a high standard of casework services

We have been successful at achieving some of these goals and continue to work on others.

It is important to mention the impact that the lack of a state budget for seven months had upon the agency in FY 2015-16. In Beaver County, we stopped paying providers in July 2015 due to funding concerns. From that time to the beginning of December 2015, the agency only paid staff, foster care and adoption assistance on a normal payment schedule. We tried to pay something to small providers who depended solely on the agency for their survival, and to utility companies to keep the lights on in the office. Needless to say, the lack of money strongly limited what we could actually do. It is a testament to the resilience and dedication of our providers that all but one continued to work at full strength regardless of payment. The vast majority took out loans and reduced the salary of their employees to stay operational. CYS staff also worked non-stop with limited internal resources. Not having funding impacted the agency's ability to contract for new initiatives and expansion of existing services, because there was no way to ensure payment. Luckily, in December 2015, our county commissioners loaned the agency money, so that we could continue to serve vulnerable children and their families and could catch up on back payments to July. Once funding started flowing in January 2016, it took months to catch up payments and get back on track. We continue to have providers, who are reluctant to expand services or embark upon new services, because of the funding insecurity.

The agency has been using a strength-based, solution-focused approach with clients for the past few years. We think that children have a right to be raised by their family of origin, whenever this can be done safely. In order to facilitate that belief, we have focused on the creation of an extensive service continuum that prevents out-of-home placements by mitigating the safety threats to children and increasing the protective capacities of caregivers. As a rule, we consider placement when safety cannot be assured using a combination of in-home services and informal supports. To accomplish

this task, it is increasingly important to complete a thorough assessment of the family that identifies root causes of behavior, which is affecting positive family functioning. Over the course of the past seven years, we have safely reduced our placements from 110 children to 50 children, as of June 15, 2016. This is a reduction of about 50%.

Hornby Zeller data released in January 2016 shows that our current placement rate is 1.073/1,000 for admissions, 1.277/1,000 for those children in placement now and 2.018 for those served. All of these percentages are lower than other fourth class counties, the western region and the state. Compared to the numbers for 2014-15, the percentages are higher for the county. This is representative of the continued increase in referrals to the agency due to changes to the child abuse laws and the continued increase of opioid addiction we are experiencing in the county. Over 70% of families active with the agency are experiencing addiction concerns. The primary drug of choice for caregivers is some type of opiate. Families, who are in recovery from opiate addiction, are doing so with the assistance of medication, usually Methadone or Subutex. Unfortunately, many of these consumers are also abusing other medication, particularly Xanax. We are also seeing an increased number of consumers who are having overdose experiences. As such, we are talking to our Single County Authority who is training on the use of Narcan to arrange for our staff to be trained to administer the medication. The outcomes for consumers addicted to opiates is poor. A review of our local data shows that the children are more likely to experience out-of-home care, are reunified at lower rates, re-enter care at higher rates due to caregiver relapse, and have higher levels of TPR being completed.

Data compiled in May 2016 shows that the agency has assessed over 3,900 children this fiscal year, which is an increase over those assessed in FY 2014-15. Due to the increased numbers of referrals the agency has received and the seriousness of the referrals, the agency has placed an increased number of children. Even with these increases, we are continuing to involve families in the decision making with regard to their children and family. As stated previously, taking a positive approach with families and trying to limit the amount of adversarial contact is working to improve the engagement caseworkers have with families. In our 2015 Quality Services Review, it was reported by families that although they did not like having CYS in their life, they did feel that they were treated with respect and they were able to contribute input into their case plans.

The agency has used services funded through the Block Grant to expand our service array to better assure our goal of safely keeping families together whenever possible. The majority of the Block Grant services focus on families, where the children remain in the home. The agency continues to focus on safely reducing the number of children entering placement, reducing the number of children re-entering care and assuring timely permanence for children. We are achieving our goal of reducing the number of children entering placement, but are struggling with our re-entry rate. It consistently fluctuates between 14 to 20%, which is significantly above the federal benchmark of 9.9%. When we look at the children who re-enter care, it becomes clear that the

majority re-enter due to safety concerns related to relapse from recovery on the part of the caregiver.

Excellence was designated by Governor Wolfe as a way to address the state's continued concerns with opioid addiction. We are hopeful that these efforts will be successful and that the agency will see a reduction in the number of consumers we have with opioid addiction concerns. The agency also intends to contract for a Certified Recovery Specialist in FY 2016-17 that will assist our staff and consumers with treatment. We use our Crisis Stabilization Program, our Emergency Houses, MST, FGDM and Truancy services extensively, as we try to address family concerns while children remain with their parents.

Our agency's most current Quality Services Review was held in May 2015. The agency performed very well and had six indicators that were 100%. Actually, the lowest score we had was 58% and that was with regard to stability. All of the other scores were in the mid 70's and above. The areas we have addressed in FY 2015-16 and will continue to address for the next two years are:

- Internal and external teaming with a particular emphasis on partnering with early childhood education and development providers
- Improve the success/understanding of families by focusing on achievable goals and objectives that are clearly defined, reasonable and individualized
- Implementation of concurrent planning, which will assist us with improving placement stability. This will include development of a parent handbook, guides and training for staff on full disclosure interviewing, new policy and procedures to train staff on new expectations
- The recruitment and retention of qualified child welfare staff. Part of this goal is the development and implementation of an orientation program

The agency has been working on the implementation of concurrent planning all year with the assistance of the Child Welfare Resource Center. We have had a very active implementation group that has developed guides to assist supervisors and caseworkers with full-disclosure interviewing, has arranged for training on Genograms, has planned training from the CWRC on full-disclosure interviews and has established protocols for the process within the agency.

The Continuous Quality Improvement Team has been working on the orientation of new staff and is developing a protocol for how this will occur. In addition, they are looking at how best to implement Quality Assurance and will be defining data measurements in the next few months. The last area to address will be our Family Service Plan development and how best to individualize the plans and communicate success to families.

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

	Outcomes
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome**
Children are safely maintained in their own home whenever possible and appropriate	HZA data shows placement rate of 1.073 for entries and 1.277 for those in care Internal monthly reviews Pre placement meetings QA by CYS staff	Crisis Stabilization (teen diversion) FGDM Bridge to Recovery (Harmony House) Reasonable Efforts housing costs

	Provider reports Agency monthly reports Review of any safety plans used or informal plans	CYS emergency housing MST
Children have permanency and stability in their living arrangements	Internal placement data (monthly) AOPC/PPI data HZA data Monthly court review meetings	MST CYS emergency housing FGDM Crisis stabilization (teen diversion) Reasonable efforts costs
Families have enhanced capacity to provide for their children's needs	Internal monthly meetings QA of active cases QSR (every 3 years) Review of provider monthly reports Review of truancy data	MST TIP (truancy program) All of housing initiative FGDM Crisis stabilization (teen diversion)

Program Name:	Crisis Stabilization (Teen Diversion)

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be

met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The Crisis Stabilization Program (Teen Diversion) was developed five years ago as an attempt to divert youth from being placed into emergency shelter. Agency data showed that once adolescents were in shelter it was very difficult to reunify them with their caregiver. Since that time the agency has also used the program with families who have younger children and are experiencing concerns that could result in placement. The program responds to all requests for shelter placement that are received by intake or on-going units within the agency. Program staff respond either immediately or within 24 hours of referral. The program will remain active with the family for three to four months. During that time an evaluation is completed and the family is referred to the most appropriate services to meet their needs. The program uses the North Carolina Family Assessment Scale (NCFAS) as part of their evaluation and utilizes the pre and post-tests associated with the scale.

Currently the program consists of five teams. Three of the teams work with CYS clients and two teams work with Juvenile Services. The teams are not exclusive and if a team has openings they will take referrals from each department. The services from the five teams are comparable although the outcomes may be somewhat different.

For CYS, the goal is to strengthen the family and safely prevent the out-of-home placement of children. Recently CYS has been utilizing the program to reunify adolescents with their family following placement. The program addresses the permanency and stability of children by allowing them to safely remain in-home with their caregivers. It also addresses the well-being of children by assisting the family with improving their skills in providing for the emotional health of their children. In FY 2015-16, 96% of children remained with their families, 84% of families improved their skills and 93% of participants were highly satisfied with the program. At the point of discharge, the NCFAS shows scores of between 89 to 95% which exceeds all external benchmarks. It is important to note that of the families served, 100% had mental health concerns and 66% had concerns with addiction.

The program served 45 CYS families and 99 children.

For Juvenile Services, the goal is to serve youth who are at risk of placement or who are returning from detention, shelter or other placement. The child and family is assessed to identify areas of volatility that risk re-entry into the system and to link them with appropriate services. In FY 2015-16 the program served 29 youth and the average length of involvement was three months. Of the youth served, 90% remained at home, 88% increased their skills in providing for their children and 93% were highly satisfied with the program. In the families served, 100% had some mental health concerns and 85% had some drug and alcohol concerns. The NCFAS post test showed scores between 92 to 100% and all exceeded external benchmarks.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

This program is funded by both the Block Grant and the Needs Based Budget. The amount allocated in the Block Grant pays the cost of 1.5 teams of the 5 operational teams.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Families where placement is imminent both CYS and JPO	Families where placement is imminent both CYS and JPO
# of Referrals	CYS = 99c 45f JPO = 29c	CYS = 50 f JPO = 32 c
# Successfully completing program	CYS = 95c JPO = 26 c	CYS = 47 f JPO = 28 c
Cost per year	$253,159	$253,159
Per Diem Cost/Program funded amount	$465.30	$465.30
Name of provider	Pressley Ridge	Pressley Ridge

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes ☐ XNo

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Family Group Decision Making (FGDM)

Please indicate the status of this program:

Status	**Enter X**

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

FGDM is an engagement practice that the agency uses in a variety of situations. The practice is introduced to each family that the agency accepts for on-going services. The provider goes to the family home and explains the practice and what's involved in a meeting so the family can decide if it is something they want to pursue. In FY 2015-16, the intro for FGDM also included an intro for Family Finding. The two practices are done by the same provider and are a natural fit for each other so it seemed reasonable to introduce both at the same time. Families may decide to utilize FGDM to develop their Family Service Plan. The agency uses the practice to develop transition plans for IL youth as they turn eighteen. FGDM is helpful when making permanency decisions, especially when children are placed with relatives. As part of our concurrent planning implementation, we are requiring that children in relative/kinship placement have a blended perspective Family Finding meeting initially that will lead to a FGDM with family members. The purpose of the meetings will be to involve all relatives interested in providing permanency for the child so they can come to the best decision for the child and family as to where the child is raised. In FY 2015-16, we began to use the practice to reestablish relationships between children and parents who had been incarcerated.

The use of FGDM clearly gives families more of a voice when decisions are made regarding their children and family. Families become partners in the planning process and are able to assume greater control and responsibility as to what goes in the FSP. We find that using the practice does extend the number of informal supports available to the child and parent. Often the relationship between the parent and extended family has been compromised, especially if addiction is involved, and the practice can be a tool to reconnect family members on behalf of the child. Our staff frequently comment that even if a meeting does not achieve the stated purpose, something positive occurs in the interaction of the family members. The agency has seen the practice reduce the time a case is active with the agency, increase the availability of informal supports, develop action plans that do not involve CYS (truancy, criminal justice, other social service agencies, schools) and engage absent parent's involvement with their children. Truly, there is not a population where the practice cannot be applied to achieve positive outcomes.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

FGDM is also funded via NBB in the amount of $247,000.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	CYS/JPO/MH/Schools/other community social service providers	Same as FY 15-16
# of Referrals	178 f 340 c	200 f 375 c
# Successfully completing program	111 f 216 c	130 f 247 c
Cost per year	$193,566	$193,566
Per Diem Cost/Program funded amount	$3,000 completed conference $1,000 follow-up conference $250 unsuccessful conference $40 for introduction	Same as FY 15-16
Name of provider	The Prevention Network	The Prevention Network

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐X Yes ☐ No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

There was underspending associated with this program in FY 2015-16. The underspending is associated with the provider not hiring program staff in a timely manner. The reason the provider did not hire staff is that this was during the state budget impasse and they were not being paid for the services they were providing. They were reluctant to take on the added staff expense when they were well aware that

they would be no reimbursement. The provider now has a full staff complement which will address underspending in FY 2016-17.

Program Name:	Housing Initiative

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Years ago the agency identified a concern with regard to our families experiencing homelessness and their children entering placement as a result. The majority of these families did not immediately qualify for public housing and could not find, or afford, private housing. We met with our local Housing Authority and arranged to rent an apartment to use on an emergency basis. Since that time our program has grown and in FY 2015-16 we had 10 emergency apartments. We had planned to expand our number of properties but were not able to do so due to the lack of a state budget. In June 2016, we were able to rent an additional five properties that should be up and running in July 2016.

To qualify for emergency housing, the family must be a client of the agency. The family is required to pay 1/3 of their income to the agency; but if the family leaves the property in good condition, the accumulated payments are returned to them in full. While in housing, the family is required to receive casework services from the agency and other providers deemed necessary in the Family Service Plan. The major intent of services is the safety of children and to address the concerns/barriers that exist and prevent the family from securing and maintaining safe, affordable housing. The family signs a lease agreement that specified all of the rules/regulations of the property. Families are not denied housing due to a lack of income.

Our original intent was for families to live in our properties for no more than three months but that proved to be impossible. Many of our families have severe disabilities with regard to mental health and addiction. In addition they have felony convictions,

domestic violence, poor payment histories, and very low income all of which complicate a housing search. It is the norm for families to stay in housing for 6 months to a year.

In FY 2015-16 the agency housed 19 families. There were 29 adults and 61 children served. One family was evicted for non-compliance, one parent was arrested on outstanding warrants resulting in the father taking the children and no children entered placement. We consistently have a waiting list for the properties and think that we will utilize the additional properties we have just rented.

The CYS staff that work and supervise our Emergency Housing Program work very closely with the county's Housing Consortium group and housing resources provided via the county's HUD grant and other sources. We have extensive collaboration between agencies that are providing housing resources for people in Beaver County.

The agency also funds Bridge to Recovery which is a transitional housing program for recovering addicts and their children. The program has four, two bedroom apartments and can serve female or make head of household. The provider for the program is the Salvation Army who also operate a TBRA housing program in the county. Although the program is designated for recovering addicts, we have found that 100% of the program participants also have a chronic mental illness. This fact means that the program staff have to be vigilant about the client's mental health treatment and drug and alcohol treatment. In FY 2015-16, the program began to admit clients who are using medication assisted recovery.

To qualify for the program, the parent must be in recovery for 30 days and be a client of CYS. The family may remain in the program for up to one year while in treatment and following recommendations. While in the program, the family is involved in parenting, relapse prevention groups, wellness activities, AA/NA meetings, D/A treatment, MH treatment, budgeting classes and house activities. The program has two full-time staff and a Peer Support person who works part-time. The program does provide transportation for clients to various appointments in the community. During FY 2015-16, the program served 10 families, 9 female HoH and 1 male HoH. The program served 13 children who were able to remain in the care of their parent. The outcomes for the families are as follows:

5 families moved in with family members
2 families moved to permanent supportive housing
2 families are still in program and are awaiting public housing
1 family went to a higher level of care; halfway house with children

The last service area of the Housing Initiative is the efforts the agency staff makes to keep clients housed. We make extensive efforts to assist families with rent, utilities, repairs and special projects such as drywall, patching holes, wiring. We consider making reasonable efforts essential to our practice and a great assistance to families. In FY 2015-16 the agency assisted 134 families and 389 children. This number is less than in FY 2014-15 due to the budget impasse we experienced this year.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

  All of the agency's expenditures for housing are paid via the Housing Initiative in the Block Grant with the exception of Independent Living.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	CYS homeless or near homeless	CYS homeless or near homeless
# of Referrals	1. 61 c 19 f 2. 13 c 10 f 3. 389 c 134 f	1. 66 c 24 f 2. 15 c 12 f 3. 420 c 200 f
# Successfully completing program	1. 61 c no placement 2. 8 c 5 f 3. 389 c 134 f	4. 66 c no placement 5. 10 c 8 f 6. 420 c 200f
Cost per year	$457,609	$457,609
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	1. CYS 2. Salvation Army 3. CYS	1. CYS 2. Salvation Army 3. CYS

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐X Yes ☐ No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

The Housing Initiative was underspent because the agency was unable to expand the Emergency Housing Program due to the state budget impasse and lack of funding. We also were not able to assist families with other housing needs that we capture under reasonable efforts. If funding is provided uninterrupted in FY 2016-17, the funding in the Housing Initiative will be spent. We were able to utilize the extra money to more fully fund the Crisis Stabilization Program.

Program Name:	Multi Systemic Therapy

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Multi Systemic Therapy (MST) is a therapeutic intervention that is heavily researched and evidenced-based as being an effective intervention with adolescents who have been diagnosed with externalizing disorders, such as ADHD or Conduct Disorder. The practice is especially effective with youth involved with Juvenile Probation and the Court and status offenders. The program in Beaver County is primarily used by Beaver County Juvenile Services to prevent youth from entering placement or for youth leaving placement and re-entering the community. The practice addresses the behavioral concerns the youth is experiencing in the context of their family, school, peers and the community. The provider in Beaver County is Mars Home for Youth.

In FY 2014-15, the county had concerns with MST because the state changed the way the service was funded. In FY 2015-16 these concerns were alleviated and the provider was able to make a positive adjustment to the changes. The money allocated via the Block Grant pays for a family to begin services prior to the insurance authorization or to

pay for the service for children with no insurance. This year the provider did a good job of providing the service consistently to those who needed it

In FY 2015-16, MST 38 youth were served by the program. Only one youth was an administrative discharge. Of those discharged, 18 were clinically discharged. Eleven youth had an immediate risk of placement and six were stepping down from placement. There were 38 open families and 26 were newly enrolled during the year. All of the program referrals were from Juvenile Services or CYS. As of 6/15/16 there were 10 active families.

During the fiscal year, follow-up was done on 14 youth. Of those 89% were in school or GED programs, 75% had maintained behavioral changes and 67% had no new charges. MST reached all of their requirements with regard to program standards. Parents were given satisfaction surveys and 16 or the 18 discharged families were highly satisfied with the service.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

MST is only funded by the Block Grant.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Adolescent Youth	Adolescent Youth
# of Referrals	38c	40c
# Successfully completing program	18 clinically discharged 10 still active	22 clinically discharged 12 active on 6/30/17
Cost per year	$95,597	$95,597
Per Diem Cost/Program funded amount	$166.55	$166.55
Name of provider	Mars Home for Youth	Mars Home for Youth

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐X Yes ☐ No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

MST was somewhat underspent because the provider was able to access insurance funding for the majority of clients. The county expects to make an increased number of referrals to MST this year as our number of adolescent referrals has increased.

Program Name:	Truancy Intervention Program (TIP)

Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

The County has developed a truancy program that is a collaborative effort between CYS and Juvenile Probation. The program is called TIP and is staffed by two, full-time CYS caseworkers and one probation officer part-time. The staff attend all truancy hearings held by the nine District Justices in the county and offer an educational program addressing truancy related issues as an alternative to fines and other penalties. The educational is held once or twice a month depending upon need. If the parent and child attend the program successfully, the District Justice is notified and dismisses the truancy complaint. In FY 2015-16, the staff attended 411 hearings for children. The staff also attends preemptive school meetings where they meet with children and parents to identify service gaps leading to truancy prior to the charge being filed with the District Justice. The staff assists the family with accessing services to address the family concerns. This intervention has been extremely successful and has reduced the number of truancy charges filed. In FY 2015-16, the staff saw 697 children at school meetings and a truancy charge was filed on 136 of them. This equates to 19% of the children seen at school. Not all of the county's 14 school districts participate in the preemptive meetings. The TIP staff have continued to work with the Truancy Protocol Committee and have successfully implemented a consistent definition of truancy across the county.

For FY 2015-16, the TIP program held 12 educational sessions. The number of families referred were 152 of which 112 attended. In addition, 12 families were referred to FGDM and seven families were referred to a teen parenting program.

Another component of TIP is the Abatement Program. This program is for children who have not responded to any of the efforts made by program staff, the District Justice, parents, schools etc. The child is referred to Juvenile Probation who does an informal adjustment with the child. The IAC is in effect for at least six month. If the child is successful at meeting the terms of the IAC, the case is dismissed. If not, a dependency petition may be filed. In FY 2015-16, 13 children were referred to the Abatement Program. As of 6/20/16, two cases are pending, one was denied, three have had their IAC extended, four were successfully closed, five remain active and one had a dependency petition filed that was subsequently dismissed.

In FY 2015-16, the two CYS caseworkers were working alone for the majority of the year. Juvenile Probation has staffing changes which prohibited them from having a probation officer involved. The situation has now been rectified and a probation officer is involved.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

The cost of two full-time CYS caseworkers is actually $123,252. The excess amount of salary and benefits for the program is picked up in the NBB. The amount provided via Block Grant funding is $56,759.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Truant children and their families	Truant children and their families
# of Referrals	974 children	975 children
# Successfully completing program	838 children	840 children
Cost per year	$56,759	$56,759
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Beaver County Children and Youth Services/Beaver	Beaver County Children and Youth Services/Beaver County

	County Juvenile Services	Juvenile Services

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes ☐X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

There was no underspending. The allocation pays for part of one CYS Caseworker 2

DRUG AND ALCOHOL SERVICES

This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

The Department of Health has designated Single County Authorities (SCAs) across the state to be responsible for administration, planning, and funding of publicly funded drug and alcohol abuse prevention and treatment services in their local area.

In Beaver County, the administrative structure chosen by the Beaver County Commissioners to administer drug and alcohol programs and services is the Advisory Council option. In this option, the SCA is part of BCBH and reports to the BCBH Administrator, who is also the Mental Health/Intellectual Disabilities Administrator. The BCBH Administrator reports directly to the Beaver County Commissioners.

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

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

- ✓ Review and evaluation of services.
- ✓ Development of an annual drug and alcohol treatment plan.
- ✓ Review of the drug and alcohol plan.
- ✓ Recommendation and approval of projects and services, including contracts and budgetary issues.
- ✓ Review of the performance of all agencies funded.

- ✓ Assistance with the implementation of guidelines, rules and regulations.
- ✓ Review of by-laws governing the manner in which business is conducted.
- ✓ Preparation of an Annual Report to the Local Authority and the Department on programmatic activities.
- ✓ Development of a full continuum of accessible services.

DUTIES

- Ensure that a full range of quality alcohol, tobacco and other drug prevention, intervention, treatment and ancillary services are available to support the substance user/abuser and/or their families moving toward recovery by entering into an agreement with at least one provider for each service activity in the full continuum of substance abuse service delivery:

  - o Medically Monitored Detoxification - adult
  - o Medically Managed Detoxification - adult
  - o Medically Monitored Residential Rehabilitation - adult, adolescent, and women with children
  - o Medically Managed Residential Rehabilitation - adult
  - o Halfway House - adult
  - o Partial Hospitalization - adult
  - o Outpatient to include Intensive Outpatient - adult and adolescent

- Screen all clients to ascertain if emergent care is needed in the following areas:
  - o Detoxification
    - o Prenatal Care
    - o Perinatal Care
    - o Psychiatric Care

- Conduct Level of Care Assessments of clients to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information.

- Ensure that providers, which serve an injection drug using population, shall give preference to treatment as follows:
  - o Pregnant injection drug users
  - o Pregnant substance users
  - o Injection drug users
  - o Overdose survivors
  - o Veterans
  - o All others

- Increase community recognition of alcohol and tobacco as drugs.

- Coordinate with other state and local agencies to improve cross-system collaboration, whenever possible.

- Work within Beaver County Behavioral Health (BCBH) and the Beaver County service system to develop one infrastructure to identify and treat co-occurring substance use and mental health disorders.

- Improve coordination with other systems of care, i.e. physical health, mental health, aging, schools, criminal justice, Children and Youth Services, etc.

- Maintain a management information system capable of generating accurate and timely reports, demographic data, and information to assess emerging trends within the county.

- Assess and evaluate the impact of the delivery of services.

- Promote ongoing training and credentialing of drug and alcohol field staff.

- Identify risk factors in the community in an effort to build resiliency among youth and reduce risks associated with substance abuse through awareness, education, recognition and knowledge.

- Partner with higher educational institutions to bring research to practice and to promote workforce development.

- Assist in building youth-led advocacy and other grassroots advocacy efforts to promote drug and alcohol program and tobacco program awareness, assistance, and leadership.

Pursue funding opportunities that will expand the availability of prevention/intervention and treatment funds.

1. **Waiting List for each Level of Care**
2. **Barriers to Accessing Treatment Services**
3. **Capacity issues**

Access to treatment services in a timely manner is a barrier, especially for the Medically Monitored Detox (3A) and Residential Rehab (3B) levels of care, due to: the increased demand for treatment, limitation to funding, and full capacity at most programs throughout our Southwestern Region. The chart below illustrates the number of Beaver County D&A clients, who had to wait for placement to these levels of care in FY 2014-15:

County	3A Wait Time	# of Individuals	3B Wait Time	# of Individuals

Beaver	2-3 days	70% or 109 lives	5-7 days	100% or 164 lives

The SCA is mandated to provide interim services and case coordination to clients waiting for Residential Levels of Care. SCA case mangers maintain ongoing contact with clients, assessing emergent care and non-treatment needs until admission to treatment.

The SCA does not maintain a waiting list for other levels of Drug & Alcohol treatment. There is a mandate to meet 7-day access. The SCA has a procedure in place in the event they are beyond the 7-day access. The client is given the option to schedule with a contracted provider, who has appointment slots available within the 7-day access.

Child care issues are problematic for female D&A clients. Many of these women have multiple children and most Women with Children treatment facilities accept only two children per client. In addition, the age limit is usually 12 and under, so women with older children are left without adequate care for them if they enter treatment. There are no female halfway houses in Beaver County. Many women refuse to leave the county for their treatment and forego this level of care.

The availability of an in-county halfway house for women and women with children is being explored. The SCA Administrator and the BCBH HealthChoices Reinvestment Specialist will continue to analyze data to determine the need for this level of care. An in-county facility may be considered, if the number of individuals in need is sufficient to sustain a program.

The SCA Administrator continues to interface with other Human Services agencies and committees, such as the Housing and Homeless Coalition of Beaver County, in an effort to maximize resources for D&A clients with special needs.

Another barrier to treatment for Beaver County clients is lack of adequate transportation. Many of the local treatment facilities are centrally located in the county, leaving clients living in outlying areas without access to transportation. It is difficult for these people to remain in treatment due to transportation needs.

4. County Limitations on Services

The BCBH Drug and Alcohol Program has the discretion to limit funding for treatment and will limit funding for inpatient treatment episodes to two (2) per fiscal year per client. Exceptions to this policy will be reviewed on a case-by-case basis and must have the approval of the SCA Administrator. Funding for detoxification services is limited to two (2) times per fiscal year per client. The SCA will limit Level of Care Assessments to two (2) per client per fiscal year. An assessment will be good for six (6) months for clients who have not engaged in treatment, or have discontinued treatment and would like to reinitiate services.

These limitations do not apply to pregnant women. Clients who previously left a residential treatment facility AMA, SID, or were administratively discharged and are seeking re-admission may be required to wait for a thirty (30) day period. This individual will be required to attend AA/NA meetings and provide documentation of attendance. In the interim, clients may attend outpatient services.

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

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

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

5. Impact of Opioid Epidemic in the County System:

Over the past 10 years, prescription drug abuse has increased exponentially in Western Pennsylvania. According to the National Institute on Drug Abuse, nearly 80% of heroin users reported using prescription opioids prior to heroin.

Heroin has consistently been reported as the primary drug of choice among Beaver County clients since FY 09-10. Presently, of approximately 1,500 annual authorized episodes of care, 42.4% report heroin as the primary drug of choice

The Facts Hurt report, released by the Trust for America's Health and the Robert Wood Johnson Foundation (RAJ), breaks down all injury-related deaths - including automobile incidents, drug overdoses, drowning, falls, and fires - by state. According to the 2013 report, drug overdoses were the leading cause of injury deaths in the United States, at nearly 44,000 per year. These deaths have more than doubled in the past 14 years, and half of them are related to prescription drugs (22,000 per year). Overdose deaths now exceed motor vehicle-related deaths in 36 states.

Pennsylvania fell in the middle for all injury-related deaths, coming in at number 23, but its drug overdose deaths were significantly above average, at number 9 or 18.9 per 100,000 people.

Beaver County accidental overdose death rates for 2013, unfortunately, outranked statewide statistics, at 40, or 23.6 lives lost per 100,000 people.

Coroner's Summary Reports for calendar year 2014 indicate 30 people died from accidental drug overdoses in Beaver County: 14 of the deaths were caused by heroin and 11 by other opiates.

Coroner's Summary Reports for calendar year 2015 indicate 37 people died from accidental drug overdoses in Beaver County: 19 of the deaths were caused by heroin and 17 by other opiates.

6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

In an effort to create public awareness around the dangers of prescription drug abuse, Beaver County Behavioral Health Drug and Alcohol Program, in conjunction with Keystone Wellness Programs, has convened a Prescription Drug Abuse Coalition. The Coalition is comprised of: a Federal Drug Enforcement Agent; the Beaver County District Attorney, Coroner and Sheriff; physicians specializing in addictions, as well as pain management; law enforcement agents; pharmacists; a pharmaceutical manufacturing representative; county behavioral health care professionals; persons in recovery; and substance abuse treatment and prevention providers. The inaugural meeting took place on October 10, 2012 at Beaver County Behavioral Health. The Coalition continues to meet 6-8 times a year. The group has identified the following action steps:

1. Research best practice models in other states.
2. Support legislation for monitoring and coordination among health professionals at various levels and locations and law enforcement.
3. Provide Education/Awareness for pharmacists/health care workers.
4. Examine potential legal interventions.
5. Examining the role of Naloxone in Beaver County, from it being obtained by a concerned family/loved one of an abuser, to training and use by emergency personnel (police, fire fighter, first responders, and EMT).

In light of the increased overdoses within the region in the past year, the SCA has established the following:

To allow priority access to substance abuse treatment for those being referred by the emergency room/urgent care facilities following an overdose. The SCA has compiled a list of local Drug & Alcohol Assessment and Treatment Facilities. This list is supplied to local Emergency Rooms and Urgent Care Facilities as a resource in securing timely help for those in need of Drug and Alcohol Treatment. The aim is to facilitate the smooth transition from emergency room visits to substance abuse treatment. The list will be updated annually or as new providers are added (whichever occurs first), and an updated list will be provided to all necessary parties. A Certified Drug & Alcohol Recovery Specialist is being added to the SCA team to assist with a warm hand-off, when individuals are identified as needing D&A Treatment.

Target Populations

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

Older Adults (ages 60 and above)

Treatment Services:

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

Prevention Services:

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

Needs:

- Continued education regarding prescription drugs and potential abuse.

Adults (ages 18 and above)

Treatment Services:

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

Prevention Services:

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

Needs:

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

Transition-Age Youth (ages 18 to 26)

Treatment Services:

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

Prevention Services:

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

Needs:

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

<u>Adolescents (under age 18)</u>

Treatment Services:

- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual
- In-school Drug Treatment

Prevention Services:

- Drug & Alcohol awareness education through Evidence-Based Curriculum, such as All Stars, Too Good for Drugs, Too Good for Violence, Peacemakers, Positive Action, etc. Student Assistance Programs are available in all school districts.

- Programs are provided to reach both teens and parents/guardians:
  Reality Tour® – an innovative parent and child drug prevention program. It consists of an evening for children age 10+, who must be accompanied by a parent/guardian. This 3 hour interactive program gives families the tools needed to reduce the risk of substance abuse. This award winning program has been recognized locally, nationally, and internationally.

- Forward/U. – is an interactive choice-coaching program that brings together parents/guardian and teens 13+ (for a day of activities focused on empowering teens to make informed decisions about drugs, alcohol, and other destructive

behaviors. This program was started in Beaver County in 2012. The fourth successful event was recently completed.

Needs:

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Treatment Services:

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

Prevention Services:

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

Criminal Justice Involved Individuals

In FY 2010-11, with funding awarded by the Drug and Alcohol Treatment-Based Restrictive Intermediate Punishment (RIP) grant, the SCA expanded the existing PCCD IP project to include Levels 3 and 4 offenders, who are statutorily eligible for RIP.

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

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

Women with Children

Treatment Services:

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

Prevention Services:

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

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

Needs:

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

Veterans

Treatment Services:

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

Prevention Services:

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

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

Needs:

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

Racial/Ethnic/Linguistic minorities

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

Needs:

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

Recovery-Oriented Services

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

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

Presently, the SCA has obtained funding through the BCBH HealthChoices Re-investment specialist to develop a reinvestment plan for a Certified Recovery Specialist for MA-eligible adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring, and peer support at all stages of the recovery process. This individual will be hired in FY 2016-17.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose **one** of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only)
- Planned expenditures for each service.

Note: Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

Adult Services: Please provide the following:

Program Name: Transportation
Description of Services: Provides public transportation to low income adults to and from employment and social services
Service Category: Transportation
Planned Expenditures: $47,500

Program Name: Counseling
Description of Services: Provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions
Service Category: Counseling
Planned Expenditures: $38,100

Program Name: Home Delivered Meals
Description of Services: Provides delivery of nutrition services to consumers to reduce the risk of malnutrition
Service Category: Home Delivered Meals
Planned Expenditures: $17,600

Allowable Adult Service Categories:
Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; **Home-Delivered Meals**; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

Aging Services: Please provide the following:
Program Name: Home Support
Description of Services: Home Support services includes, but are not limited to: laundry, housekeeping, prepare meals, grocery shopping and errands in order for individuals to remain independent and in their own home.
Service Category: Home Support
Planned Expenditures: $5,700

Allowable Aging Service Categories:
Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

Generic Services: Please provide the following:

Program Name: Homemaker
Description of Services: Provides activities of daily living for severely disabled individuals and semi-skilled home maintenance tasks with the goal to avoid institutional care or living a sub-standard lifestyle. This service involves light housekeeping to keep the client's environment clean and safe. Activities include: vacuuming, mopping floors, sweeping floors, dusting, sanitizing toilet, sinks, tub and shower, emptying trash, taking recycling to curbside, linen changes, laundry, shopping and errands, meal preparation, washing dishes for clients who cannot and organizing.

Service Category: Homemaker
Which client populations are served?: Adult, MH, ID
Planned Expenditures: $80,200

Program Name: Chore
Description of Services: The service provides short-term heavy home maintenance, deep cleaning, emergency shopping for clients with severe disabilities when the individual is unable to perform the tasks or has no one available, capable or willing to provide help.
Service Category: Chore
Which client populations are served?: Adult, MH, ID
Planned Expenditures: $1,200

Program Name: Case Management
Description of Services: Big Brothers Big Sisters provides mentors who provides a positive influence in order to reduce the incidence of and/or prevent a host of counterproductive risky behaviors.
Service Category: Service Planning/Case Mgt.
Which client populations are served?: Adult, CY, MH, ID
Planned Expenditures: $5,200

Allowable Generic Service Categories:
Adult Day Care; Adult Placement; Centralized Information & Referral; Chore; Counseling; Employment; Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

Specialized Services: Please provide the following:

Program Name: Community Wellness and Recovery Advocate
Description of Services: This program will provide education and organize groups to help consumers deal with physical and mental wellness problems in their communities, such as weight management programs, physical problems related to the side effects of psychotropic drugs, housing issues, medical problems, legal difficulties, securing entitlements, welfare benefits, patient rights and employment problems. Consumers will be taught skills that will help them understand that they can empower themselves to deal with their own problems.
Planned Expenditures: $11,900

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

This coordination provides for the enhancement of the mobility and enhancement of the accessibility of services from all categorical programs in high poverty and population center areas. This service provides coordination, outreach and referral, and delivery of services through a variety of in-house programs and partnerships. The in-house programs include: job readiness assistance, resume development, career path and job placement, income tax assistance, energy assistance and career links.

Planned Expenditures: $8,000

Other HSDF Expenditures – Non-Block Grant Counties Only

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

Category	Cost Center Utilized	Estimated Individuals	Planned HSDF Expenditures
Mental Health	N/A	N/A	N/A
Intellectual Disabilities	N/A	N/A	N/A
Homeless Assistance	N/A	N/A	N/A
Drug and Alcohol	N/A	N/A	N/A

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

Appendix C-1

Proposed Budget and Service Recipients

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

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

County:	1. 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	30		236,699		501	
Administrative Management	1,000		374,165		13,922	
Administrator's Office			1,019,873	3,000	44,147	163,681
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	40		86,276		3,210	
Community Residential Services	55		1,399,965		52,089	
Community Services	1,600		365,323		14,035	
Consumer-Driven Services						
Emergency Services	425		135,054	28,000	6,067	
Facility Based Vocational Rehabilitation	60		1,058,661		35,895	
Family Based Mental Health Services	5		9,641		359	
Family Support Services	75		275,209		12,007	
Housing Support Services	240		1,354,433		51,468	
Mental Health Crisis Intervention	100		319,126		11,874	
Other						
Outpatient	680		473,100	100	24,793	133,139
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization	10		48,206		1,794	
Psychiatric Rehabilitation	10		21,399		796	
Social Rehabilitation Services	10		328,629	6,000	12,227	
Target Case Management	160		504,390		18,990	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	4500	8153680	8010149	37,100	304174	296820

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			582,380	1,305	22,140	42,000
Case Management	306		260,963	1,225,000	59,602	216,765
Community-Based Services	77		815,992		28,563	
Community Residential Services	21		790,996		27,688	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	404	2401153	2450331	1226305	137993	258765
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	0					
Case Management	1,750		75,080			
Rental Assistance	280		33,019			
Emergency Shelter	250		3,950			
Other Housing Supports	125		2,500			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	2,405	116549	114549		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	415		256,640		32,523	
Promising Practice	142		224,686		28,473	
Alternatives to Truancy	975		50,375		6,384	
Housing	501		406,142		51,467	
TOTAL CWSG SERVICES	2033	937843	937843		118847	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	94		51,680			
Inpatient Hospital						
Inpatient Non-Hospital	227		277,382			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	117		60,284			
Partial Hospitalization	9		7,367			
Prevention	1,378		53,935			
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	1825	356295	450648	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	350		103,200			
Aging Services	50		5,700			
Children and Youth Services	0		0			
Generic Services	50		86,600			
Specialized Services	175		11,900			
Interagency Coordination			8,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	625	216542	215,400		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			3142			
GRAND TOTAL	11792	12182062	12182062	1,263,405	561014	555585

Appendix D

Stakeholder Outreach

HSBG Stakeholder Outreach 16/17

- 56 responses were received
- The survey was both online and in hard copy
- Shared with as many stakeholder groups as possible
- Provided assistance to anyone who needed help

Stakeholder Groups	
MHA: Phoenix Center	Women's Center
Warmline	Housing & Homeless Coalition
Speakers' Bureau	Friendship Ridge LTSR
MHA Board	D&A Providers
MHA Staff	D&A Advisory Council
CRS – residential staff and residents	MH Provider Meeting
Beaver County Office on Aging	SOC Steering Committee
Senior Center at the Mall	Change Agents
Beaver County Children & Youth Services	The Cornerstone
Public Housing/Housing Authority	Project Recovery QI Committee
Eleanor Roosevelt Housing	The Prevention Network
Sheffield Towers Housing	Human Services Forum
BCBH Staff	Certified Peer Specialist Group
MH/MR Advisory Board	Gateway
SCORES Coalition	Salvation Army
BCRC/Aurora	Adult MH Providers
NAMI	Children Providers
C/FST staff and Advisory Board	ID Providers
UnCommon Grounds	Early Intervention
Family/Youth Voice Coalition	SPA
Natural Supports	Community Development
Faith-Based Communities	Local Businesses
Community Supports	Forensic Partners
Consumers/Parents	Housing Providers
Family Members	Legislators

This is what was said:

	What are we doing well?
Maintaining a person- natural setting	Early Intervention/Early
Center at the Mall	Headstart/Headstart
Meals on Wheels	D&A programs
Famers Market Vouchers	AA/NA Meetings
Rent Rebate	Collaboration with Jail and Courts
MHA programs	Reduced Fair bus passes
Case Management Choices	Access to probation and court house
Cornerstone Recovery & Supports	NHS
BCRC/Aurora	MH supports in the jail
Crisis	Veteran's Court
The Cornerstone	VA Center in Monaca
Careerlink/OVR	PERSAD
BC CYS	PGH Aids Task Force
Project Star/Roots	Project HOPE
BHRS/FBMHS	Cultural & Linguistic Competency
Education Advocate	Committee
Collaboration	Mentors (Roots/Trails)
	What can we improve upon?
Housing/Placement based on need(s)/	Community Centers/Social Outlets/Camp
Shelters/safe & affordable housing	Awareness
Respite/24/7 Peer Respite	Prevention
Transportation	Continuity of Care
ID supports for Seniors	Childcare
Insurance/Medicare education	Outreach
Accessibility of services/wait times	Funding
COD capable	Collaboration/communication
DBT Therapy	Employment/training/apprenticeships
D&A Services	School based services
Mobile Meds	Support transition from treatment to life
More training for direct care staff	(navigator)
More Representative Payees	Recidivism
Enforcement of OP Commitments	Consumer Run Programs
Simple Referral process	VA peers
Discharge planning/transition	LGBTQI specialist, training, awareness,
Transition from child to adult system	peer
Psychiatrists	More ESL classes/Bi-lingual providers
Transition Age services	Leadership & staff reflect the population
Linkage to NAMI	served

Appendix E

Public Hearing Notice

Beaver Newspapers Inc.

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

JUN 17 '16 AM10:58

PUBLIC NOTICE ADVERTISING INVOICE

Account Number: 7248476225
Invoice Date: 6/15/2016
Invoice Number: I06970124-06142016
Balance: $ 313.18

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

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

REMITTANCE - DETACH & RETURN THIS PORTION WITH PAYMENT

ACCOUNT #	INVOICE DATE	DESCRIPTION	LINES	TIMES	PROOF	TOTAL CHARGES
7248476225	6/15/2016	PUBLIC HEARING NOTICE Two pub	1.00 x 21Lines	1	$ 18.00	
6/12/2016, 6/13/2016, 6/14/2016						$ 313.18
DATES APPEARED						

PROOF OF PUBLICATION

The Beaver County Times, Ellwood City Ledger
a daily newspaper of general circulation, published by BEAVER NEWSPAPERS, INC., a Pennsylvania corporation, 400 Fair Avenue, West Bridgewater, Beaver County, Pennsylvania, was established in 1946, and has been issued regularly, except legal holidays since said date.

The attached advertisement, which is exactly as printed and published, appeared in the regular issue on
6/12/2016, 6/13/2016, 6/14/2016

BEAVER NEWSPAPERS, INC.
By Debbie L Hays

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

Before me, a Notary Public in and for such county and state, personally appeared DEBBIE L. HAYS, who being duly sworn according to law says that she is ACCOUNTING SUPERVISOR of BEAVER NEWSPAPERS, INC.; that neither affiant nor said corporation is interested in the subject matter of the attached advertisement; and that all of the allegations of the foregoing statement including those as to the time, place and character of publication are true.

Sworn to and subscribed before me
this 15th day of June 2016

Susan K. Miller

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Susan K. Miller, Notary Public
Bridgewater Boro, Beaver County
My Commission Expires Oct. 1, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

The costs of advertising and proof, has been paid. **$ 313.18**
BEAVER NEWSPAPERS, INC.

By _____

BEAVER NEWSPAPERS INC. **400 FAIR AVE.** **BEAVER, PA. 15009**

PUBLIC HEARING NOTICE
Two public hearings will be held on the Beaver County Human Services Plan:
Monday, 06/27/16
from 1:30-4:00 p.m.
At the
Senior Center at the Beaver Valley Mall
And
A Stakeholder's Meeting on
Thursday, 06/30/16
from 1:30-4:00 p.m.
At
Mental Health Association
105 Brighton Avenue
Rochester, PA
All interested consumers, families and providers are encouraged to attend.
6/12, 6/13, 6/14/16

PUBLIC HEARING NOTICE

Two public hearings will be held on the Beaver County Human Services Plan:

Monday, 06/27/16 from 1:30 to 4:00 p.m.
At the
Senior Center at the Beaver Valley Mall

AND

A Stakeholder's Meeting
Thursday, 06/30/16 from 1:30 to 3:00 p.m.
At the
Mental Health Association
105 Brighton Avenue, Rochester, PA

All interested consumers, families and providers are encouraged to attend

Appendix F

Summary of Public Hearing

Beaver County Human Service Block Grant 2016-17 Annual Plan
Public Hearing
Center at the Mall
June 27, 2016 1:30 – 4:00
NOTES

- Gerard Mike, (Beaver County Behavioral Health Administrator), opened the meeting welcoming all attendees, referencing the agenda and presenters. He explained the purpose of the meeting, this the first of two, relative to the Human Services Block Grant funding. Mr. Mike encouraged all to consider feedback regarding the existing system of services in Beaver County. Responses were encouraged via a form survey and methods to do so were explained; on line and hard copy. Mr. Mike provided history of the state Block Grant funding concept, its evolution, and the services it provides throughout Beaver County. The HSBG funding categories were identified and flexibility was emphasized, citing benefits as they exist today. The HSBG concept has shown positive impact to date and there is the anticipation that it will continue to do so as more counties become involved across the Commonwealth. *Time for questions was made available. No questions.*

- Shawn Alexander – Recovery Story: Mr. Alexander described being diagnosed with Schizophrenia at age 13 and having to live in many group homes in New York State. He was candid in speaking of his developmental troubles as a youth, noting a move to Beaver County as young adult. Mr. Alexander described his supports at that time as Assertive Community Treatment and group homes. He noted that a Beaver County Housing Assistance worker secured a section 8 housing voucher on his behalf that allowed him to afford his own apartment. He notes that he has lived independently for approximately 6 years now and enjoys many activities in the community. He acknowledged his case manager as someone he can call when he needs help.

- Amy Fenn (Presley Ridge) / Kim Hall (Education and Training Consultants) - Beaver County's System of Care Highlights, (eleven), were identified and chronicled in detail.
.
- Vanessa Smith (HPW Associates) – Beaver Country's ten Transformation Priorities were identified. Progress to date was chronicled

- Dayna Revay (Beaver County Children and Youth Services Administrator) – Service priorities for the coming year were identified / discussed. Noteworthy were contracts for the coming year, established with a nurse and licensed psychologist, providing evaluation / assessment. All programs were chronicled as to their benefits.

- Joanne Koehler (Mental Health Association Director) – Office On Aging
Ms. Koehler is on the board of directors for The Office On Aging and spoke on their behalf. Highlights of BCOA were discussed noting the "overlap" in services of aging and

mental health. Eleven priorities were identified and chronicled. A Special Highlight mentioned was the recognition of Judy Hamilton (Protective Services Supervisor) for receiving the prestigious 2016 Protective Services Leadership Award from the Department of Aging's Secretary Teresa Osborne.

- Herta Madder (Beaver County Behavioral Health) – Beaver County Community Development.
  Ms. Madder spoke on behalf of Lisa Signore, Director. An overview of the Homeless Assistance Program and its priorities was chronicled. The ten resources offered by The Cornerstone agency was also profiled.

- Maureen Hawk / Susan Smith (Beaver County Rehabilitation Center) Presentation: A System of Care Approach to Transition
  BCRC's CAPS (Creating Alternative Pathways to Success) youth program was chronicled in detail. Noted were the life changing successes of their program. The ages of the transition youth ranges from 16 -21, identified by their respective school districts through their IEP, as in need of services. The program started with a grant and four youth, and is now a successful program funded by most Beaver County school districts. The program addresses youth that used to "fall through the cracks". Their motto is "Choices, not circumstances determines success". An involved candidate, Ben, now employed, gave his inspiring testimonial of transformation and success. There was positive audience participation and conversation exchange.

- Stephanie Santoro (Allegheny Health Choices Inc.) – Encouragement and direction for input via survey, on line and hard copy was provided. No questions were noted. Meeting adjourned.

Sign-In Sheet
Public Hearing
06/27/16

NAME	AGENCY
Hearta Madder	BCBH
Sandra Wedelle	Family
Ben Biggs	youth
Kim Schenkel	Pressley Ridge
Dayna Riley	CYS
Amy Fenn	Pressley Ridge
Stephanie Santoro	AHCI
Diane Dillie	
Shawn Alexander	phenix center
Scott Shaw	[illegible]
Joanne Koehler	MHA (Preferred BCOA)
[illegible] Smith	CAIS (BPAC)
Dave Aitken	NAMI [illegible]
Bonnie Palmieri	AHCI
Maureen Hawk	BCRC
[illegible]	BCRC
Jack Wallace	BCBH
[illegible]	AHCI
[illegible]	
Amanda Wyant	Staunton
Elisia Mayors	UPMC
Jim NYOH	MHA
Kim Smith	MHA
Gerard Mike	BCBH
Cheryl L. King	Franklin Center of Beaver Co.

BCBH Block Grant Public Hearing Minutes
6/27/16

1. Block Grant Background – the audience was given a brief history of the block grant and how it has benefited the residents of Beaver County.

2. Recovery Story – Marie Krechowski gave a very moving account of her struggles with mental illness and what has helped her in her recovery.

3. Transformation Priorities – Vanessa Schmidt from HPW, Associates reviewed the priorities. These included increased integration with physical and behavioral health, trauma-informed care, increasing affordable housing, increasing education and employment opportunities, creating standards for the Single Point of Accountability agencies, developing a skilled workforce, continued collaboration with the criminal justice system, increase recovery oriented supports, a sustained response to the opioid overdose epidemic and the development of medical assisted treatment protocols.

Information was shared on the data that has been collected concerning trauma informed care, housing, education, employment and workforce development.

4. Children and Youth – the service provided by CYS were discussed the agency director, Dayna Revay. Some of the topics covered include the availability of an RN to assist case workers, expansion of their housing program, crisis teams and Family Group Decision Making.

5. Office on Aging – Joanne Koehler, the BCOA board president, discussed the similarities between the Aging mission and the Behavioral Health mission. Services reviewed include enhancing the nursing home transition program, APPRISE and Community Health Choices.

6. Community Development – Dayna Revay from CYS covered this section. She talked of the supports that are provided to eliminate homelessness or near homelessness. The types of assistance that is provided include case management, hotel stays, assistance with rent payments and bus tickets. Information about The Cornerstone, an office that provides centralized access for housing resources located in Beaver Falls, was shared. It is on office staffed by many agencies to provide seamless assistance to those with housing needs.

One person in the office stated how much she and her children have been helped by the services provided there.

7. System of Care Partnership – Matt Koren from AHCI described the partnership that has been being built since 1999. Beaver County was asked to present at a national conference to share the work that has been done between our System of Care agencies and the Justice system to serve individuals with behavioral health needs that are involved in the justice system.

8. Attendees were thanked for their participation and given various ways to provide feedback for the plan.

Sign-In Sheet
Stakeholder's Meeting
06/30/16

NAME	AGENCY
Jack Wallace	BCBH
Marjorie Marcella	BCRC
Rebekah Patterson	BCRC
Magic Sentz	BCRC
Dayna Revay	BCCYS
Marie Kushowski	MHA
Joanna Koehler	MHA
Vanessa Schmidt	HPW
Jessica McKnight	DHS
Seth Donovan	PHW
Jennifer Boeringer	ETC
Angelita Kowalok	Family
Doug Clarke	JPO
Teresa Papp	MHA
Denise Siters	family
Lisa Mely	BCBH
Karen Davis	BCRC
[illegible]	
Stephanie Santoro	AHCI
James Nyoh	HMA
Kim Smith	HMA
James White	
Kay West	
Savannah Secrest	Open Arms Health Care
Elizabeth Kraft	MHA
Cory Spencer	MHA
Kim Hall	ETC
Dawn Hall	BCRC
Cassie Hall	
Kristin Stewart	

Sign-In Sheet
Stakeholder's Meeting
06/30/16

NAME	AGENCY
Mary Ann Bezuk	Phoenix Center MHA
Jennifer Bentz	MHA
Hattie West	Friendship Ridge LTSS
David Green	Phoenix Center
Robert Tenson	MHA
Bonnie Palmer	AHCCCS
[illegible]	MHA
Matt Ferris	Attain
[illegible]	BCBA
Gerard Mike	BCBA

Appendix G

Transformation Priorities Timeline

Priority #1 Increase integration of physical and behavioral health			
Measures	Measurement Timeframe	Sources	Results
• Number of people with a PCP	Baseline : Jan 2015 Measure 1: Jul 2016 Measure 2: Jul 2017 Measure 3 : Jul 2018	Baseline: On-site chart audits by SPA supervisors Measure 1: On-site chart audit by county monitor	Baseline N=191 • 94.8% (181) have a documented primary care physician; Targets: Measure 1: 97% Measure 2: 99% Measure 3: 100%
• No. and % of people with a PCP who have seen the provider in the last year	Baseline : Jan 2015 Measure 1: Jul 2016 Measure 2: Jul 2017 Measure 3 : Jul 2018	Baseline: On-site chart audits by SPA supervisors Measure 1: On-site chart audit by county monitor	Baseline N=191 • 82.7% (158) have documentation that the PCP was seen in 2014 Targets: Measure 1: 88% Measure 2: 93% Measure 3: 100%
• No. and % of people with a physical health diagnosis – or documentation that the person does not have a physical health diagnosis	Baseline : Jan 2015 Measure 1: Jul 2016 Measure 2: Jul 2017 Measure 3 : Jul 2018	Baseline: On-site chart audits by SPA supervisors Measure 1: On-site chart audit by county monitor	Baseline N=191 • 74.9% (143) have a documented physical health diagnosis Targets: Measure 1: 83% Measure 2: 91% Measure 3: 100%
• Number and % of people with a release that allows for communication between	Baseline: Jan 2015	Baseline: On-site chart audits by SPA supervisors	Baseline N=191 • 41.1% (79) have a release that allows for communication between physical and behavioral health providers

physical and behavioral health providers	Measure 1: Jul 2016 Measure 2: Jul 2017 Measure 3 : Jul 2018	Measure 1: On-site chart audit by county monitor	Targets: Measure 1: 52% Measure 2: 62% Measure 3: 72%
• All agency privacy documents and consents have certain elements to allow for communication between physical and behavioral health providers	Future measure	TBD	TBD
• Number and % of charts with documented medication reconciliation list including physical and behavioral health medications	Baseline: Still being measured	VBH QI	TBD

Priority #2 Implement a countywide framework of trauma-informed care			
Measures	Measurement Timeframe	Sources	Results
• Provider intake/assessment processes include questions about trauma	Baseline: Oct 2014 Measure 1: Mar 2016 Measure 2: Mar 2017 Measure 3: Mar 2018	Online provider survey/ Collection of instruments from agencies *Measure 1 data is currently being compiled.	• 78% (14) of agency programs surveyed reported asking trauma questions at intake or assessment Targets: Measure 1: 85% Measure 2: 92% Measure 3: 100% • 17% (3) use a specific tool to screen for trauma Targets: Measure 1: 25%

<table>
<tr><td></td><td></td><td></td><td>Measure 2: 50%
Measure 3: 75%</td></tr>
<tr><td colspan="4">Priority #3 Increase safe and affordable housing options and housing supports</td></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
<tr><td>• Capacity of housing supports
• Capacity of housing options
• Number of people who used affordable housing options
• Number of people who used housing supports</td><td>Baseline : FY 2013

Measure 1: FY 2015
Measure 2: TBD
Measure 3: TBD</td><td>FY2013 Beaver County Plan
Adult Mental Health Existing Services</td><td><table><tr><td>Housing Options</td><td>Baseline</td><td>Measure 1</td></tr><tr><td>Capacity</td><td>82</td><td>69</td></tr><tr><td>Used</td><td>66</td><td>**</td></tr></table><table><tr><td>Housing Supports</td><td>Baseline</td><td>Measure 1</td></tr><tr><td>Capacity</td><td>347</td><td>81*</td></tr><tr><td>Used</td><td>272</td><td>**</td></tr></table>* There are additional Housing supports available that are driven by their budgets. That is, they do not have a defined capacity, but rather, will help as many people as their budgets will allow.

**Usage is currently being analyzed for Measure 1</td></tr>
<tr><td>• Satisfaction in housing
- Stability
- By type of housing (e.g. LTSR vs. homes, etc.)</td><td>Baseline 1: 2016
Measure 2: 2017
Measure 3: 2018</td><td>Survey of individuals in housing programs</td><td>TBD</td></tr>
</table>

Priority #4 Increase education and employment options for adults and transition age youth			
Measures	Measurement Timeframe	Sources	Results
• List of employment and education resources referred by providers in past 12 months • List of employment and education resources referred by providers in the past 12 months for 18-25 year old consumers. • List of employment and education resources referred by providers in past 12 months for subpopulations and by demographics: 1. Mental Health 2. Intellectual Disability 3. Drug & Alcohol	Baseline: Oct 2014[1] Measure 1: TBD Measure 2: TBD Measure 3: TBD	Baseline: Survey of SPA staff	Top three employment referral sites (n=38): • OVR (Office of Vocational Rehabilitation) (68.4%,), • BCRC (Beaver County Rehabilitation Center) (55.3%), • PA CareerLink (47.4%). Top four education referral sites (n=38): • OVR (65.8%), • PA CareerLink (47.4%), • BCRC (31.6%) • Community College of Beaver County (31.6%).
• Number of PR consumers employed or in school – including volunteer work, personal experience, and internship	Baseline: Sep 2014 Measure 1: Jun 2016 Measure 2: TBD Measure 3: TBD	National Outcomes Measures (NOMS)/ Data Collection Instrument (DCI) eSP	Baseline Of the 436 consumers enrolled in Project Recovery: • 9.6% were enrolled in school or training at enrollment • 11.9% were employed either full or part-time at enrollment. Measure 1: Of the 605 consumers enrolled in Project Recovery who were not "retired" • 6.8% were enrolled in school or training at enrollment • 11.1% were employed either full or part-time at enrollment
• Number of consumers with whom employment,	Baseline: Jul 2016 Measure 1: Jul 2017	On-site chart audit by county monitor	TBD

[1] Included some Intellectual Disability clients.

volunteering, or education was discussed • Number of consumers where there is a documented goal about employment, volunteering or education	Measure 2: Jul 2018 Measure 3: Jul 2019		
• Number of consumers on disability	Baseline: June 2016	National Outcomes Measures (NOMS)	Of the 605 consumers enrolled in Project Recovery who were not "retired" • 42.8% were "Unemployed, disabled"

Priority #5 Establish countywide standards for a Single Point of Accountability			
Measures	Measurement Timeframe	Sources	Results
• Number and percentage of new SPA staff who complete competency training within certain timeframe after hire.	Baseline 1: 2016 Measure 2: 2017 Measure 3: 2018	SPA Providers and Website analytics	TBD
• Number of SPA staff who annually take and pass SPA competencies	Baseline: Nov 2014 Measure 1: May 2016	Website analytics	Competencies Completed: Initiated 7/19/2012 • Crisis Diversion: 67 staff members • Crisis Prevention Plan: 70 staff members • Crisis Response: 65 staff members Initiated 1/9/2014 • SPA Engagement: 15 staff members During 2016 (as of 5/18/16): • Crisis Diversion: 6 staff members • Crisis Prevention Plan: 4 staff members • Crisis Response: 5 staff members • SPA Engagement: 5 staff members • SPA Transition Planning: 19 staff members
• SPA competency pass rate	Baseline 1: 2016 Measure 2: 2017 Measure 3: 2018	Website analytics	Targets: Baseline1 – 70% Measure 2 – 80% Measure 3 – 90%

<table>
<tr>
<td>• SPA Standard: Number of contacts with clients post-inpatient hospitalization within 14 days from discharge.</td>
<td>Baseline: Feb-Apr 2014
Measure 1: May – Oct 2014

Measure 2: Nov 2014-Apr 2015

Measure 3: May-Oct 2015</td>
<td>VBH Report – Claims Data</td>
<td>
<table>
<tr><th colspan="6">Average Contacts with Clients Post-Inpatient Hospital within 14 Days</th></tr>
<tr><td>Provider</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr>
<tr><td>Target</td><td>7</td><td>5</td><td>5</td><td>5</td><td>5</td></tr>
<tr><td>Baseline</td><td>5</td><td>4</td><td>4</td><td>3</td><td>-</td></tr>
<tr><td>Measure 1</td><td>7</td><td>3</td><td>3</td><td>2</td><td>-</td></tr>
<tr><td>% That Met Target</td><td>43%</td><td>29%</td><td>30%</td><td>16%</td><td>-</td></tr>
<tr><td>Measure 2</td><td>4</td><td>3</td><td>3</td><td>3</td><td>-</td></tr>
<tr><td>% That Met Target</td><td>14%</td><td>35%</td><td>42%</td><td>19%</td><td>-</td></tr>
<tr><td>Measure 3</td><td>6</td><td>5</td><td>4</td><td>2</td><td>3</td></tr>
<tr><td>% That Met Target</td><td>50%</td><td>87%</td><td>36%</td><td>9%</td><td>17%</td></tr>
</table>
</td>
</tr>
<tr>
<td>• SPA Standard: Number of SPA units for new SPA clients during the first 30 days of SPA services. New SPA clients are defined as clients that have had at least a 60-day break in SPA services.</td>
<td>Baseline: Feb-Apr 2014
Measure 1: May – Oct 2014

Measure 2: Nov 2014-April 2015

Measure 3: May-Oct 2015</td>
<td>VBH Report – Claims Data</td>
<td>
<table>
<tr><th colspan="6">Average Number of SPA units for new SPA clients during the first 30 days of SPA services</th></tr>
<tr><td>Provider</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td></tr>
<tr><td>Target</td><td>60</td><td>16</td><td>16</td><td>16</td><td>16</td></tr>
<tr><td>Baseline</td><td>98</td><td>17</td><td>30</td><td>20</td><td>-</td></tr>
<tr><td>Measure 1</td><td>40</td><td>18</td><td>28</td><td>18</td><td>-</td></tr>
<tr><td>Measure 2</td><td>55</td><td>21</td><td>28</td><td>15</td><td>44</td></tr>
<tr><td>Measure 3</td><td>35</td><td>20</td><td>21</td><td>17</td><td>36</td></tr>
</table>
</td>
</tr>
<tr>
<td>• SPA Standard: Number of referrals to SPA where client referred has been contacted within 5 business days of referral.</td>
<td>Baseline: May 2015
Measure 1: Nov 2015
Measure 2: Mar 2016</td>
<td>Referral data</td>
<td>
<table>
<tr><th colspan="2">Percentage of Eligible Clients Contacted within 5 Days</th></tr>
<tr><td>Baseline</td><td>58%</td></tr>
<tr><td>Measure 1</td><td>64%</td></tr>
<tr><td>Measure 2</td><td>87%</td></tr>
</table>
</td>
</tr>
<tr><th colspan="4">Priority #6 Develop and sustain a trained, skilled, and effective workforce</th></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
</table>

<table>
<tr><td>• Training plan for staff at each agency
• Which trainings are mandatory?
• Trauma Informed Care included in that plan?</td><td>Baseline: Oct 2014

Measure 1: Apr 2016</td><td>Agency survey

Measure 1 data is currently being compiled.</td><td>During the past 24 months:
• Trauma Informed Care training was received by program staff at 44.4% (8) of agencies surveyed.

Other trainings received by agencies (n=18):
• Co-occurring disorders (33.3%),
• Motivational interviewing (55.6%),
• Stages of change (33.3%),
• Criminal justice cross-system training (11.1%)

In the next 24 months:
• 83.3% of agencies plan to have staff training</td></tr>
<tr><td>• Staff satisfaction with training. Measures can include:
- Overall satisfaction from training?
- Recommend the training?
- Knowledge/content question
- Describe an example of time when used skills from training at work</td><td>Pilot: MI Training 3/9-10/16</td><td>Follow-up survey to training attendees</td><td>Baseline Pilot: 92% satisfaction (n=12)

Targets:
Measure 1: 95% satisfaction
Measure 2: 100% satisfaction

*Content questions are currently being analyzed.</td></tr>
<tr><td colspan="4">Priority #7 Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model</td></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
<tr><td>• Programs / Services by Intercept

Intercepts:
1. Pre-arrest Diversion Law Enforcement/Emergency Services
2. Post-arrest Diversion Initial Detention/Initial Court Hearings
3. Jail/Court Diversion
4. Jail/Prison and Re-Entry
5. Probation, Parole, Community Support</td><td>Baseline: 2010

Measure: 2015</td><td>Change in the number of programs and services from implementation to present time</td><td>Change in number of programs and services by Intercept from 2010 to 2015. (See Intercept descriptions in Measures column.)

<table><tr><td>Intercept</td><td>2010</td><td>2015</td><td>Change</td></tr><tr><td>1</td><td>2</td><td>5</td><td>+3</td></tr><tr><td>2</td><td>2</td><td>5</td><td>+3</td></tr><tr><td>3</td><td>5</td><td>4</td><td>-1</td></tr><tr><td>4</td><td>4</td><td>6</td><td>+2</td></tr><tr><td>5</td><td>4</td><td>8</td><td>+4</td></tr></table>
Note: Review services at each intercept to determine if they are, in fact, services.</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Priority #8 Increase behavioral health funding support for successful recovery oriented community supports</td></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
<tr><td>• Percent of funds used for inpatient, outpatient, community service, and case management</td><td>Baseline: 2002
Measure 1: 2012
Measure 2: 2022</td><td>Base, human service development funding, and Health Choices data</td><td>The trend from 2002 to 2012 was increased funding in community based services.
<table><tr><td>Service</td><td>2002 Funding</td><td>2012 Funding</td><td>Change</td></tr><tr><td>Inpatient</td><td>11%</td><td>7%</td><td>-4%</td></tr><tr><td>Outpatient</td><td>17%</td><td>9%</td><td>-8%</td></tr><tr><td>Community Service</td><td>13%</td><td>18%</td><td>+5%</td></tr><tr><td>Case Management</td><td>5%</td><td>11%</td><td>+6%</td></tr></table></td></tr>
<tr><td colspan="4">Priority #9 Develop and sustain a countywide crisis response to the national Opioid Overdose Epidemic</td></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
<tr><td>• Determine measures based on national and state protocols.
• Possible measure include:
- Narcan use
- Availability and use of prescription drug drop boxes
- Compare number of overdoses in Beaver County to other counties in region.</td><td>Baseline: TBD</td><td>Single County Authority data</td><td>TBD</td></tr>
<tr><td colspan="4">Priority #10 Develop and disseminate Medical Assisted Treatment Protocols to all individuals in need of this treatment option</td></tr>
<tr><td>Measures</td><td>Measurement Timeframe</td><td>Sources</td><td>Results</td></tr>
<tr><td>• Determine measures based on national and state protocols.
• Possible measure include:</td><td>Baseline: TBD</td><td>Single County Authority data</td><td>TBD</td></tr>
</table>

- Narcan use - Availability and use of prescription drug drop boxes - Compare number of overdoses in Beaver County to other counties in region.			

Appendix H

Adult Mental Health Existing Services

FY 2016 BEAVER COUNTY PLAN
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK

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

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

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	Adult SMI Adult	<u>Housing Supports</u> <u>Community Residential Rehabilitation</u> ▪ Cornerstone Recovery and Supports Full Care CRR (12/1) 1300 9th Avenue , Beaver Falls, PA 15010 Partial Care CRR (8/1) 1120 5tb Avenue, Beaver Falls, PA 15010 Partial Care CRR (8/1) 101 Brighton Avenue, Rochester PA 15074	Human Services Block Grant Client Fees
	Adults Adult SMI	Personal Care Respite Services (2/1) ▪ Smith's Personal Care Home 300 Pine St., Beaver Falls Respite (Limited) ▪ BCBH authorized	Human Services Block Grant Human Services Block Grant
	Adult SMI Adult	<u>Psychiatric Rehabilitation</u> ▪ BCRC-Aurora Site-based…(30/1) Mobile…….(Limited/1) *Includes deaf/hard of hearing services	Health Choices Human Services Block Grant
	Adult SMI	<u>Certified Peer Specialist</u> (Limited/2) ▪ BCRC-Aurora	Health Choices Grants
	All Adults Older Adults	<u>Social Rehabilitation</u> Personal Care Home Re-socialization ..... (UL/1) ▪ Mental Health Association (MHA) Drop-In Center Enhancement - Friendship Room…….(UL/1) ▪ MHA	Human Services Block Grant Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		Clubhouse (None)	
Rights Protection	All Adults	Ombudsman.....(UL/1) ▪ MHA	Health Choices
	All Adults	Community Advocate.....(UL/1) ▪ MHA	Human Services Block Grant
	All Adults	Consumer/Family Satisfaction Team……..(UL/1) ▪ MHA	Health Choices Human Services Block Grant
	Families	Parent/Child Advocate (400/1) ▪ MHA	Human Services Block Grant
Basic Supports	Families	<u>Housing Supports</u> Family/Caregiver Respite (Limited/1) ▪ BCRC	Human Services Block Grant
	Adult	Supportive Housing ▪ Cornerstone Recovery and Supports (several properties) (70/1) 285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1) 1201 Beaver Road , Ambridge, PA , 15003 (3/1) 1001 Fourth Street, Freedom, PA 15042 (4/1)	Client Fees Human Services Block Grant Client Fees Human Services Block Grant Client Fees Human Services Block Grant Client Fees Human Services Block Grant Client Fees
		▪ ARC Human Services, Inc. 403 Morado Dwellings, Beaver Falls, PA 15010 (3/1)	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		1113 6th Ave , Beaver Falls, PA, 15010 Apt A Minimal supervision (3/1) Apt B Full supervision (3/1)	Human Services Block Grant
	SMI Adults	Permanent Supported Housing Coordinator (Limited/1) ▪ Cornerstone Recovery and Supports	Human Services Block Grant
	Adult Co-occurring	Released Offenders Housing ▪ Cornerstone Recovery and Supports Stone Harbor (12/1) 1001 4th St Freedom , PA 15042	Human Services Block Grant HUD
	Adult	In-Home Support Services….(Limited/1) ▪ Crossroads-Homemaker/Home Health	Human Services Block Grant
	Adult SMI	<u>Financial Assistance</u> Representative Payee….(180/1) ▪ MHA	Human Services Block Grant
		Contingency Fund…(UL/1) ▪ MHA	Human Services Block Grant
	MH Adults	Guardianship None	Human Services Block Grant
	MH/COD Adults	<u>Transportation</u> (Limited/2) ▪ Beaver County Transit Authority ▪ JB Taxi Service	Human Services Block Grant
	MH Adults	<u>Meals on Wheels</u> (Limited/1) ▪ Lutheran Services	Human Services Block Grant
	MH Adults		
Self-Help	All Adults	Consumer Drop-In Center… (UL/1) ▪ MHA	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	Families	NAMI Southwest (UL/1)	Human Services Block Grant
	All Adult	CSP Committee (UL/1)	Human Services Block Grant
	Families	Beaver Co. NAMI (UL/1)	Human Services Block Grant
	All Adults	WARMLINE (UL/1) ▪ MHA	Human Services Block Grant
	All Adults	COMPEER (Limited/1) ▪ MHA	Human Services Block Grant
	All Adults	Peer Mentors (UL/1) ▪ MHA	Human Services Block Grant
Wellness/ Prevention	All Adults	Wellness/Recovery Program (100/1) ▪ MHA	Human Services Block Grant
	All Adults Families	Recovery Coordinators (2) ▪ AHCI, Inc.	Human Services Block Grant

Appendix I

Child/Adolescent Mental Health Existing Services

Child / Adolescent / Early Intervention Services

FY 2016 BEAVER COUNTY PLAN
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Family Based Services	Child / Adolescent	Glade Run Lutheran Services 1008 7th Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)	Health Choices
		Southwood Family Based Mental Health Services 443 Chess Street Bridgeville, PA 15017 (412) 206- 0176 Fax (412) 206-0170 (50/1)	Health Choices
		Wesley Spectrum Services 221 Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)	Health Choices
		Pressley Ridge 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)	Base Health Choices Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Behavioral Health Rehabilitation Services	Child / Adolescent	Community Alternatives Lee Shultz, Program Director 500 Market Street, Suite 300 Bridgewater, PA 15009 724-728-0535 (Phone) 724-728-1605 (Fax) (Prescription driven... unlimited) Family Behavioral Resources Andrea Morrison - Program Director 1301 Riverside Drive , 1st Floor Beaver, PA 15009 (724) 775-1362 FAX (724) 775-3793 (Prescription driven... unlimited) Glade Run Lutheran Services Sara Sosak – x 105 1008 7th Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818 (Prescription driven... unlimited) Family & Child Development Center Wesley Spectrum Services Robin Veshosky – Program Director 5465 William Flynn Highway Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227 (Prescription driven …unlimited) Western PA Psych. Care Tina Lanzy – Clinical Director Greg DeDominicis – Human Resources 1607 3rd Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666 (Prescription driven … unlimited) Cranberry Psychiatric Services Mental Health Solutions Trish Brown – Program Director 717 12th Street, Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033 (Prescription driven …unlimited)	Health Choices MA MH FFS Health Choices MA MH FFS Health Choices MA MH FFS Health Choices MA MH FFS Health Choices MA MH FFS Health Choices MA MH FFS

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Services	Child / Adolescent	Beaver County Behavioral Health 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)	Health Choices MA Human Services Block Grant
		Primary Health Network 176 Virginia Avenue Rochester, PA 15074 724-775-5208	Health Choices MA Human Services Block Grant
		HV-Sewickley Staunton Clinic 720 Blackburn Road Sewickley, PA 15143	Health Choices MA Human Services Block Grant
		Glade Run 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816	Health Choices MA Human Services Block Grant
		Primary Health Network, Beaver Falls 1302 7th Avenue Beaver Falls, PA 15010 724-843-0314	Health Choices MA
		Primary Health Network, Aliquippa 99 Autumn Street Aliquippa, PA 15001 724-857-3570	Health Choices MA
		Community Alternatives 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)	Health Choices MA
		Human Services Center 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)	Health Choices MA
		Western PA Psych. Care 1607 3rd Street Beaver, PA 15009 724-728-8411 (Unlimited)	Health Choices MA 3rd party Insurance

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	Belmont Pines Hospital 615 Churchill – Hubbard Road Youngstown, Ohio 44505 Phone: 330-759-2700 (102/1)	Health Choices MA 3rd party Insurance
		Western Psychiatric Institute and Clinic 3811 O'Hara Street Pittsburgh, PA 2593 412-624-2100 1-877-624-4100 ▪ Child / Adolescent unit (29) ▪ John Merck unit (10) ▪ Bipolar unit (9)	Health Choices MA 3rd party Insurance
		Southwood Psychiatric Hospital (412) 257- 2290 or (888) 907-5437 Fax (412) 257-0374 2575 Boyce Plaza Road Pittsburgh, PA 15241 (50/1)	Health Choices MA 3rd party Insurance
		Clarion Psychiatric Hospital 2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)	MA 3rd party Insurance
		Sharon Regional Health System 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)	Health Choices MA 3rd party Insurance
		Heritage Valley Health System 1000 Dutch Ridge Road Beaver , PA 15009 (724) 773-4525 (32/1) age 18 and above	Health Choices MA 3rd party Insurance
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	Achieva /COMPRO 4007 Gibsonia Road, Gibsonia , PA 15044 (724) 443-1141; www.achieva.info (Unlimited)	MA FF Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention Services	0-3 years of age	Rehab Links P.O. Box 343 Delmont, PA 15626	MA FF Human Services Block Grant
		TEIS (MDE's only) Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347; www.TEISinc.com (Unlimited)	MA FF Human Services Block Grant
		Beaver County Behavioral Health Direct Service Unit Case Management 1070 Eighth Avenue, Beaver Falls, PA 15010; www.bcbh.org (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)	MA FF Human Services Block Grant
		Integrated Care Corporation 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683; www.integratedcare.us (Unlimited)	MA FF Human Services Block Grant
		Pediatric Therapy Professionals 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814; www.pedtp.com (Unlimited)	MA FF Human Services Block Grant
		Positive Steps 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333 (Unlimited)	MA FF Human Services Block Grant
		Tiny Tots Child Development 2020 Beaver Avenue, Suite 206, Monaca, PA 15061. (724) 774-2677 ; www.hapenterprises.org (Unlimited)	MA FF Human Services Block Grant
		Western PA School for the Deaf (Hearing Services Only) 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261 (Unlimited)	MA FF Human services Block Grant
		AVID- WPPC 1607 Third Street, 3rd Floor Beaver, PA 15009	MA FF

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Residential Treatment Facilities	Child / Adolescent	Community Care Connection 114 Skyline Drive Butler, PA 16004 (724) 283-3198	MA FF Human services Block Grant
		Mars Home for Youth 521 Route 228 Mars, PA 16046 Phone: 724-625-3141 Fax: 724-625-2226 ▪ Male unit (12/1) ▪ Diversion and Acute Stabilization unit (24/1)	Health Choices MA
		Southwood Hospital: Treatment Facility 311 Station Street Bridgeville, PA 15017 (412) 257-2290 ▪ I.D. Dually Diagnosed RTF (40/1) ▪ Sexually Maladaptive Behavior RTF (27/1)	Health Choices MA
		Glade Run Lutheran Services 70 West Beaver Street Zelienople, PA 16063 (724) 452.4453, Phone (412) 452.6576, Fax (95/1)	Health Choices MA
		The Bradley Center 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)	Health Choices MA
		Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800 423- 5666 or 330 759-2700 (56/1)	Health Choices MA
		Kids Count Inc. Community Based Residential Treatment Facility 317 W Jefferson Street, Butler PA 16001 724 284-0076 ▪ 317 W Jefferson Street, Butler, PA 16001 (male 8/1) ▪ 564 W New Castle, Pa 16001 (male / female 8/1)	Health Choices MA

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		Harborcreek Youth Services (78/1) 5712 Iroquois Avenue, Harborcreek, PA 16421 (814) 899-7664 ▪ St Joseph House (10/1) ▪ Conway House (16/1) ▪ Wagner House (16/1) ▪ Columbus House(16/1) ▪ Liberty House (10/1) ▪ 26th Street House (10/1) Beacon Light-Bradford 800 East Main St., Bradford, PA 16701 Fox Run Center 67670 Traco Drive St. Clairsville, OH 43950 Phone: 740-695-2131 Toll Free: 800-245-2131 Sara Reed Children's Center Main Campus 2445 West 34th Street Erie, PA 16506 814-838-1954 (Phone) 814-835-2196 (Fax)	Health Choices MA Health Choices Health Choices MA FFS Health Choices MA FSS

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	**Estimated Individuals**: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	**HSBG Allocation**: Please enter the county's **total** state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	**HSBG Planned Expenditures**: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	**Non-Block Grant Expenditures**: Please enter the county's planned expenditures **(MH, ID, and D&A only)** that are **not** associated with HSBG funds in the applicable cost centers. *This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.*
5.	**County Match**: Please enter the county's planned match amount in the applicable cost centers.
6.	**Other Planned Expenditures**: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	**County Block Grant Administration**: Please provide an estimate of the county's administrative costs for services **not included** in MH or ID Services.
	NOTE: Fields that are greyed out are to be left blank.

■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.

■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	30		236,699		501	
Administrative Management	1,000		374,165		13,922	
Administrator's Office			1,019,873	3,000	44,147	163,681
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	40		86,276		3,210	
Community Residential Services	55		1,399,965		52,089	
Community Services	1,600		365,323		14,035	
Consumer-Driven Services						
Emergency Services	425		135,054	28,000	6,067	
Facility Based Vocational Rehabilitation	60		1,058,661		35,895	
Family Based Mental Health Services	5		9,641		359	
Family Support Services	75		275,209		12,007	
Housing Support Services	240		1,354,433		51,468	
Mental Health Crisis Intervention	100		319,126		11,874	
Other						
Outpatient	680		473,100	100	24,793	133,139
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization	10		48,206		1,794	
Psychiatric Rehabilitation	10		21,399		796	
Social Rehabilitation Services	10		328,629	6,000	12,227	
Target Case Management	160		504,390		18,990	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	4500	8153680	8010149	37,100	304174	296820

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			582,380	1,305	22,140	42,000
Case Management	306		260,963	1,225,000	59,602	216,765
Community-Based Services	77		815,992		28,563	
Community Residential Services	21		790,996		27,688	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	404	2401153	2450331	1226305	137993	258765
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	0					
Case Management	1,750		75,080			
Rental Assistance	280		33,019			
Emergency Shelter	250		3,950			
Other Housing Supports	125		2,500			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	2,405	116549	114549		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	415		256,640		32,523	
Promising Practice	142		224,686		28,473	
Alternatives to Truancy	975		50,375		6,384	
Housing	501		406,142		51,467	
TOTAL CWSG SERVICES	2033	937843	937843		118847	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	94		51,680			
Inpatient Hospital						
Inpatient Non-Hospital	227		277,382			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	117		60,284			
Partial Hospitalization	9		7,367			
Prevention	1,378		53,935			
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	1825	356295	450648	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	350		103,200			
Aging Services	50		5,700			
Children and Youth Services	0		0			
Generic Services	50		86,600			
Specialized Services	175		11,900			
Interagency Coordination			8,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	625	216542	215,400		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			3142			
GRAND TOTAL	11792	12182062	12182062	1,263,405	561014	555585