



FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION

215 JACOB MURPHY LANE, UNIONTOWN, PA 15401

LISA A. FERRIS, CHIEF EXECUTIVE OFFICER

PHONE: (724) 430-1370

www.FCBHA.ORG

FAX: (724) 430-1386

Fayette County, Pennsylvania
Human Services Plan Fiscal Year 2017-18

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Total Fayette County Human Services Plan	52 Pages

Please direct questions or concerns to David W. Rider, Mental Health Program Director at (724) 430-1371 or daverider@fcbha.org.



Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Fayette

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures


Please Print

Vincent A. Vicites	Date: 4/20/17
Dave Lohr	Date: 4/20/17
Angela M. Zimmerlink	Date: 4/21/17

Appendix B
County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

Fayette County Planning Process

Fayette County relies on local stakeholder groups to regularly engage in the assessment of needs and the development of strategies to address those needs. These groups have provided feedback in the development of the shared County Human Services Plans, Mental Health Plans, Integrated Children Service Plans, CYS Needs-Based Plans, County Transportation Plans, Housing Plans, Systems of Care, Communities That Care, Forensic Reentry Coalition, and other local planning efforts. Feedback from these groups guides service planning throughout the year and assures a unified approach to meeting the needs of Fayette County residents. Most of these stakeholder groups have long community tenure and pre-date the current County Human Services Plan process. These groups continue to play vital roles in assessing local need, formulating plans to meet those needs, and assisting in measuring outcomes. These groups include:

- Fayette County Human Service Council
- Fayette County Collaborative for Families
- Fayette County Community Health Improvement Partnership
- County Agency (FCBHA, Fayette HealthChoices, Office of Human and Community Services, Fayette Drug and Alcohol Commission) Advisory Boards
- Private Provider/Service Agency Advisory Boards
- Fayette Affiliate of Youth M.O.V.E.
- Fayette Partners for Recovery
- Maternal and Child Health Advisory Board
- Truancy Workgroup
- Fayette County Court's Children's Local Roundtable
- Fayette County Reentry Coalition
- Fayette Housing and Homeless Partnership
- Fayette County Early Care and Education Partnership
- Communities That Care

The work in these groups has led to the creation of several local task forces including the Underage Drinking, Early Childhood Mental Health, Suicide Prevention, and Healthy Lifestyles Task Forces.

In response to increasing service delivery costs, decreasing state allocations, and the demand for evidence of effective human service delivery, Fayette County will continue to look to our community partners (including consumers and providers of services) to help County officials identify and prioritize needs and develop ways to effectively demonstrate outcomes.

The Fayette County Human Service Plan for the expenditure of FY 17-18 funds in each of the five eligible categories is based on planning efforts that took place in the previous 12 months, and is also based on ongoing needs assessments between Fayette County stakeholder groups. Contracts will be entered into on July 1, 2017. The services provided will be delivered in the least restrictive settings that are appropriate to individuals' needs. Ongoing monitoring of program efficacy as well as the changing needs of individuals will assure that individuals' plans are dynamic and responsive. The scope of this monitoring will vary, according to the details of the contracts.

Examples of Current Stakeholder Participation:

- The Fayette County Human Service Council (HSC) leads community focus groups to create a forum for citizens to share their needs and desires. Six sessions have been held in the last three fiscal years, with 87 persons attending these gatherings.

- Partners for Recovery, a local peer-run advocacy group, meets bi-monthly. On April 24, 2017, the membership (7 in attendance that day) identified the ongoing needs of housing, supports for forensically-involved persons, and education programs as their primary interests.
- Participants at three psychiatric rehabilitation programs shared their input on April 7, 19, and 25. The 46 persons surveyed prioritized increased housing, access to non-treatment programs (like PRs) and recreation opportunities.
- Residents at the local LTSR (9 individuals) shared a desire for treatment programs that help them learn skills for independent living and maintaining community tenure. They also prioritized reliable better education of Law Enforcement and Corrections/Prison personnel to understand mental illness.
- On April 17, 2017, twelve participants in the adult Partial Hospitalization Program reported that supported housing was important to them. They added that healthy lifestyle groups would be helpful.
- Participants at two Drop-In Centers shared their needs on April 18 (24 persons) and May 2 (25 persons). They expressed a need for more disposable income as well as a desire for arts and crafts activities.
- Fayette County Behavioral Health Administration (FCBHA), in collaboration with Fayette County HealthChoices and the child and family-serving providers in the county, are collecting data using the Child and Adolescent Needs and Strengths (CANS) instrument. At the level of individual consumers, this data helps families and clinicians plan effective interventions. In its aggregate form, this data helps identify general trends in the needs of those involved in the county's service systems. This data collection became mandatory for child-serving agencies throughout the county in October of 2013.
- FCBHA meets with Value Behavioral Health - PA every other month to review MH services currently delivered as well as emerging needs in the county. Local studies are often commissioned and discussed. Efficacy of treatment modalities is examined. FCBHA uses this data to support consumers in their choices of what supports are most likely to be effective.
- The Intellectual Disabilities system assesses need via the Prioritization of Urgency of Need for Services (PUNS). The PUNS was developed to gather information in order to categorize the needs of intellectually disabled individuals who have requested services from the County ID/MH Program / Administrative Entity. The PUNS form is completed at least annually and is updated as individual needs change.
- Biennial PA Youth Survey (PAYS) data is used to assess youth and transition-aged youth habits and attitudes regarding mental health and substance use issues.

Services in Least Restrictive Setting:

Fayette County is committed to providing services and supports in community settings. Further, the county affirms individuals' rights to choose their communities of residence. The human service providers as well as oversight organizations have procedures in place to review any recommendation that would involve placement outside the home. Treatment services that are identified as "High Levels of Care" are routinely reviewed for clinical necessity and to determine whether the consumer chooses to continue with the service. Fayette County embraces a recovery model, and does not "assign" persons to particular treatment programs or services. Instead, consumers are encouraged to make their own treatment decisions.

Programmatic Changes as a result of Last Year's Outcomes:

There have not been any substantial programmatic or funding changes as a result of last year's outcomes. In the wake of recent funding reductions, and with little expectation of those funds' restoration, community stakeholders have voiced strong opposition to reducing or eliminating programs. The FY15-16 State Budget impasse impacted stakeholder willingness to be creative. Community stakeholders continue to report that is a bad idea to start new programs when funding for sustainability is annually in peril.

HERALD-Standard

8 East Church Street
Uniontown, PA 15401-0848
Phones: 724-439-7510 (Classified) 724-425-7205 (Billing)

PUBLIC NOTICE ADVERTISING INVOICE

Account Number: 7244301370
Invoice Date: 5/10/2017
Invoice Number: 107110677-05072017
Balance: \$ 154.26

FAYETTE COUNTY BEHAVIORAL HEALTH ADMINISTRATION
215 JACOB MURPHY LANE
UNIONTOWN, PA 15401

PROOF CHARGE IS \$5.00 FOR AFFIDAVIT, \$2.50 FOR CLERICAL FEE

REMITTANCE - DETACH & RETURN THIS PORTION WITH PAYMENT

ACCOUNT #	INVOICE DATE	DESCRIPTION	LINES	TIMES	PROOF	TOTAL CHARGES
7244301370	5/10/2017	NOTICE The Fayette County Board	2.00 x 13Lines	1.00	\$ 7.50	\$ 164.26
5/5/2017, 5/7/2017						
DATES APPEARED						

PROOF OF PUBLICATION

The **HERALD-Standard**
a daily newspaper of general circulation, published by Uniontown Newspapers, Inc.,
a Pennsylvania corporation, 8 East Church Street, Uniontown, Fayette County, Pennsylvania, was
established in 1907, and has been issued regularly, except legal holidays since said date.

The attached advertisement, which is exactly as printed and published,
appeared in the regular issue on
5/5/2017, 5/7/2017

Uniontown Newspapers, Inc.

By

Sharon K Wallach

STATE OF PENNSYLVANIA,
COUNTY OF FAYETTE,

} SS:

Before me, a Notary Public in and for such county and state, personally appeared
SHARON K. WALLACH, who being duly sworn according to law says that she is
ADVERTISING DIRECTOR of UNIONTOWN 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 17 day of May 2017



COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Leandra Crow, Notary Public
City of Uniontown, Fayette County
My Commission Expires Jan. 20, 2020

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

By

Leandra Crow

Uniontown Newspapers INC.

8 East Church Street

UNIONTOWN, PA. 15401-0848

NOTICE

The Fayette County Board of Commissioners will conduct a public hearing on Wednesday, 5/31/17 at 3:30 PM to review the 2017 - 2018 Fayette County Human Services Plan. The hearing will take place at the Fayette County Behavioral Health Administration Office located at 215 Jacob Murphy Lane, Uniontown, Pennsylvania. A Plan summary will be available for review the day of the hearing. Oral or written testimony is welcomed.

Amy Revak
Chief Clerk
Fayette County, Pennsylvania



liable to the Uniontown Area School District in a penal sum equal to such tax.

The name and address of the assessors within the Uniontown Area School District are as follows:

Franklin Township	Mr. David Lengvarsky, 142 Grimplin Road, Vanderbilt, PA 15486
Menallen Township	Mrs. Sandy Carroll, North Mill Street, P. O. Box 484, New Salem, PA 15468
Henry Clay Township	Mr. Douglas Rosenberger, 5171 National Pike, Markleysburg, PA 15459
Uniontown (City)	Mr. Joseph Giachetti, City Hall, 20 North Gallatin Avenue, Uniontown, PA 15401
Wharton Township	Mrs. Tina Dennis, 2368 National Pike, P. O. Box 54, Chalk Hill, PA 15421
Stewart Township	Mrs. Renee Schaefer, 140 Grover Road, Ohiopele, PA 15470
Ohiopele Borough	Mrs. Renee Schaefer, 140 Grover Road, Ohiopele, PA 15470
Markleysburg Borough	Mrs. Lori Frazee, 137 Friendsville Road, Markleysburg, PA 15459

Board of School Directors
Uniontown Area School District

Terry L. Dawson, Board President
Judith J. Means, Secretary

Michael L. Brungo, Solicitor,
MAIELLO, BRUNGO & MAIELLO, LLP

NOTICE

The Fayette County Board of Commissioners will conduct a public hearing on Wednesday, 5/31/17 at 9:30 PM to review the 2017 - 2018 Fayette County Human Services Plan. The hearing will take place at the Fayette County Behavioral Health Administration Office located at 215 Jacob Murphy Lane, Uniontown, Pennsylvania. A Plan summary will be available for review the day of the hearing. Oral or written testimony is welcomed.

Amy Revak
Chief Clerk
Fayette County, Pennsylvania

Lost and Found

Announcements



LOST CAT

NEED A NEW FELINE FRIEND??

in the districts therein.

POLLING PLACES INACCESSIBLE FOR THE ELDERLY AND HANDICAPPED

Elderly (65 and over) or handicapped voters assigned to inaccessible polling places can vote by Alternative Ballot. Application forms and information regarding Alternative Ballots can be obtained at the Election Bureau. Applications for Alternative Ballots must be submitted to the Election Bureau no later than 5:00 p.m. on Tuesday, May 9, 2017. In case of an emergency, you can submit an Emergency Application for Alternative Ballot which must be received by 8:00 p.m. on Election Day. Completed Alternative Ballots must be received by the Election Bureau no later than 8:00 p.m. on Election Day.

PUBLIC NOTICE

The County Board of Election will publicly commence the computation and canvassing of the returns of the votes cast at the Municipal Primary held Tuesday, May 16, 2017 to begin at 9:00 a.m., prevailing time, Friday, May 19, 2017 and continue each day thereafter until all votes cast have been computed. The Provisional Ballots cast will be examined on Tuesday, May 23, 2017 starting at 10:00 a.m. Both will be held at the Public Service Building, 22 East Main Street, Uniontown, Pennsylvania.

POLLING PLACES

(Polling places that are inaccessible to the elderly and handicapped, as per the Federal Voting Accessibility for the Elderly and Handicapped Act, P.L. 98-435, are labeled (inaccessible).)

Belle Vernon Boro	Belle Vernon Apts, Belle Vernon	Nicholson Twp	Nicholson Twp. Bldg., Smithfield
Brownsville Twp	Brownsville Twp. Shed, Brownsville	North Union Twp Dist 1	R. W. Clark Elementary School, Uniontown
Brownsville Boro Ward 1	Southside Fire Station, Brownsville	North Union Twp Dist 2	George C. Marshall Elementary School, Uniontown
Brownsville Boro Ward 2	Northside Fire Station, Brownsville	North Union Twp Dist 3	Hopwood Free Methodist Church, Hopwood
Brownsville Boro Ward 3	South Hills Terrace Community Room, Brownsville	North Union Twp Dist 4	VFW Post 85-43, Uniontown
Bullskin Twp Dist 1	Bullskin Twp. Elementary School, Conneville	North Union Twp Dist 5	Valley Sportsman Club, Uniontown
Bullskin Twp Dist 2	Bullskin Twp. VFD Social Hall, Conneville	Ohiopele Boro	Ohiopele-Stewart Community Center, Ohiopele
Bullskin Twp Dist 3	Bear Rocks Community Center, Acme	Perry Twp Dist	Perry Twp. Municipal Bldg., Star Junction
Conneville City Ward 1	Calvary Assembly of God, Conneville	Perryopolis Boro	Perryopolis Boro Bldg., Perryopolis
Conneville City Ward 2	Conneville Senior Center, McCormick Ave. Entrance, Conneville	Point Marion Boro	Old Scout Hall, Point Marion
Conneville City Ward 3	Old High School, Conneville	Redstone Twp Dist 1	Republic Twp. Municipal Bldg., Grindstone
Conneville City Ward 4	New Haven Hose Company Fire Station, Conneville	Redstone Twp Dist 2	Redstone Twp. Recreation Center, Republic
Conneville Twp	Conneville Twp. VFD, Conneville	Redstone Twp Dist 3	Colonial J Athletic Club Office, Rows Run, Grindstone
Dawson Boro	Dawson Boro Building Dawson (Inaccessible)	Redstone Twp Dist 4	Fairbank Rod & Gun Club, Fairbank
Dunbar Twp Dist 1	Joseph A. Hardy Conneville Airport, Terminal Bldg., Lemont Furnace	Saltlick Twp	Saltlick Twp. Municipal Bldg., Melcroft
Dunbar Twp Dist 2	Conneville Alliance Church, Conneville	Smithfield Boro	Smithfield Boro Bldg., Smithfield
Dunbar Boro	Dunbar Boro Fire Dept Social Hall, Dunbar	South Conneville Boro	So. Conneville Boro Bldg., So. Conneville
Everson Boro	Everson VFD Social Hall, Everson	South Union Twp Dist 1	Laurel Highlands Middle School, Uniontown
Fairchance Boro	Fairchance Boro Building, Fairchance	South Union Twp Dist 2	Hathfield Elementary School, Uniontown
Fayette City Boro	First Christian Church, Fayette City	South Union Twp Dist 3	Hutchinson Elementary School, Uniontown
Franklin Twp Dist 1	Franklin Elementary School, Uniontown		



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BEHAVIORAL HEALTH ADMINISTRATION

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[WWW.FCBHA.ORG](http://www.FCBHA.ORG)

FAX: (724) 430-1386

**Fayette County Human Services Plan 2017-2018
Public Hearing – Wednesday, May 31, 2017**

David W. Rider, Mental Health Program Director, commenced the public hearing to present the Fayette County Human Service Plan for 2017-2018 at 3:31 p.m.

Mr. Rider declared a recess at 3:32 p.m. to allow for more persons to attend.

Mr. Rider re-convened the hearing at 3:46 p.m.

Mr. Rider began by reviewing a handout that broke-down the five categories of funding included in this Department of Human Services mandated plan. He reviewed the subcategories of expenditures, noting this was by office of responsibility for the funding. Values presented in this document are explained as needed.

The \$10.6 M in funding outlined in this plan represents the Pennsylvania DHS portion of each agency's budget, but does not represent their entire budget. The funds only support the services listed within each category. The categories are:

1. Mental Health
2. Intellectual Disability Services
3. Homeless Assistance Services
4. Human Services Development Fund
5. Drug & Alcohol Services

Mr. Rider stated that the plan will be submitted electronically on June 7, 2017. The hearing concluded at 4:13 p.m.





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FAX: (724) 430-1386

FAYETTE COUNTY HUMAN SERVICE PLAN PUBLIC HEARING
FISCAL YEAR 2017-2018
MAY 31, 2017

ATTENDEE NAME

EMAIL ADDRESS

Liz J. Smith

ljsmith@hs.fayette.org

Melissa Ferris

mferris@fadaa.org

David W. Peden

daverider@fcbha.org

Stacy Evans

staceyevans@fcbha.org

Sherr Mitchell

sherrmitchell@fcbha.org

Blank lines for additional attendees.



PART III: CROSS-COLLABORATION OF SERVICES

Employment:

In society at-large, we often define ourselves by the jobs we do. Those labels and definitions extend to the people we discuss in the community. "I own a hair salon on Juniper Street." "You know Bill. He's a mechanic at Penn DOT." "My son is a police officer for the City of Uniontown." These labels carry more than a simple description. They acknowledge the contribution individuals make to the community and may even imply a social status. The benefits of employment stretch far beyond the actual work that is accomplished. Because of the multiple benefits of employment, Fayette County service systems encourage consumers to pursue employment options.

Many of the persons whom our systems support do not have a work history. Some have been deemed unemployable because of their illnesses or disabilities. Others have been eliminated from the job consideration because of a history of addiction. Still others have lived in generational poverty and have had no working role models who prod them into taking a place in the workforce. Some of these obstacles are addressed individually, while others call for a community-wide approach.

The Intellectual Disability (ID) population has had a history of attending day programming, and for some persons that is the right fit. For others, competitive employment is a real option. Fayette County has pre-vocational programs as well as supported employment for persons with ID. Teaching employment soft skills (attendance when scheduled, respecting supervisors, diligence on the job, etc.) sets the groundwork for competitive employment. The ID service system uses several of the same employment partners that the MH system uses. This allows partnerships and economies of scale to be developed. In addition, this promotes Pennsylvania's Employment First Opportunities for individuals with ID.

All systems work closely with the Office of Vocational Rehabilitation (OVR) to offer discovery, assessment, and employment training. This OVR collaboration precedes accessing individual system funding. Both the MH system and the ID system join employment support providers as members of the county's Supported Employment Council. This group shares successes and resources with the plan of increasing one another's achievements. Challenges are also discussed, and possible solutions / work-arounds are suggested.

The county also has a transitional housing program (approx. 12 mos.) for citizens returning from incarceration. This program emphasizes sober living, spiritual growth, and meaningful employment. Since most of its residents are eligible for Medical Assistance during their pre-employment phase, FCBHA chose to use HealthChoices reinvestment funds to help with developing the property used to house these men. Its ongoing support is funded by the residents as well as with some money from the county's general fund for persons transitioning from the county jail. The residents are able to make their financial contributions out of the money they earn working throughout the county. Most notably, this program has partnered with a local barge-building company, and these new employees are learning welding as a trade.

The county appreciates increases in federal money for supporting the employment of persons with ID. FCBHA allots a portion of its MH BASE allocation for employment-related services (Pre-vocational services, Supported Employment, and Transitional Employment). HealthChoices reinvestment funds an evidence-based employment program that helps persons with mental illnesses to secure and retain competitive employment. In an effort to break down initial reluctance to hire a person with a disability, employers are educated on the potential tax advantages of giving this a try.

The benefits of employment are discussed in treatment and non-treatment programs. The county's Supports Coordinators, Blended Case Managers, and Substance Use Disorder case managers all encourage considering employment. This is typically done early in the engagement process to allow consumers and family members to become comfortable with the idea. Fayette County's Clubhouse helps individuals learn skills needed for employment, and they assist their members to find and retain jobs in the community. The other Psychiatric Rehabilitation programs and the Asservice Community Treatment Team all have employment professionals as well as "curriculum" modules that prepare individuals to enter and stay in the workforce.

Service agencies throughout the county have been expanding their hours to accommodate people who work during the day. As the stigmas attached to mental illnesses decrease, more people are seeking behavioral health support. These expanded hours have been welcomed by the community.

Housing:

Fayette County recognizes the importance of safe, affordable, permanent housing in the communities that people choose. The county has made significant progress over the last ten years in expanding housing options, increasing housing stock, and supporting both renters and landlords in the leasing dyad.

Historically, many landlords have been reluctant to rent to persons with special needs and/or disabilities. While the federal Fair Housing Act prohibits such discrimination, it can take time to find remedy in the court. In the meantime, the individual still needs a place to stay. Our Local Housing Options Team and our Local Lead Agency have pointed out the challenge of enticing landlords to choose renters with special needs and/or disabilities. In response to this circumstance, and in an effort to directly address the needs of our citizens, FCBHA has partnered with Fayette County Community Action Agency (FCCAA) to develop a multi-pronged approach to housing supports called the Housing Opportunities Program (HOP). HealthChoices funding is used to bridge individuals from being homeless or near homeless into permanent housing of their own.

One prong of this program is a 3-way Master Leasing contract. FCCAA identifies apartments that do not meet HUD standards, and then approaches the landlords with an offer; if the landlord brings the apartment up to HUD standards (and is willing to have HUD-trained inspectors examine the unit), then FCCAA will enter into a 12-month Master Lease with the landlord, guaranteeing 12 months of rent with tenants of FCCAA's choosing. The FCCAA tenants are persons with mental health disabilities.

The formal lease is between the landlord and the end-user tenant. FCCAA guarantees that the unit will remain occupied (i.e. will generate income for the landlord), and that the tenant will receive case management support (reducing the landlord's concerns about property damage or neglect by the tenant). These case management supports come from a variety of community agencies. Depending on the tenant's circumstance, MH, ID, SUD, and the courts fund these supports.

The second prong is Tenant Based Rental Assistance. This is similar to HUD's Section 8 program. Persons are supported in finding a home in the community they choose. The HOP subsidizes the rent until the person can get into federally subsidized housing or no longer needs the HOP subsidy. The same case management supports are available to these persons.

The third HOP prong is simple Housing Case Management. The participants in this program do not need a subsidy to live in their chosen communities, but they do want supports that help with community tenure. Participants here participate in the Prepared Renter Education Program (PREP) and have regular visits from their caseworkers. Most persons also continue with their treatment services. However, participating in treatment is not a requirement for any of the housing programs offered in the county.

Fayette County has participated in the Projects for Assistance in Transition from Homelessness (PATH) for over 10 years, serving well over 1000 persons with mental illnesses and/or SUDs who also have housing needs. This program is funded primarily through federal dollars and has a required state match. Unlike many funding formulas, PATH does not require local funding. As the county broadens its MH focus to address the needs of forensically-involved persons, PATH has been an invaluable partner.

Persons with intellectual disabilities have some additional resources available to them. While traditional group homes have been available for some time, the county is seeing a surge in interest for the Lifesharing Option. Fayette County has seen a 5% growth in this program for the last several years. A challenge that has arisen is the prohibition of contiguous locations. The county has seen that happy, well-adjusted neighbors who share their lives with a person with an intellectual disability is the best kind of marketing for this type of program. Unfortunately, next-door neighbors are prohibited from participating in this program. FCBHA recognizes that scattered-site housing is the preferred standard. However, persons should not be prohibited from opening their homes and sharing their lives. Therefore, FCBHA will continue to advocate for this rule to be amended.

When a situation is particularly clinically challenging, the ID, MH, and HealthChoices departments at FCBHA meet to discuss the needs of the individual. Housing is often a concern, and HOP, federal housing subsidies, Housing Case Management are considered.

Housing Case Management is currently funded through MH Base. However, there are conversations on the state level to include this as a HealthChoices benefit. This would alleviate some pressure on the MH Base budget and allow the program to marketed widely and expand.

Federal regulations and changes have also affected local housing initiatives. President Obama's Homeless Prevention Rapid Rehousing Project infused the economy with funds to house those in need. This allowed local dollars (Reinvestment and MH Base) to be stretched over longer periods of time. However, also under the Obama administration, HUD changed the definition of Chronic Homelessness. This meant that many who previously qualified for housing were no longer eligible, so they became the responsibility of local entities. The effect the Trump administration will have on housing and homelessness remains to be seen. Fayette County will remain poised to respond to federal and state regulatory changes. We have successfully partnered with private landlords and earned their respect. However, further reduction in funding may make it impossible to provide the housing supports individuals need. In addition, with the loss of those supports to consumers, we predict that the confidence our private partners have will similarly decline.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

Mental Health services in Fayette County are financed primarily with MH Community Base funds and the Medicaid HealthChoices Behavioral Health funds. Since Fayette County adopted HealthChoices almost 20 years ago, HealthChoices reinvestment funds have been used to add new services and to expand existing services. While the expansions have focused on local HealthChoices members, these services and supports have helped all of our citizens. These additions have been broad in scope, including housing-related supports, treatment services, consultation, respite, and funding to promote recovery-focused activities. Once the "reinvestment" programs are established, they are sustained through fee-for-service billing, grants, and other public-private ventures.

At present, Community MH Base funds are used to pay, wholly or in part, for mental health services when an individual with demonstrated need for service has no other way to pay or when that needed service is not an eligible service under Medicaid, Medicare, or commercial health plans. The number of uninsured citizens decreased recently with Medicaid Expansion (There are approximately 38,000 Medicaid recipients in the county, which is up from approx. 30,000 a couple of years ago.). However, current federal activity could reverse that trend. However, regardless of the dynamic funding processes, the needs remain. Fayette County Behavioral Health Administration has a long history of responding creatively in this evolving environment. We always look for ways to partner with other programs to secure "non-traditional" funding. Examples of these are PCCD grants, HUD grants, and housing tax credits for real estate developers. PA System of Care Grants have also been used over the past two years to expand support options in the community. These non-traditional funding partners often lead to unpredicted extensions in reinvestment projects.

Community MH base funds are also used for recovery supports, prevention projects, and community education/awareness efforts. These supports are not considered treatment, and are typically not included in any public or private insurance benefit packages. In FY16-17, these activities included participating in health fairs, facilitating a suicide awareness panel discussion, and outreach programs that directly reached over 375 high school students. Work is continuing on improving a treatment outcome measurement instrument for all child services providers. This will help families gauge treatment efficacy as well as choose appropriate next steps. The anti-stigma video series produced using System of Care funds earned both Gold and Bronze awards in a national competition sponsored by SAMHSA. These videos continue to be an outreach tool.

Fayette County is in the final stages of expanding Psychiatric Rehabilitation to include Transition-Aged Youth. The local practitioners have completed their training, and the site-based program has freshened its space to become more inviting to young people. This expansion was made possible through System of Care funds, and it will be sustained through fee-for-service HealthChoices and MH Base billing.

Fayette County Disaster Crisis Outreach and Referral Team (DCORT) was deployed in response to local floods during FY16-17. The DCORT supported the residents as they managed the immediate crisis as well as while they navigated "Resource Fairs."

Fayette County Commissioners launched a study to determine if the current county jail meets the needs of the inmates. It appears that the county will pursue building (or redeveloping) additional space to house inmates and to host service programs. These would include substance use disorder groups, psychoeducational groups, individual therapy space, employment preparation, and GED classes. The new plans may include a special visitation space designed for children of inmates.

The county already has specialty courts for veterans and for mental health consumers. FY16-17 brought the addition of an "Adult Drug Court," which falls under the oversight of the President Judge, Court Administrator, and Specialty Court Coordinator. All specialty-court enrollees are charged with non-violent offenses, and the victims of the crimes have the opportunity to share whether they support having the accused person enter the specialty court program. Participants in these courts have the opportunity to address the root causes of their offenses while remaining free or under modified supervision in the community.

FCBHA is pleased to see that the 21st Century Cures Act frees federal Department of Justice funding for development and/or expansion of local ACTs and Forensic ACTs. However, we have encouraged legislators to exercise care when planning for the arrival of these funds. This money must not be used to offset other budget cuts in human services. The federal money will only be temporary. After the start-up/expansion period, the newly-funded services will need to be self-sufficient (funded by MH BASE and HealthChoices). Reductions in either of these allocations would lead to counties not being able to pay for these expanded services.

Here is a list of currently-funded MH Base Services, Supports, and Activities:

Treatment	Inpatient Psychiatric Hospital Assertive Community Treatment Team (ACT) Psychiatric Partial Hospitalization Psychiatric Outpatient School-based Psychiatric Outpatient Service Clozapine Support Long Term Structured Residential Treatment (LTSR) Trauma-Focused CBT Peer Support Family-Based MH Service
Case Management	Blended Case Management Administrative Service Management Assertive Community Treatment Team (ACT) Admission, Discharge and Priority Treatment (ADAPT) Specialty (Mental Health, Drug, and Veteran) Courts Child Adolescent Service System Program (CASSP)
Crisis Intervention	Telephone Walk-in Mobile Crisis Critical Incident Stress Debriefing

	Crisis Intervention Team (Memphis model) Disaster Support, including DCORT
Rehabilitation	Psychiatric Rehabilitation using the Club House model Mobile Psychiatric Rehabilitation Site Based Psychiatric Rehabilitation Transition-aged Youth Psychiatric Rehabilitation Sheltered Workshop Supported Employment
Enrichment	Drop-in Center Social Rehabilitation Respite services
Rights Protection	MH Delegate/Emergency Service Mental Health Review Officer (MHRO) Patient Advocate Advocacy Network, hosted by MHA
Basic Support	Representative Payee Community Residential Rehabilitation Housing Support Services Helping Hands CHIP Stabilization Fund Projects to Assist in Transition from Homelessness (PATH)
Self Help	Mental Health Association Partners for Recovery NAMI Youth M.O.V.E. Parent Involved Network (PIN)
Wellness/ Prevention	Student Assistance Program Community Education
Local Community Collaboration	Fayette County Human Service Council Fayette County Collaborative for Families Community Health Improvement Partnership Adult Services Continuity of Care Child and Family Service Providers Child Death Review Team CYS Complex Case Review Team Underage Drinking Task Force Systems of Care Communities That Care Suicide Prevention Task Force Early Childhood MH Task Force Head Start Policy Council Criminal Justice Advisory Board Children's Local Roundtable (Fayette County Court of Common Pleas) Housing and Homeless Partnership (the Local Housing Options Team) Local Transition Coordinating Council Supported Employment Council Child Maternal Health Advisory Board

b) Strengths and Needs:

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

- **Strengths:** There are many behavioral supports and services for individuals in the over-60 age range. One of the most valuable services is case management. Case Managers help this older population secure and retain housing in communities of their choice, connect with psychiatric care, obtain housekeeping and other in-home supports, and reduce isolation. Older adults with mental illness have access to many of the same types of care available to the general public. Additionally, mental health supports are available in local personal care and nursing homes. Services for this aging population are funded through MH Base Funds, HealthChoices (when the person is enrolled in this Medicaid managed care network), and Medicare. Outreach efforts have been welcomed by local senior centers, and FCBHA has participated in several "Senior Fairs" throughout FY 16-17. FCBHA staff maintain contact with consumers who live in personal care homes, meeting with them quarterly (more often as need or requested) to help the individuals reassess their needs and wants regarding MH treatment and support services.
- **Needs:** The needs with this sub-population mirror the needs of the population at large. These needs include more frequent, reliable, convenient public transportation to support a sense of connectedness and opportunities for daytime activities (including programming at non-treatment centers within their communities). While the newly-formed Advocacy Network has helped seniors have a voice in advocacy, there is still need to grow these opportunities.

• **Adults (ages 18 and above)**

- **Strengths:** Persons 18 and older have access a full array of services that match their needs and support preferences. In addition to treatment programs, many recovery-focused activities and services are available and do not require that participants actively seek treatment. Examples include housing programs, support and advocacy groups, drop-in centers, and psychiatric rehabilitation programs. These programs are financed through HealthChoices, MH Base funding, commercial insurances on a fee-for-service basis. Additional non-treatment opportunities are enhanced by being in close proximity to recreation in Pittsburgh as well as a 20,000-acre State Park (Ohiopyle). A housing resource event was held in FY16-17, and it was attended by over 80 individuals. The county plans to continue these events. The county-wide PATH program received a budget increase of approximately 6% for FY17-18. Public transportation is available, and many programs are located on fixed routes. The local public transportation entity (Fayette Area Coordinated Transportation (FACT)) also provides MATP services.
- **Needs:** Housing remains a need for adults with mental illnesses. This has been an area of focus for over five years, and the county continues to make strides. Current projects include bridge housing, TBRA, Master Leasing, Housing Case Management, and PATH. The county is cementing partnerships with agencies that focus on forensically-involved persons, recognizing that many in this population have mental health needs.

- **Transition-age Youth (ages 18-26)**
 - **Strengths:** Transition-aged youth (TAY) have access to several services traditionally associated with children's services, and they are new to the array of adult services. They remain eligible for community-based BHR Services through their 21st year, and care is taken to support transitions to services that were designed for the adult population. This transition is further supported through specialized care management provided by the BHMCO. TAY are also supported through a local Youth M.O.V.E. chapter, which is active in reducing stigma while engaging in community service projects. Traditional supports like the Student Assistance Program, brief out-of-home respite, and complex case coordination through a CASSP Coordinator are part of the support network for transition-aged persons. The county is in the final steps of developing a TAY Psychiatric Rehabilitation (PR) track within an established PR program. Treatment services for this population are funded through fee-for-service arrangements with HealthChoices, MH Base, and commercial insurances.
 - **Needs:** Employment and housing remain as perennial needs for this population. Fayette County is helping TAY gain competitive employment and explore housing in communities of their choice. Case management entities continue to refer to a local employment support program that follows the SAMHSA Employment EBP Toolkit, but this program is funded through HealthChoices reinvestment and is limited in the numbers it can serve. Renting to these young adults has been discussed at meetings of local landlords. Despite federal fair housing laws, there is still a reluctance to lease apartments to this population. While legal remedies remain an option, local housing support programs and human service providers are trying to form proactive partnerships with landlords. Capacity for housing supports will need to be grown, despite flat-funding on MH-Base and a cap on retained earnings in HealthChoices. Some TAY have identified recreation opportunities as a need.
- **Children (under 18)**
 - **Strengths:** Children have a wide array of supports and services which include outpatient, partial hospitalization, BHR Services, Family-Based MH Services. Parent-Child Interaction Therapy (PCIT, an evidence-based form of outpatient care), is available from several providers at multiple sites. PCIT training was funded through private grants, and the service is funded in a traditional fee-for-service manner. Fayette was in the process of expanding PCIT to all of the Mental Health Clinics in the county, but staff retention has become an issue. Clinics continue to recruit PCIT-trained clinicians. Fayette County children are rarely placed in RTFs; we prefer to support these young people in the community. Children also have access to respite, SAP, CASSP, and High-Fidelity Wraparound Services (HFW). CASSP is funded through HealthChoices administrative dollars as well as MH Base. SAP is funded through MH Base. Respite is a combination of Reinvestment funds and a special allocation from the commonwealth. Currently, HFW is funded through Reinvestment, but alternative strategies remain a topic of conversation. Outreach is an ongoing activity. The youth suicide prevention program begun in FY15-16, has continued and expanded to include presentations on healthy mental hygiene. Representatives from the Fayette County Behavioral Health Administration (FCBHA) have presented to four school districts, totaling just shy of 2000 students. This outreach will remain a focus for FY17-18. While this plan's template defines the TAY age range as starting

at 18, our county recognizes membership in this group as young as 14. Recent expansion of TAY Psychiatric Rehabilitation should serve this youth population well. Our hope is that with better skill acquisition, young people's housing and employment opportunities will increase.

- **Needs:** Fayette County is working to smooth individuals' transitions from child-centered services to adult-centered supports. This is a vulnerable time, as we have seen young people experience "treatment fatigue" and wish to take a break from care. Fayette is addressing this transition before the child turns 18. Part of this effort is attempting to fully-engage the 16-18 year-olds as partners and drivers in their treatment. Despite tremendous progress being made in providing children with "voice and choice" regarding their supports, significant challenges remain. Recent plans to include HFW within the Intensive Behavioral Health Services regulations were scuttled. This keeps HFW dependent on limited Reinvestment funds (and those funds may decrease if Medicaid enrollment declines). FY16-17 saw the cancellation of the annual Family Fun Fest, an outreach event that typically reaches over 2000 people. Shrinking agency budgets, increasing employee healthcare costs, and the move toward per-session payroll for clinicians contributed to a reduction in staffing and sponsorship support. Corporate sponsorship is still being sought by the Fayette County Human Service Council, but nothing was secured in time to save the 2017 event.
- **Individuals transitioning out of state hospitals**
 - **Strengths:** Since the initial CHIPP projects in the 1990's, Fayette County Behavioral Health Administration has used our Admission Discharge Assessment Planning Team (ADAPT) – a Registered Nurse and Licensed Social Worker – to assess consumers recommended for State Hospital admission by local inpatient facilities and to actively participate with Torrance State Hospital (TSH) in discharge planning. ADAPT has been instrumental in reducing admissions to TSH over the years. Over the last four years, ADAPT has diverted over 20 persons. The ADAPT team has expedited discharge and successful return to community living for former TSH residents. Expansion of community-based treatment options through HealthChoices, the development of an Assertive Community Treatment Team, and the availability of a variety of housing supports have also played a role in helping to reduce Fayette census at TSH. Fayette County's current state hospital census is 13 individuals. There were 6 admissions and 8 discharges in CY 2016.
 - **Needs:** Some individuals who transition from the state hospital still need high levels of support. Those with acute medical needs may not be able to live independently in the community. Each discharge from the state hospital is a challenge, and the consumer's preferences and needs are the driving values in helping them select their next residence.
- **Co-occurring Mental Health/Substance Use Disorder**
 - **Strengths:** Persons with mental illnesses as well as substance use disorders (SUD) are provided with supports and services within the community. A specialized Mental Illness / Substance Abuse (MISA) program is available locally. Residential Rehabilitation programs are also available for Fayette County residents. When these

persons are HealthChoices members, their care management is typically performed locally by FCBHA staff (who are part of the Fayette HealthChoices team). Fayette County is using the Communities that Care process to increase local awareness of needs as well as to employ effective programs to reduce drug use in the long term.

- Needs: As FCBHA and Fayette HealthChoices educate the community about mental illness and the prevalence of “self-medication,” more individuals are presenting for treatment and supports. This increase in consumers as well as increases in treatment expenditures for co-occurring services has been a consistent trend. While self-medicating for a preexisting MH need has gone on for generations, the MH needs that surface when someone suddenly finds themselves addicted have become more prevalent. FCBHA and Fayette HealthChoices continue to reach out to SUD providers to make sure they are aware of available MH resources in communities in which their patients live. Further, co-occurring needs are evident among the individuals involved in the forensic system. Fayette County Behavioral Health Administration continues to partner with the local SCA to deliver SUD treatment and supports to the residents of Fayette County in traditional treatment settings as well as forensic settings.

- **Justice-involved individuals-**

- Strengths: Fayette County has taken advantage of State and regional grants, including PA Commission on Crime and Delinquency and Staunton Farm Foundation, to create a continuum of services for MH consumers who become involved in the justice system. Our Criminal Justice Advisory Board has been instrumental in guiding this effort. The continuum includes diversion services, initial MH assessment as well as psychiatric services in the jail, Mental Health (Treatment) Court, and specialized outpatient and community-based treatment programs. A Day Reporting Center houses treatment (MH, SUD, & Co-occurring) and recovery-focused supports. When jail inmates’ psychiatric needs are severe, FCBHA partners with the jail and court personnel to facilitate referrals to the state’s Regional Forensic Center at Torrance State Hospital. A grant from PCCD is supporting development of a Reentry Coalition, designed to support individuals as they return to the county from state and local incarceration. This Reentry Coalition is in the final steps of preparing a resource guide for returning citizens. Fayette County has implemented the Memphis Model Crisis Intervention Team (CIT) with local police departments and troopers at the local PA State Police barracks. Finally, we are also supporting police and other first responders by making available Critical Incident Stress Debriefing as well as Mental Health First Aid training that is tailored for Public Safety professionals.
- Needs: While outpatient treatment and support opportunities abound for justice-involved individuals, there are limited supports for those who are in the county jail. The current supplier of medical services also provides psychiatric time for the inmates. This addresses acute circumstances and can be used to manage medication regimes. However, there is insufficient space to provide inmates with regular mental health counseling. A new jail facility is being discussed, and plans to secure property are underway. A new facility could provide treatment-appropriate rooms as well as programming space to promote pro-social growth. The court has

sentenced some non-violent convicts to the above-mentioned Day Reporting Center. This represents a strength as well as a set of needs. Increased programming at the DRC is needed, but funding remains a problem. Developing dynamic partnerships with agencies that provide treatment as well as non-clinical supports at the DRC will be an ongoing need.

- **Veterans**

- **Strengths:** This population is served through collaboration with the county office of veterans' affairs as well as partnership with the federal Veterans Administration (VA). The VA has a local office in Uniontown, so local vets have easier access to services. FCBHA is also partnering with the Veterans Leadership Program of Western PA, a non-profit organization that supports veterans who are not eligible for VA benefits. This partnership involves education, housing, employment, and treatment linkage. A specialty court for veterans has also been established under the auspices of the Court of Common Pleas. Special Veteran-specific training modules have been incorporated into the curriculum for the police-based Crisis Intervention Team.
- **Needs:** As veterans return from deployment, there is need for treatment professionals who understand the needs of combat veterans and their families. Training these professionals as well as identifying them as specialists is a need. There appears to be a reduction in the stigma that was once associated with seeking behavioral health care. However, there is still much work to be done in this area.

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

- **Strengths:** Fayette County has had representation on the Keystone Pride Recovery Initiative (KPRI), part of the Pennsylvania Mental Health Consumers' Association since its inception. FCBHA sponsors as well as conducts trainings and educational opportunities for providers to learn about the special needs of this diverse group. FCBHA and Fayette HealthChoices assure access to behavioral health care for LGBTQI consumers. In addition, FCBHA is hosting 3 full days of training in June, 2017 for clinicians on how to provide a welcoming therapeutic environment as well as special treatment strategies proven to be effective when supporting the LGBTQI population.
- **Needs:** There is a need for ongoing training of MH treatment professionals in LGBTQI-specific concerns, including: creating an inviting and safe treatment space, understanding evidence-based and culturally-competent therapies, awareness of stigma, recognition of legal and medical issues, and recognition of "therapies" that may have been traumatizing. The series of trainings offered in FY16-17 were only a start and were funded by a time-limited grant. Perhaps a special allocation from the state could be shared for counties interested in expanding their LGBTQI outreach (similar to the special Respite Allocation).

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

Fayette County does not have programs that specialize in serving the mental health needs of these particular populations. Instead, FCBHA and Fayette HealthChoices require that all contracted programs are culturally-informed and that accessibility to all programs is based on clinical presentation. All providers must have access to

translators (either embedded within their programs or on a contracted basis).
FCBHA does not permit language to be a barrier to treatment.

- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**
None

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

Yes No

Fayette County has been involved in the PA System of Care initiative for several years. Our areas of focus has been on youth, TAY, and LGBTQI concerns. We are aware of CLC pilot project with Luzerne, Crawford, and York Counties, and we are open to discussion about the benefits and lessons that they learned. However, Fayette County's SOC focus was already crystalized and the staff assigned to implementing SOC were fully occupied before the CLC opportunity became available

c) Supportive Housing:

The DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.*

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
City Mission Apartments	HOME funds, Private Foundations, loan	0	0	0	8	1	30 years		2017

2. Bridge Rental Subsidy Program for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	HealthChoices reinvestment	\$18,298	\$41,772	8	10	2	\$573.56	0 (Six persons moved into non-subsidized housing of their choosing)	2008

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	HealthChoices reinvestment	\$10,166	\$33,417	4	8	2	2	\$613.20	2008

4. Housing Clearinghouse for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	HealthChoices reinvestment	\$26,548	\$62,310	25	28			2.5	2008

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	MH BASE	\$208,859	\$325,000	687	325			3	1993
	PATH – Federal	\$49,485	\$58,392	66	71			1	2005
	PATH - State	\$22,632	\$19,464	66	71			1	2005

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	HealthChoices reinvestment	\$65,298	\$68,892	126	192			\$518	2007

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

d) Recovery-Oriented Systems Transformation:

1. Decrease Unnecessary Forensic Involvement for Seriously Mentally Ill (SMI) Population

- This priority is part of a larger, forensic-focused initiative identified in the 2013-2017 MH Plan. This system transformation is also the focus of Cross-Systems Mapping activities in 2010, 2013, and 2015. It continues with the PCCD-funded Reentry Coalition, which has been meeting for the last year. This group helps to smooth the transition for citizens returning to the community from incarceration. The support materials developed by this group also have value for the persons who are in diversion programs as well as those serving probation. The community understands that sometimes a person's mental illness is a contributing factor in the commission of criminal offense. Further, the community believes that treatment, rather than punishment, is a preferred strategy for rehabilitating the offender.
- Timeline:
 - This is an ongoing priority, so it will not have an end date. Except where noted below, the dates of particular trainings and events are driven by funding availability and the availability of partners.
- Resources:
 - Fayette County Behavioral Health Administration staff will:
 - Educate first responders (including 911 operators, EMS, and law enforcement officers) about mental illness
 - Direct interested persons to Mental Health First Aid trainings, including MHFA that is tailored for Public Safety Professionals
 - Increase knowledge-base of current Crisis Intervention Team members– offering diagnosis-specific trainings
 - Research effective community-based programs which reduce unnecessary incarceration of mentally ill persons, including:
 - Sequential Intercept Model
 - Use PCCD-funded Cross-Systems Mapping
 - Crisis Intervention Team
 - Annual training to increase availability of patrol officers who are trained to respond to persons experiencing a mental health crisis. This typically occurs in February each year.
 - Participating in the annual, statewide CIT Conference. This conference is typically held in March.
 - Support the connection between patrol officers and MH Crisis Services workers.
 - Participate in the PCCD-funded development of the “Fayette County Re-Entry Coalition,” which helps returning citizens successfully reintegrate into the community after incarceration. This project started in FY15-16, the coalition formed in FY16-17q2, and the work of this coalition is ongoing.
 - Partner with the Adult Probation Office and County Jail in implementing the Ohio Risk Assessment Scale (ORAS). The ORAS is a research-supported assessment instrument that helps identify who is at greater risk of recidivism. The ORAS supports the county’s Adult Probation Office in allocating personnel and helps MH clinicians by identifying areas of focus for treatment planning with justice-involved individuals. Initial training and certification was conducted by University of Cincinnati in FY16-17q3. Implementation is ongoing.
 - FCBHA will partner with the County Jail to secure treatment appointments and support resources for county jail prisoners as they prepare for release. This will include (re-) enrolling in benefit programs.
 - Fayette County Court will utilize specialty problem-solving courts to maximize the support component of criminal rehabilitation
 - MH Treatment Court
 - Veterans’ Court
 - Adult Drug Court (started in FY16-17q4)

- Funding:
 - Components of this transformation priority are funded by the county court of common pleas, the county general fund, PCCD grants, private grants, MH Base, and in-kind contributions (e.g. trainers). The availability of these “outside funds” as well as in-kind contribution dictate specific timelines for implementations. The most recent project-specific grants were both from the PCCD: Reentry Coalition and ORAS implementation.
- Outcome Measurement:
 - Outcomes will be measured by the number of persons with serious mental illness who have been appropriately diverted from the criminal justice system / incarceration. This data will be collected by the Fayette County Treatment Court office, the Fayette County District Attorney, the Fayette County Day Reporting Center, and Fayette County CIT. Further, the Treatment Court office will compare the recidivism rate of its graduates compared to the non-Treatment Court persons.

2. Increase services / supports tailored to Transition-Aged Youth (18-26 years old)

- Meeting the needs of 18-26 year-olds often requires special tactics. While legally adults, this group is still developing neurologically. As such, type and pace of treatment must match their capacities. Further, this age group is just completing child-focused services, where treatment goals and methodologies are often decided for the child. As adults, these TAY take a greater role in determining their treatment paths and setting goals for themselves. A further challenge is that within many circles, the TAY group includes adolescents as young as 14.
- Non-treatment supports are a need for TAY. These include housing, psychiatric rehabilitation, drop-in centers, recreational opportunities, and employment (or other meaningful daily activities).
- Timeline: “New” individuals continually join this age-defined group. Others age-out. Because of this, there is always the need to examine if the existing resources meet the needs of the current group. This constellation of services will remain dynamic, and the timeframe is best characterized as ongoing. Establishment of new programs will have imposed timelines; those times will be attached to the individual projects below.
- Resources/Programs Planned:
 - TAY Peer Specialist - Certified Peer Specialists have been valuable resources throughout the state. Specialties within the CPS discipline have been beneficial, notably the use of Forensic Peer Specialists with Problem-Solving Courts, diversion programs, and facilitating the return of citizens to the communities they choose. Fayette County began to make a TAY CPS available during FY16-17.
 - The following steps are complete:
 - Identifying appropriate candidates – Fayette County System of Care and Fayette Youth M.O.V.E. have supported a local agency that already delivers CPS services.
 - Connecting candidates with CPS provider agencies – The provider agency has identified and selected candidates for training.
 - Sending candidates for CPS training
 - Funding to be shared between provider agency and SOC Grant
 - To be accomplished by the end of FY16-17q4.
 - Once the candidates are trained and certified, they will begin delivering services. This should be accomplished by the end of FY17-18q1.
 - TAY Stakeholder Feedback Group – FCBHA often uses the feedback from stakeholders to help guide development of programs. This information is more easily gathered from the “traditionally” adult population, as there are many venues where adult consumers of MH services congregate. TAY are a more diverse group, and different information-gathering tactics need to be employed.
 - Identify TAY in the community who are willing to weigh-in on social issues that they identify. There would be no formal commitment of time, just a willingness to receive an invitation to gather and discuss issues that the TAY has previously identified as being important to them. Outreach will be multi-modal: online resources (including Youth M.O.V.E.’s Facebook account and You Tube

- channel), face-to-face invitations during school and community events, and phone contact with TAY who have had previous contact with local MH advocacy programs.
- This will be in conjunction with Stigma-Reduction initiatives delivered in the schools.
 - FCBHA will commit staff resources to gathering TAY input.
 - FCBHA staff presented in front of approximately 400 high school students from three districts in FY16-17. This outreach is be ongoing.
 - **Psychiatric Rehabilitation for TAY - Housing and employment have been identified as focus areas for Fayette County's TAY. These are two areas that match well with the Psychiatric Rehabilitation curricula. FCBHA has been partnering with the county's three existing psychiatric rehabilitation programs to increase availability of WORKING, LIVING, and SOCIAL modules for TAY participants. Increased focus on TAY needs will be found across all levels of psychiatric rehabilitation.**
 - **Site-Based Psychiatric Rehabilitation – This will require tailoring the Boston Model curriculum components in the areas of WORKING, LIVING, and SOCIAL. The current provider of this service is well-connected with national resources, and they should be able to mirror successful programs in other areas of the country. They have already begun training to become Child and Family Resiliency Practitioners. This training is funded by Fayette County System of Care.**
 - No additional fee-for-service funding is being allocated for this expansion. Existing resources have unused capacity.
 - Site-based psychiatric rehabilitation will be available for TAY starting in FY17-18q1.
 - This will remain an ongoing focus. FCBHA expects TAY enrollment to increase in Site-Based Psychiatric Rehabilitation. FCBHA wants to remain poised to create a specialized program if necessary.
 - **Mobile Psychiatric Rehabilitation – This service can be tailored to individuals' needs. As such, it may be a positive way to introduce the principles of psychiatric rehabilitation to the TAY population. Because of non-traditional hours and schedule flexibility, this service could also be of benefit to the youngest members of what many consider to be part of the TAY population (14 to 18 years old). Practitioner certification training and testing is funded by Fayette County System of Care.**
 - No additional fee-for-service funding should be necessary for this expansion. Existing resources have unused capacity.
 - While this can be an ongoing focus and monitoring.
 - **Clubhouse – This remains a psychiatric rehabilitation option for those who wish to focus primarily on pre-employment and employment skills. In addition, it provides a venue to polish social skills. FCBHA will use Youth MOVE and other child- and family-focused forums to remind the community of this resource.**
 - **Cross-Systems Training for TAY-serving Entities – In order to integrate care in a thoughtful manner, all parties must understand what the other parties are doing. To this end, FCBHA will coordinate a cross-systems training for agencies who serve TAY. Programs will be responsible for sharing their areas of expertise as well as educating the other participants on the limitations within their particular systems.**
 - Participants will include the following disciplines:
 - Mental Health
 - Juvenile Probation Office
 - Children and Youth Services
 - Crime Victims Center
 - Drug & Alcohol
 - Early Intervention
 - Intellectual Disabilities
 - Other identified resources
 - This program was recently funded through the PA System of Care grant. It will continue as a shared expense between the local service entities.
 - Because of the regular influx of new staff members, cross-systems trainings will be a continual need.

- o Outcome Measurement:
 - TAY Peer Specialist - Utilization of this support will be monitored through claims analysis.
 - TAY Stakeholder Feedback Group – FCBHA will keep count on the times this stakeholder group is asked for input. FCBHA will also use the group’s feedback and suggestions in planning future programs and adapting existing supports.
 - TAY Psychiatric Rehabilitation Program
 - A claims analysis will provide a baseline of penetration for TAY population. Post-measures will be conducted at the end of FY17-18q2, q3, and q4.
 - For persons between 14 and 18 years old, an analysis of the Child and Adolescent Needs and Strengths (CANS) scale will be conducted. While psychiatric rehabilitation is not a treatment program, it is expected that strengths will grow as persons participate in the program.
 - Cross-Systems Training for TAY-serving Entities
 - If planners agree, a pre- and post-test can be used to measure learning.
 - Since the participants will understand the foci and limitations of their partner organizations, they should have more productive meetings in the community.

Partner organizations will spend time together in the training, fostering personal relationships. It is expected that this will lead to greater collaboration between these complementary supports.

3. Increase Safe, Affordable, Permanent Housing for Persons with Mental Illnesses

- o Fayette County continues to espouse the HOUSING FIRST approach. As such, FCBHA works to assure that persons with mental illnesses enjoy all the same housing rights and privileges as any other member of the community. This includes regular client-led reviews of housing choices. Consumers are encouraged to revisit previous housing decisions and make sure that their previous choices are still the best choice for them. In order for consumers to have many different opportunities, FCBHA has helped develop (and sometimes maintain) residential programs/projects.
- o Timeline:
 - Housing is an ongoing need. Some of the projects below are time-limited. Others are available to consumers permanently, but FCBHA's involvement was only at the start-up phase. Particular timelines will be noted with projects.
- o Resources / Programs:
 - Master Leasing – This utilizes 3-party leases (so the MH consumer can begin to build a positive rental history with local landlords)
 - Current funding is from HealthChoices reinvestment funds.
 - Individuals' housing is sustained through receipt of a permanent housing choice voucher, other subsidized housing, or through their own ability to fund housing.
 - Housing Case Management is included in this program.
 - Timeline – expects to continue through December 2018. This may be extended, depending on the availability of additional reinvestment funds.
 - Tenant-Based Rental Assistance
 - Current funding is from HealthChoices reinvestment funds.
 - Individuals choose their own home and have it inspected (similar to the HCV programs).
 - Sustainability is through individuals' own means or through housing choice vouchers.
 - Timeline – expects to continue through December 2018. This may be extended, depending on the availability of additional reinvestment funds.
 - Housing Case Management – specially-trained case manager who work with consumers to secure housing, maintain home hygiene, and become “good neighbors.”
 - Depending on the consumer, these services are funded through HealthChoices reinvestment, MH Base, and PATH.
 - The skills learned are self-sustaining, and they are further encouraged through non-housing programs (e.g. Psychiatric Rehabilitation, ACT, etc.)

- Timeline – Reinvestment funding will conclude in December 2018. MH Base and PATH will be ongoing.
- Fayette Apartments - a bricks and mortar project which houses 10 persons in individual apartments (Fayette County Community Action Agency)
 - Start-up funding was provided through HealthChoices reinvestment. Program is sustained through tenant contribution and HUD subsidies.
 - This permanent housing resource is an ongoing project with a projected 30-year lifespan.
- Fairweather Lodge – houses up to 8 persons in private bedrooms with common living spaces.
 - Program is managed by its residents with the support of Fayette County Community Action.
 - Start-up funding was provided through HealthChoices reinvestment. Program is sustained through tenant contributions and HUD subsidies.
 - This permanent housing resource is an ongoing project.
- Consumer Stabilization Fund – This resource helps remove obstacles to persons establishing themselves in communities of their choosing (This program served 188 persons in 2016.)
 - Funding is through HealthChoices Reinvestment as well as MH Base.
 - This is an ongoing priority and operated throughout the year.
- Genesis House - This is transitional housing for persons who are returning to the community from incarceration.
 - Start-up funding was provided through HealthChoices reinvestment.
 - Program is sustained through resident contributions as well as through contracts with Fayette County and the PA Department of Corrections.
 - Because of the unpredictability of when persons will be released from jail/prison, this program operates in a continual fashion, welcoming new residents any time.
- Scattered-site apartments with variable set-aside units. (i.e. housing developments where no particular unit is identified as a “Mental Health Unit.”)
 - Start-up funding was through HUD, and ongoing supports are through state tax credits.
 - These apartments have been developed with no funding from FCBHA.
- Training / Information sessions for consumers and service providers
 - Prepared Renter Education Program (PREP) – These trainings have been held during the last two fiscal years, and another is planned in FY17-18. Time will be determined by trainer availability, state budget decisions, and the availability of training site.
 - Lunch-n-Learn Workshop for housing resources
 - Funded through in-kind donations of time by trainers, and refreshments by local advocacy center.
 - We held three of these events in FY16-17, and they were well received. Additional events are being planned in collaboration with the Fayette County Advocacy Network.
- Outcome Measurement:
 - Utilization – Are the apartments that have been subsidized being used?
 - Community tenure of individuals in the community
 - Assurance that “Housing First” model is followed
 - Adherence to local Olmstead Plan
 - Polling of consumers
 - At local CSP (Partners for Recovery)
 - Through Consumer Satisfaction Team surveys at personal care homes

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	57	TMACT	County staff; BH MCO	Annually	N	Y	
Supportive Housing	Y	130	None	N/A	N/A	N	N	
Supported Employment	Y	21	SE Fidelity Scale, GOI	Agency; County	Every 2 years	Y	Y	6 of the 21 are competitively employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	1	None	N/A	N/A	N	N	Agencies find it difficult to retain qualified foster families. Six (6) persons were served in CY2016.
Multisystemic Therapy	Y	23	TAMR, SAM, CAM, PIR	Agency; MST Consultant	Varies, depending on instrument			41 persons served in CY2016.
Functional Family Therapy	N							
Family Psycho-Education	N							

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Y	912	Consumer and Family Satisfaction Teams operate as a single unit.
Family Satisfaction Team	Y	SEE ABOVE	Consumer and Family Satisfaction Teams operate as a single unit.
Compeer	N		
Fairweather Lodge	Y	7	
MA Funded Certified Peer Specialist	Y	43	Two (2) additional persons are in training.
Other Funded Certified Peer Specialist	Y	5	One (1) person is in training to be a CPS in a Reinvestment-funded service.
Dialectical Behavioral Therapy	Y	Unknown	DBT is an option within outpatient services
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	N		
High Fidelity Wrap Around	Y	20	Thirty-five (35) families were served in CY 2016.
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	150	195 persons were served in PR in CY2016.
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults	N		
Competitive/Integrated Employment Services**	N		
Consumer Operated Services	N		
Parent Child Interaction Therapy	Y	6	44 received PCIT in CY 2016.
Sanctuary	N		
Trauma Focused Cognitive Behavioral Therapy	Y	Unknown	This treatment is available, but it is billed the same as outpatient, so there is no way to extract the number of persons using this service.
Eye Movement Desensitization And Reprocessing (EMDR)	Y	Unknown	This treatment is available, but it is billed the same as outpatient, so there is no way to extract the number of persons using this service.
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	6
Number Full Time (30 hours or more)	1
Number Part Time (Under 30 hours)	5

INTELLECTUAL DISABILITY SERVICES

Once an individual has been found eligible for Intellectual Disabilities services, a Supports Coordinator (SC) is assigned. Every individual receives SC regardless of the funding. Base funded individuals are contacted at a minimum of twice a year and every individual has an Individual Support Plan (ISP) developed. The ISP includes components in every avenue of a person's life including health needs, futures planning, home and residential supports and available natural and community supports. Focus is made on individual control, choice and freedom as well as providing knowledge and resources to the families while acknowledging the unique role they represent to their family member. The SCs work with the individual and family by locating, coordinating and monitoring supports and services. They assist in finding housing and community resources. Each individual is also assessed with a Prioritization of Urgency of Needs (PUNS). This process identifies what the individual needs are and how urgent it is to meet those needs. The four categories of PUNS are emergency (needing services immediately), critical (needing services within 1-2 years, planning (needing services within the next 5 years) or fully served. The PUNS assist FCBHA in identifying who is priority when funding becomes available.

For individuals residing in the community who do not have federal waiver funds to meet their needs, the Family Driven-Family Support service base funded program is available. Each individual residing with a family receives an initial \$500 allocation per year. Individuals residing independently or in a Personal Care home receive \$750 per year. This funding is used to purchase sitter/aide service, respite, camp fees or items which are crucial to maintaining a person's health and safety i.e. a generator or adaptive equipment. This program also offers the ability to appeal for additional funding when available. FD-FSS currently services 214 of the 609 individuals registered for ID services.

Individuals Served

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	10	2%	8	2%
Pre-Vocational	10	2%	9	2%
Adult Training Facility	11	2%	9	2%

Base Funded Supports Coordination	38	6%	38	6
Residential (6400)/unlicensed	16	3%	14	3%
Life sharing (6500)/unlicensed	2	1%	2	1%
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	214	35%	214	35%

Individuals who are also receiving base funded supports but are not identified in the chart contained in this document are as follows:

- Home and Community Habilitation – Five individuals served in 16-17; Three individuals identified for 17-18.
- Transportation –Seven individuals served in 16-17; Five individuals currently identified for 17-18.

Supported Employment:

Currently we are serving 3 individuals base funded in SE. Services consist of job shadowing when needed, job training, and weekly/monthly meetings with individuals to fill out paperwork, review new company policies, etc. We are currently encouraging other providers to add this service to their delivery model as well as offering this as an option to all new graduates. Fayette County is working closely with SCs to ensure they are sharing information concerning employment options with families and individuals as early as possible. We have identified that families who have exposure to information and options concerning employment and other innovative choices as early as possible in their child's life, will be more willing to look at alternative options to traditional services. Fayette hosts a joint mental health/intellectual disabilities Supported Employment Council, whose members are comprised of provider and other stakeholders in the employment community. This information sharing activity allows providers to gain insight on activities that are increasing employment options as well as addressing barriers that may exist. Fayette is part of the employment pilot and funding is used to provide this service for individuals from age 18 thru 26. Employment is a QM priority and its growth is being tracked through this model. Updates are provided quarterly to stakeholders. Recently a local provider, ARC Fayette has become qualified to provide discovery services through the Office of Vocational Rehabilitation (OVR)

However, a significant barrier to increasing employment options continues to be OVR. Timeliness of responses as well as negative family interactions have prevented some individuals from pursuing employment. FCBHA continues to work directly with OVR management by sharing information as concerns arise as well as suggesting alternative options when available. Currently, the local OVR has been without an individual to evaluate the ID population for several months. If the timeliness from OVR does not improve, the current Waiver renewals allow this requirement to be dissolved after 120 days. Our fear is this will become commonplace for Fayette County.

Last year Fayette County listed the PFDSW capitation as a barrier to successful employment. With the raise in the capitation to \$33,000 plus an additional available \$15,000 for Supported Employment only, our county hopes to see an increase in the number of individuals choosing this service option as well as growth with individuals currently receiving Supported Employment.

Base Funded Supports Coordination:

SCs locate and coordinate community resources and services (when funding is available) and monitor regularly to assure the health and welfare of the individual as well as outcomes as designed in the individual's ISP. Because most of Fayette's ID population is without available funding, SCs work closely with family's identifying how their needs can be met with natural supports. FCBHA offers Family Driven-Family Support services to assist in this effort. Individuals receive a set amount per year that they use to purchase needed respite, child care or activities that enhance habilitative needs. SCs are often crucial in working with families to identify these available supports. This program also permits families to pay other family members, neighbors, etc. without the involvement of a provider organization. Natural supports availability and importance are discussed at regular ISP update trainings. During the Administrative Entity review of annual and critical ISPs, is located and confirmed in the Know and Do section. Last, Fayette AE is hosting a one day mandatory training for all Supports Coordinators on Social Capital on June 2, 2017.

Annually SCs are trained on the usage of Prioritization of Urgency of Needs (PUNS), the waiting list for ID services. Discussions are held on how to best obtain correct information from individuals and families as well as how to assist families in locating generic resources. Fayette County has a local resource guide that can be shared with families as needed.

As training becomes available on Employment and Person Centered thinking, SCs are encouraged to participate. The SCO regularly receives an "e-blast" from the county Human Service Council, highlighting community activities and resources that can be shared with families. Recently, a self-advocacy group has been developed in which SCO members attend. The goal of the group is to develop opportunities for information sharing to all families as well as promoting Everyday Lives throughout the community.

Lifesharing Options:

Each ISP identifies the individual's desire for life sharing, whether currently or in the future. In addition, once residential services have been identified as a need and funding is secured, life sharing is offered prior to Residential Habilitation in a Community Living Arrangement. Fayette County has seen a continual 5% growth in Lifesharing. A local Lifesharing council has been formed, offering training and support to current and prospective Lifesharing families. Fayette County is excited at the proposed waiver renewals changes in Lifesharing offering families the opportunities to provide life sharing as well as the option of "reverse" Lifesharing. We feel this will promote natural growth within the system.

A barrier concerning expansion of Lifesharing is the requirement for a non-contiguous location. In Fayette County, many families live close to each other, often right next door or down the street. Lifesharing grows by other community individuals seeing successful placements and wanting to be part of that experience. This is a natural occurrence in families. If families reside close to each other, there is a hurdle due to the non-contiguous rule. ODP can assist AEs by removing this requirement from the Lifesharing option.

Cross Systems Communications and Training:

Fayette County is not a block grant county; therefore, funding is not available for this initiative. Although available base funding is rare for this initiative, due to the importance of the subject, Fayette County will be hosting a training on Social Capital presented by Dr. Al Condeluci. This training will be free of charge and we are hopeful this will increase the number of Fayette County providers in attending this

seminar. FCBHA hosts free trainings by the Health Care Quality Unit (HCQU) on a variety of topics. The schedule of events is sent to all providers and the SCO. The county Lifesharing committee offers free quarterly trainings to all providers. In addition, the AE forwards any notice of training received via email.

FCBHA is a participating member of the Local Transition Coordinating Council, which is an array of education representatives. Information concerning available services is regularly shared at this meeting. FCBHA also offers individual classroom training to schools and through supports coordination, regularly visits classrooms and forms contacts with local educators. Fayette is pleased that the waiver renewals includes a proposal for children birth thru age 8 to be considered contingently eligible for services. This initiative will assist families in receiving information early on, increase options for futures planning as well as promote ODP's initiative to support families/individuals across the lifespan.

Fayette County is a System of Care county and collaboration with all social service agencies occurs at a variety of levels. Monthly director's meetings are held with MH/ID, CYS, Drug and Alcohol, Juvenile Probation, Head Start, Coordinated Child care, East End community center and Human Service Council representatives in attendance. A joint plan has been developed identifying areas of need, how they are being addressed and what needs to happen in the future. Middle management has a Point of Contact committee who have received training on a variety of community resources and those individuals are the "go-to" staff when families have questions. FCBHA has a representative on the County aging committee who is part of the team who designs the annual county conference.

Emergency Supports:

FCBHA has a small amount of funding available to address emergency needs. This funding, however, is discretionary based on availability. The SCO has formed close relationships with area Personal Care Homes and offers regular free training through the HCQU process. In addition, we work closely with the shelter system and have provided training and information concerning our services. Fayette County is not a block grant county; therefore, funding is not available to enhance this initiative.

If an individual requires emergency support outside of regular office hours, our agency recording has a direct linkage to the county Crisis line. The SCO director and CEO/Administrator are delegates and can be reached if an ID emergency occurs. Every ISP contains this information.

The county Crisis line is answered on a 24-hour basis. FCBHA's CEO/Administrator as well as the Supports Coordination Director are delegates and therefore available to the crisis team on a 24-hour basis. Attached is the work statement for the county Crisis team which describes the services to be provided in accordance with the ID/MR Act of 1966.

Our county has a mobile crisis team currently consisting of five full time employees, one part time employee and one individual who answers telephone calls only. When in the field, two individuals are always present. While all staff are familiar with intellectual disabilities and/or an autism diagnosis, there has been no training specifically focused in this area. Staff have an individualized training plan and receive training internally, externally, via webinar and through case studies.

Administrative Funding:

Fayette County is excited about the person center thinking initiative and the ability for trainers. This type of process, when used in the past, greatly enhanced the quality of ISP development and service provision as well as engaged families and individuals in a greater capacity. Once they are available, Fayette County will host a training to all interested parties. This training, however, will need to be located directly in-county to afford the opportunity for all to participate.

FCBHA 's website offers a variety of information and has linkages to community activities and system trainings. Fayette County recently was awarded an Advocacy grant and has formed a county-wide advocacy network. This network is currently geared toward mental health issues however, has agreed

to expand to developing an ID focused advocacy group. This group had their first meeting recently and have identified goals and speakers for future activities.

Fayette works closely with the IM4Q provider insuring that all considerations are addressed. Year-end summaries are shared with all stakeholders, including the FCBHA Advisory Board, for input and suggestions. This data is used to determine which county specific goals should be part of the county Quality Management plan. As services begin to become more community and home oriented, the need to complete surveys on individuals receiving services exclusively in this manner or on the waiting list for services and supports is crucial. One of the largest complaints from families/individuals is the multiple times they have been interviewed due to the small pool of Fayette County eligible individuals. ODP could assist by expanding the eligible participants.

Fayette has seen a drastic increase of high need individuals, especially in the area of behavioral challenges. We host HCQU trainings onsite which allows providers to send direct care staff without the complication of travel. In addition, the AE attends all HCQU Complex Technical Assistance reviews and assists in developing plans to alleviate medical and behavioral concerns. All trainings are shared directly with providers. ODP can assist by increasing funding to allow providers to hire experienced, competent staff or reward long term staff who have been successful in working with individuals with difficult issues. In addition, the additional staffing/supplemental habilitation process is cumbersome. Not all information can be captured in an ISP and the review process is being done by individuals who have no firsthand knowledge of the situation. This process should be local which would allow the AE to set goals for providers as well as make decisions based on firsthand knowledge.

Fayette has a Risk Management committee that meets quarterly. This committee reviews incidents that have occurred, identifies trends and recommends training based on available data. This information is also used to develop the county Quality Management plan. Internally, the AE assesses data in a provider specific manner and has required providers who have an unusually high amount of incidents in a certain area to complete additional training.

FCBHA has a Risk Assessment team that is comprised of staff from the Intellectual Disabilities, Supports Coordination, Mental Health and Health choices units. Individuals who may need services provided from both the ID and MH systems are discussed at the quarterly meetings. Through this initiative, county resources, such as Supported Housing are discussed. This opportunity allows information sharing and ideas to be generated from all areas. Often when housing is needed, this opportunity is used to assess if an individual can live on their own via supported housing, what resources are available and how an individual can access them.

FCBHA Mental Health program specialist Patrick Morrison is responsible for developing the county emergency preparedness plan. He works closely with providers, emergency responders and law enforcement to insure that all parties are knowledgeable of the county plan as well as the diversity of the population.

Participant Directed Services (PDS):

As new individuals enter into the service delivery system, the opportunity to receive services in a participant directed service model is offered. FCBHA has developed a hand out which explains and compares traditional services, Agency with Choice and Vendor/Fiscal.

Our county has seen growth in the Agency with Choice model but not as fast as we would like. The barriers encountered include families having to find their own staff as well as wanting to assume the role of a managing employer. This model has been typically chosen after a dissatisfying experience with a traditional model or when an individual has reached the capitation limit in the PFDSW and Agency with Choice would allow them to purchase more service.

Fayette has only one individual enrolled in the Vender/Fiscal model. Individuals and families find this model intimidating as they do not want the responsibility nor work of being an Employer of Record. The vendor for this model, PPL provides no assistance to families other than what is needed to

process payment. ODP could assist in enhancing this model by developing a resource to work with families concerning the responsibilities of being the employer of record.

Community for All:

FCBHA has addressed the ability for individuals living in congregate setting as initiatives have occurred i.e. Benjamin litigation, Money Follows the Person. To date, every individual who has a desire to move into the community has been integrated into this model. The individuals currently living in state centers and/or ICF/ID facilities, have stated they are unwilling to leave or have family members who prohibit them leaving. The SCO continues to offer a community, integrated model to these individuals and families and should this choice be made, FCBHA will begin transition activities to a community based model.

HOMELESS ASSISTANCE SERVICES

The Homeless Assistance Program funds are managed by the Fayette County Office of Human and Community Services through two contracts with local homeless and housing service providers which are Fayette County Community Action Agency and City Mission Living Stones. Homeless Assistance funds support a continuum of service for people who are homeless or near homeless.

Bridge Housing:

- Provides a temporary living arrangement that includes case management services to help individuals move to permanent housing. Clients living in Bridge Housing contribute 30% of their income as rent. Bridge Housing is provided by both contracted organizations.
- Efficacy of Bridge House are evaluated by the number of people served and the number of people able to transition from bridge house to permanent housing. During FY 16-17 these two agencies were able to serve approximately 60 people through bridge housing units.
- During FY 17-18, Fayette County is providing 2 units of bridge housing for transition age youth through a new program, Promise House.

Case Management:

- Assessment of clients' needs and strengths and assistance in developing a plan that ensures that safe and stable housing is maintained. Case workers link clients with community resources identified in their individual plan and monitor to make sure that these services and resources are effective in meeting the clients' needs. Housing education and budgeting assistance are also provided. Case management services are provided by both contracted organizations. Case Managers assist with barriers such as poor tenant history, credit history, discrimination and income source.
- 100% of clients served in emergency shelters and bridge housing units receive case management. Over 1,400 people were assisted through HAP case management service during FY 16-17. Upon the initial appointment the case manager assesses the client situation and together they develop an Individual Service Plan (ISP) and a monthly budget. Efficacy is measured by determining if goals and objectives are being met, permanent housing retained and financial stability, the case manager and client have monthly counseling statements. If a client is having difficulty and needs more support, the case manager will meet and counsel the client until a plan of action is able to be followed. The case manager will follow up with the client at a minimum of 3 months after the initial visit; if additional services are needed the case

manager can counsel, provide referrals, and also do home visits. All counseling sessions, home visits, referrals, and summaries of all contact is documented in the ISP.

- FY 17-18 case management assistance is projected to be similar.

Rental Assistance:

- Payments for rent, mortgage arrearage, security deposits, and utilities to prevent homelessness by establishing or maintaining individuals and families in their own home. Rental Assistance is provided by Fayette County Community Action, Inc.
- Efficacy is measured by the number of individuals that are able to get an apartment, maintain their apartment or residence to prevent and/or end homelessness.
- FY 17-18 rental assistance will remain the same.

Emergency Shelter:

- Housing for individuals and families who are homeless and in immediate need of shelter. Case management services are also made available to clients at the shelter to help them move to more stable housing. Emergency Housing is provided by City Mission – Living Stones.
- Fayette County's goal is coordination and collaboration among organizations to bring a host of community resources - treatment services, advocacy, and transportation, options for permanent housing, concrete goods, educational and training opportunities, and supportive housing services for people with serious mental illness - to assist in ending homelessness. All clients will receive intensive case management: an Individualized Service Plan (ISP) will be developed by the case manager and the client to outline goals and objectives in the following areas: obtaining permanent housing, budget counseling, life skills, employability, parenting, registering at the CareerLink, nutrition and any other goal that will be determined by both parties. Efficacy is measured by at least one of the goals being met which are individual independence, obtain and retain permanent housing for 6 months and obtain/retain employment.
- During FY 17-18 it is a goal to keep both the men's and women's shelter operational 24-hours a day providing funding is available.

Other Housing Supports:

Other regional resources that support these local efforts include Rural Development (assists clients with loans, grants and home repairs); Homeowners Mortgage Assistance Program/Pennsylvania Housing Finance Agency (processes applications for delinquent mortgagors to prevent foreclosure); First Time Homebuyers Education (teaches potential homebuyers the fundamentals in home purchases); Community Housing Resource Board (targets fair housing issues to eradicate housing discrimination); and Energy Education (energy usage reduction methods, application assistance for Dollar Energy Fund Programs, FEMA utility and Customer Assistance Programs).

Homeless Management Information Systems:

The Pennsylvania Homeless Management Information System ("PA HMIS") serves the Pennsylvania Continuums of Care Collaborative, a group of agencies ("PA HMIS Participating Agencies") working together to provide services to individuals and families in Pennsylvania who are homeless or at risk of becoming homeless. In an effort to end homelessness, PA HMIS allows the Commonwealth of Pennsylvania and PA HMIS Participating Agencies to use this system to efficiently collaborate,

identify, coordinate, and evaluate individual services needed. The PA HMIS is also used to produce non-identifying, aggregate reports that can be used to track program performance which is necessary to receive program funding from the federal government, identify unfilled service needs, and plan for new service provision.

FCCAA and City Missions use PA's HMIS system (Client Track) to enter data on all homeless people seen by the agency. This system is used for any homeless clients seen through the following HUD funded programs: Lenox Street, Fairweather Lodge, Fayette Apartments, Supportive Housing Program, Armstrong County Rapid Rehousing Program as well as DCED funded Emergency Solutions Grant programs Homeless Prevention and Rapid Rehousing Program and Shelter portion.

SUBSTANCE USE DISORDER SERVICES

Overview:

Fayette County Drug and Alcohol Commission, Inc. (FCDAC) is the designated local Single County Authority for Fayette County, since its inception in 1974. To better serve county residents, FCDAC, Inc. became incorporated in 1992 and was made an independent commission as of January 1, 2003. Additionally, Fayette County Drug and Alcohol Commission, Inc. has been a functional unit SCA since its beginning and provides prevention, screening, assessment, case management, intervention/ DUI, and outpatient treatment services all within a single site operated by the Commission.

FCDAC provides assessment and outpatient treatment on-site, as well as having contracts with other providers so that all levels of care are available for Fayette County residents in need. FCDAC acts as the initial source of assessment services for area residents, but has contractual agreements in place with other agencies in the surrounding areas that are trained to conduct assessments. With this greater provider accessibility, this ensures that any Fayette County resident in need of substance abuse treatment will be able to access services in a timely manner. FCDAC has day and evening hours in which individuals may inquire and access services. Additionally, FCDAC offers after-hours availability of services to address the substance abuse treatment needs of individuals. Case Coordination services are available to all individuals who are receiving substance abuse treatment services. In order to assist individuals in the management of their recovery, the Case Management Unit works to ensure that resources are available that address the individual's treatment and non-treatment needs. Case management services may assist with such issues as health care, housing, employment, education, basic needs and life skills. Through participation in many local collaborative endeavors such as the Fayette County Collaborative Committee, Fayette County Human Service Council and the Fayette County Chamber of Commerce, Fayette County Drug and Alcohol Commission, Inc. strives to keep current with initiatives that are being conducted within the county, as a means to share applicable information as appropriate.

Fayette County Drug and Alcohol Commission, Inc. is committed to providing a full continuum of licensed treatment options for the residents of Fayette County who have no public or private healthcare benefits with which to access the appropriate level of substance abuse treatment. Some of the treatment options may include: inpatient detoxification; outpatient detoxification; inpatient rehabilitation, outpatient treatment, methadone or Buprenorphine maintenance; adult partial hospitalization and halfway house services for adults.

Historically, Fayette County Drug and Alcohol Commission, Inc. utilizes multiple funding revenues in order to serve the maximum number of clients who are presenting for substance abuse services and to ensure that a comprehensive array of services are available to Fayette County residents.

1. Waiting List for Each Level of Care:

At the present time, Fayette County SCA has not been notified that any Fayette County drug and alcohol treatment providers are experiencing a waiting list for services. There are at times out of county inpatient treatment providers may have a 'wait' for a bed. Case management staff will contact each inpatient in which Fayette County Drug and Alcohol Commission has a contract with to locate a bed. In the event that a bed cannot be located, the client will be offered interim services. The case manager will meet with the client weekly until the person is admitted to an inpatient facility. In other situations, the individual has been admitted into outpatient treatment services until a bed has become available.

2. Barriers to Accessing Any Level of Care:

Some of the barriers that currently exist relate to the limitations of the local transportation program. Even though it is a county-wide program, Fayette County's large rural geographic area contributes to the number of services that may be offered within a day. Also, there are limitations on the number of buses/vans available to provide services, which in turn place limitations on the pick-up and drop-off of persons accessing this service.

Another system barrier is a lack of access to a variety of higher levels of care within the county. Presently, aside from outpatient service providers, there are two halfway houses and two methadone maintenance providers. Insurance related issues, especially for those experiencing high deductibles and co-pays have negatively impacted those seeking treatment. Other issues that have contributed to creating barriers to accessing treatment services is the limited availability, accessibility for childcare for those who need to leave the county for inpatient treatment services; overall lack of utilization of the student assistance programs within the local schools and parental resistance to permitting SAP assessments.

Many people are ignorant of the local issues regarding substance abuse issues within local communities and have developed local norms and mores that minimize the dangers of substance use. Also, there are some consumers who may have several issues occurring at once, thus leading them to the agency that is perceived as being more accessible and/or holds fewer stigmas. Many times, this is the mental health clinic, which gives the consumer the primary diagnosis "of the agency that they first had contact with."

There is a misunderstanding amongst some of the local social service agencies regarding the disease of addiction. This lack of knowledge and understanding about addiction may hinder the services that some agencies provide to their clients and may also cause them to place unrealistic expectations upon their clients. This ignorance is also pervasive amongst the local businesses as they do not understand the impact of abuse/misuse/addiction on their business.

3. Narcan Resources Available in the County:

Due to the awareness of the statewide opioid addiction epidemic and the availability by Governor Wolfe to provide access to Narcan without a prescription to Pennsylvania residents, pharmacies have seen an increase in the requests for Narcan. Fayette County Drug and Alcohol Commission has provided Narcan kits and prescriptions to those persons using opiates as well as one of the other local outpatient substance abuse treatment providers. Two local Fayette County police departments carry Narcan kits to assist with overdoses. All Fayette Emergency Medical Services ambulance units and the Pennsylvania State Police also carry Narcan kits. Fayette EMS has seen significant increases in overdoses over the

past year and have reported that there have been several instances where multiple doses of Narcan have had to be administered to persons who have overdosed.

More awareness and discussion on how to administer Narcan has been provided at community events. All Fayette County Drug and Alcohol Commission staff have been trained on what to do in the event of an overdose and how to administer Narcan. Narcan kits are readily available throughout FCDAC.

4. Resources Developed to Address the Opioid Epidemic Such As Warm Hand-Off Protocols, Use of CRS, 24/7 Case Management Services, Use of Toll Free Hotline, Coordination with Local Emergency Departments, Police, EMS, etc:

Fayette County Drug and Alcohol Commission has developed a Warm Hand-Off protocol which has been provided to the two local hospital emergency departments and social work staff within the county. These protocols have also been shared with local social service agencies, treatment providers and Med Express Clinics. The protocols advise the individual to refer the client seeking assistance for substance use disorder to Fayette County Drug and Alcohol Commission. Agency staff (primarily case management staff) will provide a screening and level of care assessment for the client. The client will then be referred to the appropriate level of care. In the event that the client calls for services after hours, they will reach the Uniontown Telephone Answering Service, which is contracted with Fayette County Drug and Alcohol Commission. The Answering Service will connect the call to a staff member to assist the client. If the client is in need of detoxification services, the person will be referred to an inpatient facility. If the client is having a medical emergency/withdrawal, the person will be referred to the local emergency department or directed to call 911. Fayette County Drug and Alcohol Commission has been working with both local hospitals to establish a relationship to receive referrals for those persons that have overdosed or presented with a substance use disorder. Case Management Staff have gone to both hospitals and have completed level of care assessments and made referrals to inpatient providers. This was established to decrease the likelihood of another overdose if the client went from 'bed to bed'. If the client did not need emergent care after a screening during after hours, the client would be scheduled for a level of care assessment on the next business day.

Fayette County Drug and Alcohol Commission has also provided the Warm Hand-Off protocol to the Department of Drug and Alcohol Programs (DDAP) for the use of the toll free hotline. During regular business hours, the hotline will contact Fayette County Drug and Alcohol Commission staff directly for assistance. During afterhours, the hotline will contact the Uniontown Telephone Answering Service and the call will be connected to a Fayette County Drug and Alcohol Commission staff member to provide assistance and make referrals, when needed.

Highlands Hospital has been awarded a Center of Excellence grant and have hired Certified Recovery Specialists (CRS). Fayette County Drug and Alcohol Commission has met with the CRS staff to discuss services in which both could provide to clients to ensure the entire continuum of care. Both entities to date have provided referrals to each other to assist with the client's needs.

Fayette County Drug and Alcohol Commission has also worked with local police departments and EMS regarding the opioid epidemic at different county events.

5. Treatment Services Expansion Including the Development of Any New Services or Resources to Meet Local Needs:

With the closure of an outpatient methadone provider, Fayette County has seen one existing provider increase its capacity to meet the needs of the County. Additionally, there has been a new provider that has begun to also offer methadone maintenance services in the Uniontown area; as well as an opening of a methadone maintenance facility that is located in an adjacent county, with easy accessibility of county residents in the southwestern portion of Fayette County. As a PA Department of Human Services designated Center of Excellence, Highlands Hospital has begun to provide certified recovery services to

persons seeking assistance with opioid addiction. Highlands Hospital has also worked with physicians in the Connellsville area to provide medications to assist with opioid issues. Highlands has worked with Fayette County Drug and Alcohol Commission to complete level of care assessments and referrals for clients.

6. Any Emerging Substance Use Trends That Will Impact the Ability of the County to Provide Substance Use Services:

As with many other counties within the Commonwealth, Fayette County has been affected by the insurgence of opiate and prescription drug abuse. During the 2015/16 fiscal year, 45.4% of the persons seeking case management services identified opiates or heroin as their primary drug of choice. Additionally, during the 2015/16 fiscal year, 34.8% of those persons participating in outpatient treatment stated that opiates or heroin was their primary drug of choice. Compared to the noted increases in opiate use, those seeking treatment for alcohol use has decreased 4.7% from the previous year, while those seeking treatment services for cocaine use has increased 2.9%.

Even though alcohol remains the most commonly reported abused substance, there has been a 10.3% decrease from fiscal year 2012/13 to fiscal year 2015/16. The reported abuse of heroin and opiates has steadily risen over the past four fiscal years, from 37% of those seeking treatment services, 45.4% presenting with issues with heroin/opiate use, which is an 8.4% increase in a four year period. This has surpassed the percentage of those seeking services for alcohol abuse. Alcohol decreased from 43% in FY 2012/13 to 32.7% while collectively, heroin/opiates went from 37% and increased to 45%.

In order to ensure expedient and appropriate care for an individual who has survived an overdose, Fayette County Drug and Alcohol Commission, Inc. maintains a current listing of contact information for all local contracted facilities that provide substance use/abuse screening, assessment and treatment services. FCDAC notifies local emergency rooms, urgent care facilities and primary referral sources of the process in which to access appropriate drug and alcohol care during normal business hours as well as after-hours.

To date, these emerging substance abuse trends have not impacted Fayette County's ability to provide substance use services.

Target Populations:

As the Single County Authority for Fayette County, FCDAC ensures that all levels of care are available to all populations in need. Case Management assesses clients from very diverse backgrounds and our clients cover a wide range of demographics.

- **Adults (ages 18 and above)**-During the 2015-2016 fiscal year, adults were seen the most at 92%. Individuals between 31-40 years of age were the largest number of persons accessing services. There were a total of 378 persons from the 31-40 years of age demographic that accessed services. The primary drugs of choice were alcohol, heroin and opiates. Most individuals were referred by the legal system (probation, DUI) and self-referred for services. The age range from 40-49 accounted for 185 persons. The primary substance used for this demographic was alcohol. There were 109 persons that were seen in the 50-59 age demographic with the primary substance used was alcohol. Most referrals were a result of a DUI. For those persons over 60 years of age, the primary substance used was alcohol and referrals were legal in nature.

- **Transition Age Youth (ages 18 to 26)**- During the fiscal year 2015-2016, this target population had the third highest percentage at 17.5%. This population's primary drug of choice was marijuana, followed by alcohol, heroin and opiates. The highest referral sources for this group were from DUI and self.
- **Adolescents (under 18)** - The adolescent population is a segment of the county population from which fewer referrals are received. As this population has been identified, Fayette County Drug and Alcohol Commission, Inc. has been working with the local Student Assistance Programs with each of the county's public schools, as well as Fayette County Children and Youth Services and Fayette County Juvenile Probation to increase awareness of available services. Most adolescent referrals that are seen are those persons currently in placement through Adelphoi Village. During the 2015-2016 fiscal year, there were 47 adolescents that were seen for services. This equates to 3% of the total clients that were seen. FCDAC also has contracted with one inpatient provider to provide service for these persons, if needed.
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**- In order to provide services to individuals with co-occurring disorders, Fayette County Drug and Alcohol Commission, Inc. collaboratively works with the county's largest mental health outpatient provider, Chestnut Ridge Counseling Services, Inc. to provide coordinated services to this identified population. Also if a person is in need of inpatient treatment services, FCDAC has contracts with several providers that specialize in treating co-occurring individuals.
- **Criminal Justice Involved Individuals**- Criminal Justice has been the primary source of referral for substance abuse assessment and treatment referrals. A case manager completes level of care assessments at the Fayette County Prison each week to make referrals for services.
- **Women With Children**- Preferential treatment is provided to pregnant women. Fayette County Drug and Alcohol Commission ensures that treatment programs providing services to pregnant women and women with children treat the family as a unit and work with the women on areas of medical care (including pediatric care); therapeutic interventions for children, case management services and substance abuse treatment that will focus on each woman's specific needs. During the 2015-2016 fiscal year, 132 women with children accessed treatment services.

The ethnicity of those assessed very closely mirrors the ethnical makeup of Fayette County. During the 2014/2015 fiscal year, 90% were Caucasian, 8% were African American, 2 % identified themselves as other.

Recovery-Oriented Services

Fayette County supports recovery-oriented services that assist individuals and families to recover from alcohol and other drug problems. These services complement the focus of treatment, outreach, and engagement to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Some of the local recovery-oriented support services available are referral to local, informal mentoring programs whereby a person newer within the recovery process is referred to the local recovery club to be paired with a more experienced person in recovery, and a newly developed grief support group for those who have lost a loved one due to an overdose. This support group is available for children and adults. The recovery club within Fayette County is active in providing social and supportive activities to those seeking to maintain their recovery. Highlands Hospital, through their Center of Excellence grant has begun to provide CRS services. Fayette County Drug and Alcohol Commission Staff have met with the CRS's to share ideas and discuss services that each entity provides. As of this date, referrals have been made

between the agencies for client's services, to ensure that the client received all needed services to assist with the continuum of care for the treatment of their substance use disorder.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

The Fayette County Office of Human and Community Services (FCOHCS) is the county organization responsible for administering the Human Services Development Fund (HSDF). As a collaborative partner with many of the community stakeholder groups providing feedback on human service needs and potential solutions, FCOHCS is well positioned to prioritize needs. FCOHCS staff meet with HSDF providers to evaluate the effectiveness of their program components. All agencies work together providing information and referrals services but it is not charged to the HSDF program.

Adult Services:

Program Name: Housing Counseling

Provider: Fayette County Community Action Agency

Description of Services: Counseling services to help individuals and families maintain housing; includes budgeting assistance and resource acquisition.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Program Name: Case Management

Provider: City Mission—Living Stones Inc.

Description of Services: Assessment of needs and strengths and development of a plan to help homeless and near homeless individuals acquire and maintain safe and stable housing.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Aging Services:

Program Name: Counseling

Provider: Albert Gallatin Human Services Agency, Inc.

Description of Services: Non-medical supportive activities, assist with problem solving, development and functioning. Assist individual client and family members primarily in client's own home.

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

Program Name: Older Adult Day Care

Provider: Center in the Woods

Description of Services: Older adult daily living centers provide therapy, recreation, meals and support to families and other caregivers who work, or for other reasons can't provide around the clock care for a dependent adult.

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Generic Services:

Program Name: Adult Day Care

Provider: Fayette County Behavioral Health Administration

Description of Services: Activities include learning daily living skills such as hygiene, household skills and money. Also enhancing communication skills, community integration, volunteering and exercise/health enhancement.

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

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

Adult Aging CYS SUD MH ID HAP

Program Name: Homemaking Services

Provider: Albert Gallatin Human Service Agency

Description of Services: Non-medical basic care, instructions to person or family on home management, and management of the home in order to ensure safe and sanitary conditions.

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name: Education and Information

Provider: Fayette County Drug and Alcohol Commission Inc.

Description of Services: Activities aimed at reducing substance abuse in youth by building protective factors; includes prevention programs conducted in schools as well as community outreach efforts involving students, peers, and family members.

Interagency Coordination:

Fayette County Office of Human and Community Services manages collaborative partnerships with community stakeholder groups to design overall solutions to community problems and to improve the effectiveness of the service delivery system. No Interagency Coordination will be charged to the HSDF grant.

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

Directions:	Using this template, please provide the proposed human services expenditures and number of individuals to be served in each program area.
1. ESTIMATED INDIVIDUALS SERVED	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. DHS ALLOCATION	Please enter the county's total state and federal DHS allocation for each program area (*MH, **ID, HAP, SUD, and HSDF).
3. PLANNED EXPENDITURES	Please enter the county's planned expenditures for DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are utilizing HSDF dollars for another program categorical, please provide a footnote in the HSDF area explaining where funds are utilized, the estimated number of individuals, and expenditures.
4. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers for MH and ID only.
5. 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.
<p>■ Please use the FY 16-17 primary allocations for completion of Column 2 (DHS allocation).</p> <p>*Mental Health:</p> <ul style="list-style-type: none"> ■ Please do not include MCAE, Fairweather Lodge, Network of Care, and Regulatory Reform funding. ■ If your county received FEP funding in FY 16-17, please do not include in the 17-18 allocation as funding amounts are subject to change. ■ If your county received supplemental CHIPP funding in FY 16-17, please annualize and include in the FY 17-18 budget. <p>** Intellectual Disabilities</p> <ul style="list-style-type: none"> ■ The allocation should exclude TSM (Medicaid Eligible State/Federal Supports Coordination) and TSM Administration (State/Federal). <p>■ The county should submit a revised budget when funding is moved between cost centers/service categories in excess of the current re-budget procedures for each program covered in the Plan.</p>	

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	6		\$ 58,000		
Administrative Management	1,054		\$ 936,000	\$ 44,000	
Administrator's Office			\$ 926,000	\$ 25,000	
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	38		\$ 144,000	\$ 1,000	
Community Residential Services	57		\$ 1,940,386	\$ 35,000	
Community Services	365		\$ 726,000	\$ 3,000	
Consumer-Driven Services					
Emergency Services	297		\$ 314,000	\$ 26,000	
Facility Based Vocational Rehabilitation	1		\$ 11,000	\$ 1,000	
Family Based Mental Health Services	10		\$ 56,000		
Family Support Services	11		\$ 99,000	\$ 6,000	
Housing Support Services	180		\$ 325,000	\$ 1,000	
Mental Health Crisis Intervention	237		\$ 25,000		
Other					
Outpatient	578		\$ 558,000	\$ 17,000	
Partial Hospitalization	12		\$ 33,000		
Peer Support Services	5		\$ 5,000		
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation	19		\$ 103,000	\$ 9,000	
Social Rehabilitation Services	180		\$ 518,000		
Targeted Case Management	54		\$ 76,000		
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	3,104	\$ 6,853,386	\$ 6,853,386	\$ 168,000	\$ -
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			\$ 1,006,000	\$ 70,000	
Case Management	622		\$ 53,000	\$ 6,000	
Community-Based Services	58		\$ 450,000	\$ 35,000	
Community Residential Services	19		\$ 1,125,913		
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	699	\$ 2,634,913	\$ 2,634,913	\$ 111,000	\$ -

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES

Bridge Housing	57		\$ 158,660		
Case Management	500		\$ 92,652		
Rental Assistance	150		\$ 110,586		
Emergency Shelter	500		\$ 60,670		
Other Housing Supports					
Administration			\$ 30,000		
TOTAL HOMELESS ASSISTANCE SERVICES	1,207	\$ 452,568	\$ 452,568		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	50		\$ 76,175		
Act 152 Administration	-		\$ 10,000		
BHSI Administration	-		\$ 23,000		
BHSI Case/Care Management	255		\$ 21,180		
BHSI Inpatient Hospital	10		\$ 25,000		
BHSI Inpatient Non-Hospital	175		\$ 140,000		
BHSI Medication Assisted Therapy	-		\$ -		
BHSI Other Intervention	-		\$ -		
BHSI Outpatient/IOP	500		\$ 95,535		
BHSI Partial Hospitalization	-		\$ -		
BHSI Recovery Support Services	28		\$ 2,355		
TOTAL SUBSTANCE USE DISORDER SERVICES	1,018	\$ 393,245	\$ 393,245	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	750		\$ 19,760		
Aging Services	84		\$ 22,469		
Children and Youth Services					
Generic Services	91		\$ 156,550		
Specialized Services	3,500		\$ 20,180		
Interagency Coordination					
Administration			\$ 23,420		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4,425	\$ 242,379	\$ 242,379		\$ -

Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.

GRAND TOTAL	10,453	\$ 10,576,491	\$ 10,576,491	\$ 279,000	\$ -
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