

**Indiana County
Human Services Plan
Fiscal Year 2017-2018
Armstrong-Indiana Behavioral and Developmental Health Programs
Homeless Assistance Programs
Armstrong-Indiana-Clarion Drug and Alcohol Commission
Human Services Development Fund**

Appendix A
Fiscal Year 2017-2018




COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Indiana

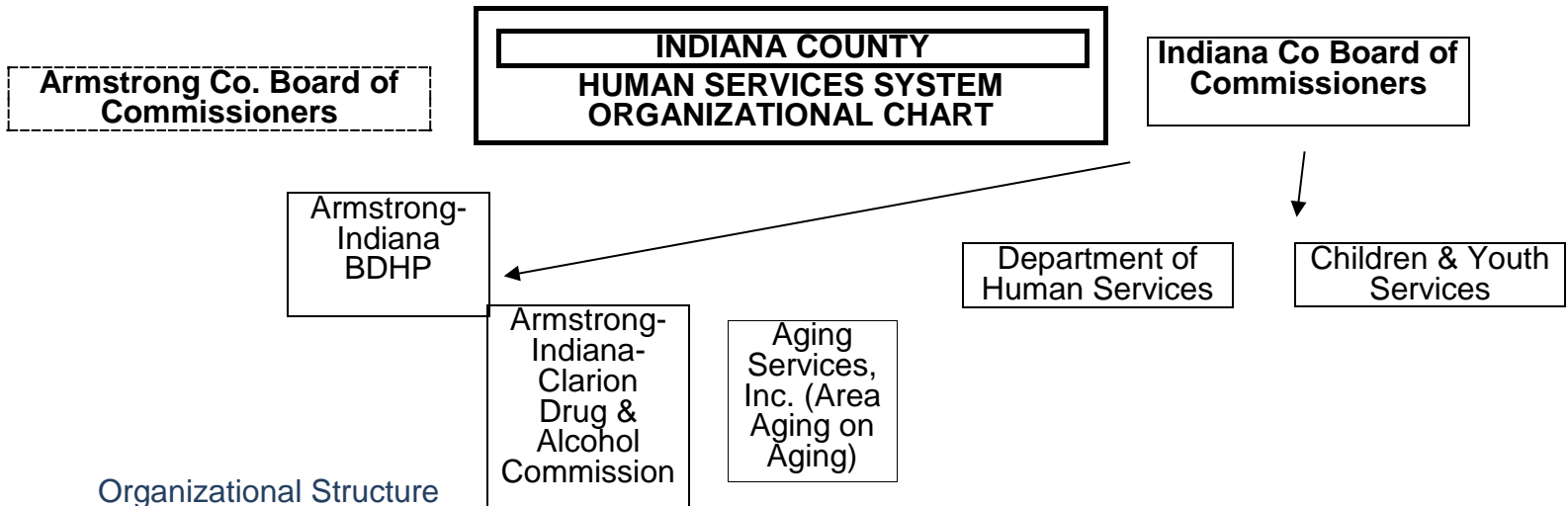
- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Michael A. Baker	Date: 6/6/17
	Rodney D. Ruddock	Date: 6/6/17
	STACEY L. STENBERG	Date: 6/6/17

INDIANA COUNTY HUMAN SERVICES PLAN

AI BDHP, HAP, AICDAC, HSDF



Organizational Structure

Indiana County Commissioners have direct authority over Indiana County Department of Human Services (ICDHS) and Indiana County Children and Youth Services; both directors report directly to the Commissioners.

The Armstrong-Indiana Behavioral and Developmental Health Program (AI BDHP) is governed by the Commissioners of both counties, with a separate Advisory Board.

Aging Services, Inc. (the Area Agency on Aging) is a single county private, non-profit agency.

Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC, the designated Drug and Alcohol Program) is also a private, non-profit agency serving a three-county joinder.

Indiana County is submitting one Human Services Plan –that encompasses the funds for Human Services Development Funds, and Homeless Assistance Programs. AI BDHP will submit its plan with Indiana County. AICDAC will submit its plans with Clarion County.

PART I: COUNTY PLANNING PROCESS (Limit of 2 pages)

Indiana County Department of Human Services uses a variety of mechanisms, including the public hearings and Children and Youth’s needs based budgeting hearing to gather information to determine how funds will best be utilized for the human services systems. Every five years, the County conducts a survey of health and human service needs through our “Indiana County Speaks Up” instrument. The survey is distributed to county residents and the results are used to determine priorities and funding for the human services. The last survey was conducted in 2012 and 1,102 residents completed the survey. After referencing census data and data from the Center for Rural PA, it was determined that the survey was representative of the population. The top priorities

indicated by respondents were drug and alcohol issues for adults, food, shelter, domestic violence and housing. The County will conduct a survey again in the fall of 2017.

The county also gathers feedback through different forums, including the Children's Advisory Commission (CAC), Criminal Justice Advisory Board, the Housing Consortium, Community Support Program, Armstrong-Indiana Behavioral and Developmental Health Program Advisory Board, The Children's Round Table, Local Interagency Coordinating Council, Transition Council, Suicide Task Force, Safe Children's Network, Drug Free Communities Coalition, Drug Overdose Task Force, Health and Human Services Subcommittee of the County's Emergency Disaster Planning Committee, Project Change, Project SHARE and other groups. These identify existing resources, analyze statistics and outcomes and determine gaps. Recently, ICDHS Director sat in on a focus group for mental health clients in Indiana County to gain feedback. Approximately 30 clients were in attendance.

There are no substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Armstrong-Indiana Behavioral and Developmental Health Program (A-I BDHP) Planning Process for plan year 2017-2018:

Throughout the fiscal year, there are a number of meetings that are held not only to provide information to stakeholders but also to provide opportunities for stakeholders to share concerns and input into improving and shaping the behavioral and developmental health service system for Armstrong and Indiana counties. A brief summary of these meetings follow:

- Monthly Community Support Program (CSP) meetings are held in each county. During these meetings consumers discuss relevant topics such as transportation, support needs and system gaps. County representation is present at all CSP meetings to compile this information and to keep abreast of current needs. This information is then used in the planning process.
- In order to solicit feedback from consumers regarding their quality of life needs and their service needs AI-BDHP works with, Paul Freund of Southwestern Pennsylvania NAMI, to conduct a Focus Group in each county. The focus group for Armstrong County was held on April 27, 2017 and in Indiana County on May 4, 2017. A combined total of 62 people participated in the focus groups. Input from these meetings is reflected in this year's plan.
- Five times per year, the Armstrong-Indiana BDHP Advisory Board meets. This is a published public meeting and time is allotted in each meeting for public comment. Additionally, the Advisory Board initiated a Utilization Review Committee be established to assist the County Administration in identifying gaps in service delivery and for making recommendations regarding the need for new or expanded services. This committee meets every two months and is made up of clinical providers, a peer support provider, a CFST (Consumer, Family Satisfaction Team) representative and the Base Service Units.
- Semi-annually, AI-BDHP hosts both Behavioral Health and Intellectual Disabilities Provider meetings. At these meetings providers are updated on pertinent program information and given the opportunity to provide feedback regarding service needs.
- Monthly individual ACMH and IRMC hospital meetings with local providers and D&A Commission are held to discuss individual case issues and problem resolution.

- The AIBDHP staff participate in numerous committees where information is exchanged for proposed system changes and providing input in to the plan. Some of these committees are: Suicide Task Force; Office of Vocational Rehabilitation (OVR) Citizens Advisory Committee, Personal Care Home Risk Management Committee, County Criminal Justice Advisory Boards (CJAB); and the Housing Consortium meetings.

- Also, on an ongoing basis, A-I BDHP staff works closely with the CFST teams in each county. CFST feedback helps highlight gaps with services or with system issues in general. This feedback is especially important to our process since this comes directly from consumers and/or family members. The CFST also has the capability of holding focus groups if need be, to discuss trends or ongoing issues in more detail.

Based on the needs expressed and identified in all these meetings, this comprehensive plan was developed.

In order to get the applicable stakeholders engaged in the previously described meetings, numerous announcements were distributed via email, mail and as specifically identified for the Advisory Board meetings through public notice in the newspaper.

AI BDHP will strive to keep all consumers in the least restrictive environment that can accommodate their needs.

Since Armstrong and Indiana counties continue to be non-block grant counties, there was no substantial funding or programmatic change made for the 2016-2017 Fiscal year. All Behavioral and Developmental Health base funds received from OMHSAS and ODP are used to fund any consumer who may not be eligible for other funding sources due to financial restrictions or clinical needs. After an intake and assessment process, the needs of the consumer is determined. Funds are then utilized to meet the individual’s needs in the least restrictive appropriate level of care.

PART II: PUBLIC HEARING NOTICE

1. Proof of publication;
 - a. See attached notice of proof of publication
 - b. The advertisement ran on May 30, May 31, and June 1, 2017.

2. See attached sign-in sheet for public hearing. 6 people were in attendance.

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

Employment:

The Indiana County Commissioners are continuously working to improve the economic and business opportunities in the county. We have a 6.1% unemployment rate compared to PA rate at 4.8% at this time. Businesses and industries have closed their doors and the Commissioners, the Office of Planning and Development, Center for Economic Operations, and the Chamber of Commerce are

tirelessly working to grow the job opportunities in the county. Therefore, residents of the county have difficulty obtaining employment with decent wages, and those who have barriers of one kind or another (which many of our agency clients have), find themselves struggling even more. The Commissioners are involved heavily with labor and workforce development. They all three sit on the Tri-County WIB Board.

The human services, schools, and the workforce development services, such as the Indiana County PA CareerLink, and Career T.R.A.C.K., work together to promote job skills, job training and employment opportunities for residents of the county.

ICDHS promotes all of the functions of the PA CareerLink. Information on classes being offered, such as "A Guide to Building a Better Resume", and "Civil and Non-Civil Service", etc. are shared through the ICDHS "Informer", an electronic newsletter. The Informer is sent to over 1300 people/two times per month. ICDHS also shares information on any Job Fair that is offered through the CareerLink. All information is sent to our local newspapers to be printed in their Human Service Calendars as well.

ICDHS supports Career Track by sharing information on their Youth Programs with all the human service agencies and the public via the same means as mentioned above with the CareerLink activities. The youth programs provide employment, training, and academic enrichment services to young adults from ages 18 to 24 in a program that combines both work and learning. Human service agencies are utilized as training and work sites. Some of those sites include: Evergreen Boys and Girls Clubs of Indiana County, The Housing Authority of Indiana County, Chevy Chase Community Center, local libraries, the Senior Social Centers, Indian Haven (county nursing home), and the County Parks system to name a few. One eligibility requirement for these programs is to possess at least one or more specific barriers to employment. Barriers may be: high school dropout needing a GED, homeless or runaway, pregnant single female, single parent, deficient in basic reading and/or math skills, an individual with a disability, etc.

The CareerLink Administrator is actively involved with the local Veterans Providers Group. This group supports veterans and their families in the county by sharing resources and information to help this population. Employment and housing needs are addressed. He also works closely with The Veterans Leadership Program, the Veteran's Affairs, Veterans Administration, Soldier On, and our local Veterans Garden (A permanent housing option for vets in Indiana County.). The Homeless Case Managers refer homeless individuals to CareerLink for their classes, Job Club, and for job search activities.

The Career Track collaborates with several human services and their clients. The Director is actively involved and offers Career Track Services to clients of Family Promise of Indiana County (homeless provider for families with children), and with the Family Self Sufficiency Program (A program that works with individuals in the Section 8 Program at the Housing Authority of Indiana County, to become self-sufficient.). Representatives from our Domestic Violence Shelter, Community Action Program, I&A Residential Services (Provider of housing options for adults with mental health diagnosis), etc. all collaborate on these programs. Career Track staff work closely with the Pregnant and Parenting Teen Program through our local Intermediate Unit, and with the Foster Care Youth through JusticeWorks Youth Care program.

Employment is addressed across the categoricals via collaboration on many of the above mentioned projects/activities.

Employment from the perspective of AI BDHP:

- **Employment Council** - The Armstrong-Indiana Administrative Entity continues an Employment Council that meets quarterly. The purpose of this council is to discuss current ODP Employment initiatives, and provide a forum for employment providers to exchange

information and feedback. In addition to the AE and employment providers some of the other participants on this council include SCOs, OVR, schools, and residential providers. Because of the rapidly changing ODP and OVR regulations, this meeting is essential to keep everyone up to date.

- **Citizens Advisory Committee** – Our ID Coordinator is an active member of the (New Castle Region) OVR CAC for Armstrong, Beaver, Butler and Lawrence Counties. Armstrong County is an outlier for this OVR office and we are working hard to keep communication and services beneficial in our counties.
- **Collaboration Efforts** - We are currently working with OVR and the Armstrong School District in a joint effort to ensure all students and families are educated on employment services after high school. This collaborative is in the beginning stages. There have been many changes within OVR and ID employment services. It is important for families to understand the system before their loved one graduate.

Housing:

ICDHS and the categoricals are aware of the housing needs throughout Indiana County. Each categorical is represented on the Indiana County Housing Consortium. This is a 35 member coalition whose goal is to work on and address homelessness and housing issues throughout the county. Veterans homelessness, low income housing, affordable and safe housing, fair housing, housing for those with D&A issues and/or for those with mental health issues, and for those who have been incarcerated all have been discussed and have been an issue that the group has focused on, or has collaborated on in the past and/or working on at the present.

Through collaborative efforts of many from this group, the Indiana County Veterans' Community Gardens came to fruition in 2015. Indiana County's Veterans' Community Gardens is a permanent housing project. This project includes 5 one bedroom apartments and 1 two-bedroom apartment. The goal is to fill this with veterans experiencing homelessness. Each apartment is fully furnished and has a private entrance. A community room and laundry facility is on-site.

From the Housing Consortium, another group formed in 2015 that is called Veteran's Providers Group. This group supports veterans and their families in the county by sharing resources and information to help this population of our county. As mentioned above, employment and housing services for Indiana County are part of those needs. A local church donated a house in order to offer an emergency homeless shelter, Veteran's Parsonage, for veterans. The Parsonage is used as a "transitional" housing option while the veterans explore other resources. The Parsonage, The VA, as well as the HAP programs have been a referral source to the Veteran's Community Gardens.

Indiana County low-income families, experiencing homelessness, with children under the age of 18, can be referred to Family Promise of Indiana County, an Interfaith Hospitality Network. Family Promise brings the faith community together to help families regain their independence and their dignity. The program provides shelter, hospitality and case management services to their guests. Family Promise also provides transitional housing for qualified families in Indiana County. In addition, Family Promise opened Beyond Shelter February 15, 2017 where individuals and families are able to come and purchase common household products, hygiene items, cleaning items, etc. at an extremely low cost. Clients across systems can be referred to the store. To date the store has served 15 individuals and 31 families. It has sold 1357 products!

The Indiana County Community Action Program has a PATH Housing Liaison that reaches out to mental health consumers in the county. She visits the local Drop In Center several times per month, and attends the local Community Support Program meetings on a monthly basis to connect homeless services with mental health consumers.

A gap that is identified in the system and is being looked at by Indiana County's Criminal Justice Advisory Board (CJAB) is the need for released inmates to get into stable housing. Representatives from the categoricals sit on the CJAB. Often times criminal records keep people from entering the shelter or obtain housing through the Housing Authority of Indiana County HUD programs. This is to be an on-going effort by the many agencies in attendance at CJAB. Unfortunately, we were not able to get a Certified Peer Specialist to work in Indiana County Jail as of this date. AI BDHP began this idea in Armstrong County, but it is having difficulties getting operational. Changes are being talked about at the federal level that may ease up regulations for people with felonies making it easier for them to access housing.

Another gap that continues is the size of the Emergency Shelter in Indiana County. Some potential clients do remain on a waiting list at times throughout the year particularly when the weather is much colder. The Emergency Shelter staff members do try to work with other shelters to find accommodations, but often the families or individuals will not leave this area. Another option is coming in January 2018 with the start of the coordinated effort of openings across Pennsylvania for people experiencing homelessness. The shelter is located about 10 miles outside of Indiana, so transportation can be an issue. We are not in a position in Indiana County to relocate or remodel this existing structure due to lack of funding.

The Emergency Shelter brought an issue to light at our Housing Consortium meeting. With the opioid abuse across the county, the shelter staff are seeing an increase in active drug use among their clients, which of course, is against the rules. This poses risk/danger to the other residents, both adults and children, and to the staff. On May 31, 2017, ICDHS, AICDAC, AI BDHP, members of the Housing Consortium, SpiritLife, a residential drug treatment facility, and Indiana County Community Action Program met to discuss what can be done across the systems to help with this issue. AICDAC agreed to do more interagency training for human services staff members. SpiritLife has started a new Outreach Program to provide follow up phone calls for everyone begin discharged from the facility. SpiritLife added that each person leaving the residential facility has an After Care Plan. This plan details what each person should follow up with to continue treatment. ICCAP will be able to ask for the After Care Plan from people looking to enter the Emergency Shelter. AICDAC added that each person leaving a residential facility should be getting set up with a case manager.

Some other opportunities for housing are emerging. The Sober Living halfway house with 6 male beds is opening in the nearby community of Coral, PA. Another agency, Conewago, is expanding. Its original residential treatment facility with 24 male beds in Indiana, PA will transition into a halfway house. A second location opening in Blacklick, PA later this summer will have 72 beds for detox/rehab/long term recovery. In addition, there was a discussion between ICCAP, AICDAC, and AI BDHP for possible housing ICCAP may be able to offer to assist with housing needs for dual-diagnosed individuals. This population has a difficult time maintaining stable housing.

Housing from the perspective of AI BDHP:

Collaboration with Local Community Organizations

The Armstrong-Indiana Behavioral and Developmental Health Program has a long standing history of developing and maintaining collaborative agreements with local community/human service agencies. These partnerships are crucial to providing the best overall care of those with mental health, intellectual disabilities and early life developmental challenges. It is through these partnerships that several creative and successful initiatives have been developed and implemented to help consumers overcome and eliminate barriers that many consumers experience involving service and housing access. The main housing partnerships that have been created and maintained in each county stem from collaboration with the Armstrong County Homeless Advisory Board and the Indiana County Housing Consortium. These groups bring all of the various housing providers (including each county's Housing Authority), service providers, and human service agency leads to the table. As each county presents its own unique challenges in developing and maintaining safe and affordable housing options, each agency partner also brings unique expertise

and funding resources to make those options possible. The following are a few examples of activities and initiatives of each group:

- Establishment of a homeless program using PHARE dollars
- Fair Housing training
- Prepared Renter Program (PREP) training
- Local landlord workshops/education
- Development and implementation of behavioral health housing plans

Along with the above initiatives to better the housing services/options for individuals of our two counties, active work has been done to improve the overall coordination of and access to outreach services. A key in this effort has been the employment of our Behavioral Health Housing Liaisons/PATH Case Managers in each county. These staff, who also serve as our lead PATH personnel, have been working to improve the coordination efforts between housing services and drug and alcohol services, justice related services, and behavioral health services (including crisis and mobile medication services). Through their work with our consumers and families, they ensure that those in need of these services are linked to them. They have also worked to educate the outreach based service providers such as crisis, as to what emergency housing options are available. The consumers, in turn, have received comprehensive care and support while addressing their housing situations. These supports help to alleviate and eliminate some of the barriers to accessing housing. In addition to providing open and ongoing education and communication with service providers in the area, the housing liaisons/case managers also provide community education about our PATH program, as well as other housing programs available in the counties.

Another recent initiative that has improved the coordination with outreach teams is the newly formed Behavioral Health Senior Care Task Force, which was formed in early 2017. The task force, which serves both Armstrong and Indiana Counties, is focused on improving the collaboration and communication between senior care providers in our catchment area. The task force exemplifies the willingness for many agencies to collaborate to drive improvements. The members of the task force are experts in providing service to the elderly population and represent agencies such as our Community Action Programs, our behavioral health crisis provider, Aging Services, mental health providers, the AIBDHP and the Armstrong-Indiana-Clarion Drug and Alcohol Commission to name a few. Current areas being addressed include improving relationships between local physicians and behavioral health care providers, providing outreach to individuals and their families as to how to access behavioral health services, providing possible education and training to personal care/nursing home care staff, developing a better system for crisis planning/management, and improving assessment tools aimed at identifying mental health symptoms in the elderly population. Providing education and training will most likely be the first things to be accomplished by the task force.

Along with local partnerships and attendance at local meetings, the AIBDHP also participates in various Health Choices committees with our managed care organization, Value Behavioral Health of Pennsylvania. By having representation on committees such as Physical Health/Behavioral Health, Member's Oversight, Clinical Advisory and Quality Management (to name a few), the AIBDHP is able to expand our system collaboration to include our MCO and surrounding counties. This has enabled our office to expand our service network which enables our consumers/families to access needed services that our counties do not offer.

To summarize the AIBDHP's strong collaboration with other local organizations, a partner agency list is provided below. The list represents Human Service Agencies, the Criminal Justice System, Employment Services, Behavioral and Physical Health Care, Drug and Alcohol Services, Veteran

Services and Client Benefit Services. Through this network, our PATH clients are able to access a wide array of services to address their needs.

- Department of Human Services and Office of Mental Health and Substance Abuse Services
- Aging Services
- Probation and Parole Services
- Public Defender Services
- The Armstrong/Indiana/Clarion Drug & Alcohol Commission
- Local D&A Providers
- Local Mental Health Providers
- Local Developmental Disability Providers
- Office of Vocation Rehabilitation
- Career Link
- Career Track
- The County Assistance Offices
- Veteran Services
- County Planning and Development Programs
- Social Security Administration
- The Armstrong and Indiana County Jails
- Indiana Regional Medical Center
- Armstrong County Memorial Hospital
- Indiana Regional Medical Center
- Physical Health Care Providers
- Open Door Crisis Program

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) was established in 1969 by the Commissioners of Armstrong and Indiana Counties. This local collaborative arrangement was created in accordance with the provisions of the Mental Health and Mental Retardation Act of 1966 and the Mental Health Procedures Act of 1976 to assure that the mandated services, as outlined in the Acts, are available to the constituents of Armstrong and Indiana Counties. For the 2017-2018 Fiscal Year Armstrong and Indiana remained non-participating block grant counties.

Administrative Functions – AIBDHP is the administrative entity for Armstrong and Indiana Counties and performs the following functions on behalf of the counties:

- A. Management of Funds included in the Block Grant** AIBDHP manages all Mental Health (MH) Community Base Funds, Behavioral Health Services Initiative (BHSI) Funds, and Intellectual Disabilities (ID) Community Base Funds.
- B. Administrative Entity Operating Agreement** AIBDHP holds the contract with DHS and the Office of Developmental Programs (ODP) to act as the Administrative Entity conducting the administrative functions of the Consolidated (CMS #PA.0147) and Person/Family Directed Support (P/FDS) (CMS #PA.0354) Waivers for individuals and Waiver participants with intellectual disability residing in Armstrong and Indiana Counties. AIBDHP intends to continue to comply with and perform all the duties and functions that are outlined in the Administrative Entity Operating Agreement.

- C. Management of HealthChoices** The program contracts with Southwest Behavioral Health Management (SBHM) in all matters related to the HealthChoices program for Armstrong and Indiana Counties.
- D. Management of Service Provider Contracts** AIBDHP obtains, prepares and monitors the MH and ID contracts with provider agencies.
- E. Monitoring and Oversight** AIBDHP staff provides program oversight and monitoring as regulated and required by the appropriate Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP).

a) Program Highlights: (Limit of 6 pages)

- *The Program Highlights for FY 2016-2017 year begins with the successful completion of Priority #3, expansion of the Mobile Medication Program to Indiana County.* The Mobile Medication Program is an expansion of the service started in Armstrong County. This voluntary program serves individuals age 18 years and older with a Serious Mental Illness (SMI). A Licensed Practical Nurse (LPN) provides education and information to consumers and their families about medication, the side effects of medication, and the importance of taking medications as prescribed. Program staff also helps coordinate care between physical health care providers, behavioral health care providers and pharmacies to ensure that all treating personnel are aware of medications the other is prescribing. This helps avoid duplication, drug interaction and overall coordination of care. As consumers participate in this service they are more often taking medications as prescribed, are recognizing side effects and are able to manage their medication supplies.
- *The next highlight to note is the successful start-up of the Behavioral Health Senior Care Task Force which was FY2016 - 2017 Priority #5 -* The first meeting of the Behavioral Health Senior Care Task Force took place on Dec 6 2016. We had a very successful first meeting with a total of 24 participants who attended either in person or via phone. The group has been meeting monthly since then with an average attendance of 10-15. There is representation from both counties and usually includes the AAA offices, hospital staff, base service units, housing, crisis provider, PA Link, physician group and others. The task force is not a duplication of any existing elderly task force, but is a specialized and experienced group who hopes to offer behavioral health guidance and support to the AAA offices, family members/care givers, nursing homes, personal care homes, and the individuals we work with. We have developed three Committees to better address each of the priorities that the Task Force has identified which are 1) Education needed for: Clinicians, Consumers, Families, Home Health Agencies, Nursing Homes, and Personal Care Homes, 2) Coordination between PCP and Behavioral Health Provider along with Screening and Assessment Tools and 3) Advocacy to address regulatory and legislative issues related to senior care. In addition to working on our priorities we have guest speakers and provide updates related to the implementation of Community HealthChoices. The Task Force will continue to meet in FY 2017-18.
- *The third highlight for FY 16-7 is the hiring of a Clinical Care Manager at the AI BDHP office.* The Armstrong and Indiana County Commissioners supported the proposal from AI BDHP to create a new position that could focus on the individualized needs of consumers with ongoing complex behavioral and life care needs. The position was filled in Dec 2016. Since then the Clinical Care Manager (CCM) has been assessing and coordinating the clinical care for consumers who are identified in one or more of the following groups: 1) being discharged from psychiatric inpatient or state hospitals; 2) admissions to Long Term Structured Residence or any other long term care facility; 3) at risk for multiple inpatient readmissions;

4) Seriously Mentally Ill (SMI) consumers experiencing reoccurring acute episodes; or 5) a member of a priority or special needs population (i.e. Intellectually Disabled, Aging, Forensic, etc.) who present with complex behavioral health, medical and/or other life care needs. The CCM works with the individual to assess their current needs and desires then coordinates with all the necessary case workers, physicians, Value Behavioral Health staff, family members or others that may be involved with the individuals care to provide input, troubleshoot problems and assist with placement issues. This person centered approach has been very well received and we anticipate that the service system communication and cross system collaboration building will provide great benefit to the consumer through sustained tenure in the community, medication compliance, and improved quality of life.

- *The fourth highlight for FY 2016-17 is the creation of Behavioral Health Quality Management Coordinator (BH-QMC).* Although this is not a new position within our agency this position has taken on a new title and role. We recognized the need to have a position dedicated to working on developing quality management initiatives, especially as we continue to learn more about Pennsylvania DHS's paradigm shift from volume based to a value, outcome based purchasing model. We want to be proactive in working with Value Behavioral Health, Southwest Behavioral Health Management and our provider network in matters related to compliance reviews, contract monitoring, quality improvement, data analysis and report development. One of the first projects completed by the BH-QMC was a quality and compliance monitoring review of the base service units in each county. The review focused on the overall functions of the BSU, as indicated in the Pennsylvania Code, as well as assessment of the complete intake process. This resulted in positive feedback and areas for consideration. Comparable to the CCM, we believe that this position will also yield great benefits through providing overall system improvements and more effective decision making for consumers and providers alike.
- *The fifth highlight for FY 2016-2017 is related to ODP's "Communities of Practice: Supporting Families throughout a Lifespan" grant approval.* AIBDHP's Regional Collaboration with Butler and Beaver Counties for the ODP \$5,000 grant, "Communities of Practice (CoP): Supporting Families throughout a Lifespan", was approved by ODP. The collaboration plans are to utilize the funds for regional trainings. The first training was held on November 7, 2016 on the topic of social capital. Cathy Ficker Terrill was the presenter. Ms. Terrill is a Senior Advisor for the Council on Quality and Leadership (CQL). The Regional Collaborative is also working with Cathy Traini at ODP on a quality management training for providers early next year. Within Armstrong and Indiana Counties, future plans include using some of the funding to develop more support for families and caregivers. There are also plans to collaborate with Alliance for Nonprofit Resources on a quarterly newsletter that will be sent to all ID individuals registered in our program. The Collaborative continues to remain excited about this opportunity as the system seeks to find the balance between regulations and compliance and being person centered and lifespan focused.
- *The sixth and final highlight for FY 2016-2017 is the implementation of the Children, Youth and Family Services Permanency Initiative in Armstrong County.* A three day Permanency Round Table training was held at Armstrong County Children, Youth, and Family Services (CYFS) for the new CYFS Permanency initiative. Armstrong County CYFS approached AIBDHP about participating and being a member of its new Permanency Round Table. AIBDHP's Child and Adolescent Service System Program (CASSP) Coordinator and ID Coordinator were trained, along with various other child serving agencies to be Permanency Consultants during the monthly round table meetings that began in January 2017. This is a collaborative effort with the various child serving agencies where ideas are discussed to develop strategies for the purpose of enhanced permanency for children. This initiative was

funded by a Casey Family Grant. The Round Table consists of professionals in different fields (for example – MH, ID, Probation, Salvation Army, PA State Wide Adoption Network, etc.) working together with a goal of establishing permanency for children in Armstrong County that are aging out of CYFS services

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

A wide array of recovery-oriented behavioral health services are offered to residents of Armstrong and Indiana Counties. The following bullet points highlight strengths of services available for the target populations indicated, as well as brief descriptions of unmet needs or gaps:

Older Adults (ages 60 and above)

Strengths:

- As previously mentioned, AI BDHP formed a Behavioral Health Senior Care Task Force which began meeting in December 2016. The mission of the task force is to work on improving concerns related to prescribing, compliance and management of medications, coordination of care between behavioral health and physical health, emergency room assessment, engaging family support, exploring housing options and obtaining stability in the community for individuals aged 60 and above in need behavioral health services in Armstrong and Indiana Counties.
- Southwest Behavioral Health Management (SBHM) has developed a Community HealthChoices training series, “Becoming a Geriatric Competent Clinician”. The goal of this initiative is to create a network of clinicians who have the skills and knowledge base to serve the older adult population that as of January 2018 will be covered under HealthChoices. This training series which will run from July – October 2017 involves in-person workshops as well as webinars and conference calls.
- In preparing for the start of Community HealthChoices a “kick-off” training event will be taking place on June 12. This event sponsored by Southwest Behavioral Health Management is entitled “What it Means to Grow Old.” The presentation will provide an overview of aging issues including: normal physical and cognitive changes that accompany aging, understanding the behavioral presentation of age-related changes, and psychiatric issues of aging. The development of the Geriatric Competent Network will be detailed and the training plan for qualified clinicians will be reviewed. This training is opened to all Mental Health Administrators, SCA’s, Aging Directors, MH and D&A Provider Agencies, MH and D&A Clinicians within Armstrong, Butler, Crawford, Lawrence, Indiana, Mercer, Venango, Washington, and Westmoreland Counties.
- AIBDHP participates on the Indiana County Elder Abuse Task Force. This task force was initiated through the Indiana County’s District Attorney’s office to facilitate and train professionals such as bank staff and medical personnel who are in constant contact with senior citizens on how to identify and report cases of potential fraud and abuse; and educate the public about elder abuse and how to prevent and report it. The Indiana County District Attorney’s Office and Aging Services coordinate an annual event, “Scam Jam 2017 for Older Adults” was held on May 9, 2017.
- AIBDHP participates in the local Personal Care Home Risk Assessment Committee. This team brings Department of Human Services licensing staff together with local mental health/intellectual disabilities providers and other human service agency staff to monitor the personal care boarding homes in the area, identify problems within the homes and with residents, create ideas to improve the care of residents within the homes and provide communication and collaboration between local agencies regarding individual consumers.
- In Indiana County, the Indiana Regional Medical Center (IRMC) offers an inpatient unit specializing in treating adults 55 and older in need of psychiatric inpatient services.

- Annually, memorandums of understanding (MOU) agreements are renewed between AIBDHP and Armstrong County Area Agency on Aging in Armstrong County and with Indiana County Aging Services in Indiana County. These MOU's affirm the collaborative working relationship that exists between our systems that support the older adults in need of services and explain the procedures for accessing adult protective services.

Needs:

- The Behavioral Health Senior Care Task force has Identified the following priorities that we will be working on :
 - Education needed for: Clinicians, Consumers, Families, Home Health Agencies, Nursing Homes, Personal Care Homes and PCP's covering a host of topics such as how to access services, understanding mental illness and dementia, mental health wellness, medication management, overcoming stigma, depression and suicide, and understanding durable power of attorney.
 - Coordination between PCP and Behavioral Health Provider is needed - How do we reach PCP's? This population may have multiple doctors. How do we coordinate? Understanding the important role of the PCP for Seniors
 - Screening and Assessment - What tools are being used? Who is using them? Can a standardized tool be used? Are they effective? How does mental health stigma impact a senior's response?

Adults (ages 18 and above)

Strengths:

- Armstrong County and Indiana County have very active Community Support Programs (CSP) which meets monthly. Based on the input from the CSP membership, various speakers and informative presentations are offered throughout the year. This includes projects in both counties to recognize Mental Health Awareness Month and annual Focus Groups to provide input for the Human Service Plan.
- As discussed in the highlights section, the Mobile Medication Program is now available in both Armstrong and Indiana County. This in home service works with SMI individuals age 18 years and older to provide education and information to consumers and their families about medication, the side effects of medication, and the importance of taking medications as prescribed. The LPN also helps coordinate care between physical health care providers, behavioral health care providers and pharmacies to ensure that all treating personnel are aware of medications the other is prescribing.
- Through a new reinvestment plan the Psychiatric Assessment Liaison Services at Indiana Regional Medical Center were expanded from only 8 hours per day to 16 hours per day. When a patient presents to the emergency department they are assessed by the emergency room nurse and then the Assessment Liaison. The Assessment Liaison is responsible to complete the face to face assessments, work with the individual, family members/significant others and emergency room physicians, to ensure the proper disposition is completed to either an appropriate level of outpatient or inpatient treatment services.
- Monthly accountability meetings have been established between C/FST supervisory staff, the HealthChoices ombudsman and AIBDHP's Behavioral Health Quality and Care Management Coordinator. The purpose of these meetings have been to address consumer concerns identified through the C/FST Problem Resolution process, ensure provider action plans are being followed through in a timely manner and to provide an avenue for continued quality improvement and oversight of the team's operation. The team will also be focusing on conducting more face to face interviews with consumers and family members.
- Indiana Regional Medical Center Behavioral Health Services has established the Indiana County Behavioral Health Consortium. On November 9, 2016, the Indiana County Behavioral

Health Consortium provided a forum for educating provider agencies and the public about behavioral health and drug and alcohol services provided in Indiana County.

Needs:

- Currently no emergency homeless shelter is available for Armstrong County residents.
- In both counties it is difficult for individuals or heads of households with a serious mental illness and who have credit issues, a criminal history, drug & alcohol issues, or past landlord concerns to secure housing.
- In Armstrong County the Section 8 list is very long and consumers would like more housing options
- Transportation continues to be ongoing need that was expressed at both focus groups and through CFST feedback. Some of the needs identified include:
 - In both counties several participants voiced the need for a bus route that operates at all hours to the hospital in order to accommodate mental health emergencies
 - Bus routes to Indiana and Pittsburgh would increase access to social and recreational opportunities.
 - More buses to West Kittanning and other areas for shopping
 - Assistance with car repairs to ensure that they could get to work or social activities
 - Extended bus routes to Homer City, Cherry Tree and Lucerne Mines would improve their lives.
- Even though the Medical Assistance Transportation Program (MATP) is accessible in both counties for getting to scheduled medical appointment, concerns were expressed that the MATP guidelines are too strict. It is not a customer-friendly service and additional funding is needed to reduce restrictions to usage.
- There is a need for Psychiatric Rehabilitation to be recognized as an in plan service so that MATP could provide transportation for this service.
- New this year - Several participants cited the need for organized recreational activities with peers, family-centered activities at low cost, and information about scheduled events in their local communities.
- There was also a request for more funding for recreational activities at the Drop-In Center.
- As the supply of inpatient psychiatric beds continue to decrease in both community and state hospitals the demand or need for inpatient beds continues to exist. When community inpatient psychiatric beds are not available, this impacts how long individuals wait in emergency rooms for admission.
- There is a need to re-establish NAMI groups in both counties
- There is a shortage of Psychiatrists locally. This is impacting both Outpatient and Inpatient facilities. Providers are requesting that regulations be reviewed to allow physician extenders to be used to meet the service demands of the outpatient clinics.

Transition-age Youth (ages 18-26)

Strengths:

- To address the needs of the Transition-Age Youth (TAY) the Child and Adolescent Service System Program (CASSP) case workers and Adult Services staff work closely on a case by case basis to transition young adults from child/adolescent services to adult services. Because of this close working relationship many youth have been able to successfully move into adult levels of care and independence seamlessly.
- Pennsylvania's Projects for Assistance in Transition from Homelessness (PATH) Program has chosen the Transition Age Youth population as a target for services over the next few years.

- AIBDHIP Staff are participating on a workgroup to oversee the implementation of TAY Peer Support Services for the Southwest Six counties (Armstrong, Indiana, Butler, Lawrence, Westmoreland, and Washington)

Needs:

- Despite the PHARE and PATH Programs and our own Mental Health residential services being available, there still exists a gap in accessible housing for TAY in both counties. There is housing support available through the Housing Support Liaisons at each Community Action Program; however, there is very little safe, affordable and accessible housing. While adult CRRs are available, often times, young adults have very different needs than those older adults who traditionally reside in those facilities.
- Having a CRR (Community Residential Rehabilitation) Host Homes located within our two counties would be very beneficial for this population. All of the homes currently available to our TAY are outside our two counties and this causes a hardship for families when they lack transportation.
- Another issue that frequently impacts the TAY is the inability to establish residency in a county either due to family no longer allowing them to use their address or no family involvement after discharge from a long term placement. Without an established address to determine residency the TAY may become ineligible for medical assistance or other benefits.
- Transportation is a need for transition age youth, especially for those who live in rural areas and those who cannot drive and/or afford their own vehicles. Transportation is closely tied into the lack of housing options as most of the transportation is provided in the more urban areas. While housing might exist, it is often very expensive and out of the income range of young adults who have a limited income.
- Specialized life skill building services are a need for the transition age youth in both counties. These services would work with the individuals to teach or refresh their skills in such areas as cooking, cleaning, budgeting, and activities of daily living. Additional services that are needed include renter assistance and education, employment opportunities, educational assistance and social skill building services.

Children (under 18)

Strengths:

- Foundational to providing children's behavioral health services in both Armstrong and Indiana Counties are the use of Child and Adolescent Service System Program (CASSP) principles and Family Group Decision Making in our local service delivery system. Currently, AI BDHP employs a CASSP Coordinator and two CASSP Caseworkers. On average, 45 Armstrong County children and 70 Indiana County children per month receive CASSP coordinated mental health services.
- Another long standing behavioral health service has been the Student Assistance Program (SAP). The SAP MH Liaisons are responsible for providing services to all schools within Armstrong and Indiana Counties as defined by the SAP State guidelines. The responsibilities depend on the individual needs of the school and may include:
 - Providing mental health pre-assessments of students within the school setting when deemed appropriate, with signed parental consent
 - Aiding the family in accessing appropriate mental health services within the Community
 - Providing on site emergency assessment and crisis intervention when needed
 - Providing postvention services when needed
 - Providing assistance to schools, families and students in regard to types of services, appropriateness of referrals, availability and accessing mental health and community services

- The Educational Advocate Program, which was implemented in FY 2015-16, currently has two individuals who have been trained and are ready to start working directly with parents. We will be continuing this program in FY 2017-18 in order to train additional parents. The educational advocates assist families in understanding special education laws, support families in educational decisions, and advocate for their children to ensure that they have the best educational plan in place. In its first year this program assisted over 170 families in working with their schools.
- There are currently two Site Based Autism Programs available in Indiana County. The Site Based Autism Program (Endeavor) was created to meet the needs of children with limited functional communication skills, limited independence, limited socialization skills, aggressive tendency toward adults, and self-injurious behavior. The other Site Based Autism Program (Crossroads) has been serving children who are able to effectively communicate their wants and needs through some form of communication, are able to participate in a group setting, and who possess basic self-help skills.
- There are four providers who offer Targeted Mobile Therapy.
- Multisystemic Therapy (MST) continues to be utilized as a preventative service for Indiana County Children, Youth and Family Services (CYFS). In the event that Indiana County CYFS does not open a case with a family within the 60 day intake assessment and the identified child with criteria for MST, then a child could be referred to MST without CYFS having an open case with the family.
- School Based Outpatient Mental Health Treatment Services are available to school districts in Armstrong and Indiana Counties. Through a Request for Proposal (RFP) process licensed Psychiatric Outpatient Clinics submitted applications to implement and manage school based mental health treatment services for students enrolled in any interested school districts in Armstrong and Indiana Counties. Based on the submissions a “pool” of licensed outpatient clinics are offered as choices to interested Armstrong and Indiana School Districts. All the school districts in Indiana County have either begun offering School Based Mental Health Outpatient or have initiated the process to select a provider. There is one school district in Armstrong County that has just begun that process.
- Within the AIBDHP office the CASSP staff work collaboratively with the Intellectual Disability staff and the Early Intervention staff to address the needs on shared difficult cases and also to discuss transition planning.
- Armstrong County CYS initiated the use of Casey Permanency Roundtables in FY 2016-17. This professional case consultation process supports the county caseworker and expedites permanency for the young person reviewed. It also helps make improvements and positive systemic change to the child welfare system our CASSP Coordinator and our ID Coordinator are going to be a part of the Armstrong County Core Team. They participated in all the necessary trainings put on by Casey Family Programs and the Statewide Adoption Network (SWAN). The trainings provided an overview of the Permanency Roundtable process and core values.
- Opportunities for weekend respites along with financial assistance for children to attend summer programs are available for children and families enrolled in on going services and are appropriate for skill development and wellness needs.

Needs:

- A system wide need that has been identified by behavioral health professionals and providers is a lack of child psychiatrists in our counties.
- We are increasingly being impacted by the lack of qualified BHRS staff. Providers are unable to find qualified staff and or licensed BSC's. When this occurs children often have to wait for long periods of time before services can be offered.

- There is also a need for longer term specialized residential treatment for children who are not being accepted by traditional RTF programs due to their acuity. These children often end up in inpatient facilities for long periods of time because they are unable to go home and no RTF will accept them.

Individuals transitioning out of state hospitals

Strengths:

- Our Permanent Supportive Housing Program operates under the Housing First model and provides intensive in-home services to individuals 18 years of age or older who are able to be discharged directly from a state hospital into their own apartments/homes. The program includes such things as money management, social skill building and life skill building. Also included in the program is support for employment and transportation to recovery based services.
- Our counties use the Consumer Support Planning (CSP) Process for all individuals receiving care at Torrance. This process provides a comprehensive method of discharge planning that includes input from the consumers, family members and the clinical team at the State Hospital. Multiple meetings are held to complete a thorough discharge plan that is consumer driven while collecting input from all interested parties. The CSP is to be a live document/tool that the consumer can use after they transition to the community as well.
- The Base Service Unit (BSU) /CHIPP Liaisons housed at the Family Counseling Center of Armstrong County and the Community Guidance Center in Indiana County are responsible for following each resident receiving care at Torrance State Hospital. The liaisons work closely with the treatment staff at Torrance as well as the AIBDHP Clinical Care Manager to monitor consumer progress, continue/strengthen communication between all parties, and plan for successful discharges back into the community.
- AIBDHP continues to work the both Torrance State Hospital and the local County Assistance Office (CAO) staff regarding discharges from Torrance State Hospital to ensure that benefits are activated the day of discharge or shortly thereafter. Previously, consumers would sometimes have to wait as long as 30 days for their Medical Assistance coverage to begin covering the costs of treatment, and medication. If notified 15 days prior to discharge, the CAO's can initiate the application and ensure benefits resume upon discharge.
- Mobile Medication Program, which is available in both Armstrong and Indiana Counties, provides medication monitoring and education to people in their own homes. The program is available to those individuals discharged from Torrance State Hospital. The mobile medication nurse ensures consumers have the medication they need and continue to take the medication as prescribed. The nurse also collaborates with physical health providers ensuring good continuity of care between physical health and behavioral health. The goals of the program are to achieve medication management independence and reduce the need for inpatient hospitalizations. This service will be available to adults who are age 18 years and older. The program can also act as a diversionary tool helping consumers reduce multiple community inpatient stays that can lead to more restrictive, longer term treatment placements such as the state hospital.

Needs:

- Develop more MH enhanced personal care homes for those who cannot successfully live independently in the community due to a mental health condition and medical issues.
- In-home behavioral specialist consulting (Adult BSC) for those with SMI and TBI who exhibit concerning behaviors that make them unable to live in more independent housing.
- ACT or CTT to initially support an individual stepping down from a long term setting into the community. The goal is to provide intensive support for a brief time to someone who may have been institutionalized for a long period of time, like many of those we have at Torrance.

- Life skills education and real life training to provide individuals with the skills they need to achieve independent living.

Co-occurring Mental Health/Substance Use Disorder

Strengths:

- D&A staff participate in monthly hospital meetings facilitated by AI BDHP staff.
- Joint staffing meetings are held between our primary Mental Health (MH) outpatient clinics and drug & alcohol (D&A) providers in both Armstrong and Indiana Counties. They work together to provide a comprehensive plan of care for those individuals with MH and D&A co-occurring disorders. They have agreements with each other to open the lines of communication and now discuss treatment in a complete manner versus treating one diagnosis first and then the other. In cooperation and consent with the consumer, video conferencing is used to conduct the joint D&A and MH staffing sessions.
- The local Armstrong/Indiana/Clarion D&A Commission received a grant that now provides mobile case management.
- Certified Recovery Specialists work in the hospitals to conduct assessments for consumers in need of D&A services.
- Our local crisis provider, The Open Door, also provides drug and alcohol services. This is a unique partnership that will allow someone accessing crisis services through telephone, mobile or walk-in the availability to have mental health and substance abuse needs assessed.
- The Armstrong County Behavioral Health Drop in Center location is also a meeting site for NA weekly evening meetings.

Needs:

- Housing opportunities that are safe and affordable for those with MH and D&A issues. It is very difficult to find landlords who are willing to work with this population due to concerns over drugs, death, and/or destructive behavior.
- MH/D&A inpatient beds that can treat both issues simultaneously and then having true MISA services and collaboration in community to support individuals with dual needs.
- Regulations need to be changed to allow dually licensed (MH/D&A) services to be provided for Co-occurring consumers.

Justice-involved individuals

Strengths:

- The AIBDHP has supported offering training to local law enforcement and court-related personnel in hopes of providing more education and insight into mental illness and how it affects the day-to-day lives of our consumers and family members.
- Crisis Intervention Team training has been provided to law enforcement/court personnel in both of our counties. This includes CIT training for Veterans. Overall, the training has been very well received and attended. It is estimated that 25% of all enforcement/court related personnel have received CIT training.
- The district magistrate offices, local police departments, local sheriff offices, local jails, district attorney offices, and the Pennsylvania State Police have participated in various meetings with AIBDHP staff.
- Along with CIT Training, law enforcement/court-related personnel have also attended Mental Health First Aid Trainings (adult and youth) offered in our counties.
- AIBDHP has also provided detailed training on the Mental Health Procedures Act to the law enforcement/court-related staff in each county.
- Indiana County has accessed the state's competency evaluation process for some local inmates.

- Our behavioral health housing liaisons/PATH case managers have been developing working relationships with the local jails, state correctional facilities, and local probation and parole offices. The liaisons have successfully case managed a number of individuals who have found permanent housing and have accepted behavioral health/human service assistance.

Needs:

- Continued CIT, MH First Aid, and MH Procedures training for law enforcement and court-related personnel.
- Independent housing for those with criminal histories, including housing opportunities and landlord education
- Employment programs/opportunities for individuals with criminal histories for training/retraining, skill building, and local employer relationship building and education to help encourage employers to hire individuals with mental illness who also have criminal histories.
- Improved coordination, collaboration, and communication with local and state offices of Probation and Parole, including education for both MH staff and probation and parole officers.

Veterans

Strengths:

- Indiana County Veteran's Affairs Office is an active participant in the Indiana County Suicide Task Force and that a representative from there sits on the STF's Intervention Committee.
- AIBDHP collaborates with local veteran services through the Armstrong County Homeless Advisory Board and the Indiana County Housing Consortium. At these meetings, housing opportunities and treatment programs are shared with agency staff so that the needs of the veterans and their families can be best served.
- A new VA Health Care Outpatient Clinic opened in Indiana which provides not only physical health primary care services but also mental health services
- Our local law enforcement/court-related personnel have participated in Veteran Crisis Intervention Training offered in our counties.
- Our local MH Providers are more than willing to serve Veterans

Needs:

- The Office of Veteran's Affairs has identified the need to have a program or a staff person who can help individuals outreach to the Veteran's population to educate them about available services and to try and overcome stigma associated with needing and getting help.
- More collaboration is needed between the VA system and the private and public sectors
- Long term MH treatment options at the VA Centers to avoid state hospitalization. It is not uncommon for the VA to deny long term treatment services saying that individuals are too acute for their care. This results in the AIBDHP having to look at placing the individual at Torrance if an appropriate diversion is not available. Fortunately, we don't see a large number of veterans who require extended treatment, but it does happen.

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

Strengths:

- Some of our providers have had staff attend cultural competency trainings to better understand and meet the needs of the LGBTQI population. Specialized support groups are also being offered.

Needs:

- LGBTQI individuals that participated in the consumer focus groups indicated that they experience discrimination trying to get supports in the community.
- There is a need for ongoing educational opportunities. These trainings should be made available to our community stakeholders and providers so they can become more aware of the issues faced by LGBTQI persons as well as on ways to become more welcoming and affirming to all persons.

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

Strengths:

Individuals with limited English proficiency

- In Armstrong and Indiana County, interpreter services are available to assist with communication difficulties for those with behavioral health challenges who also have a lack of proficiency with the English language. Services are currently available through the AIBDHP's partnerships with our local ARIN Intermediate Unit 28 and the Indiana University of Pennsylvania. Services are arranged and provided on an as needed basis.
- Our Behavioral Health/PATH Housing Liaisons work with individuals to identify their unique needs then links them with resources according to their interests and backgrounds.
- Armstrong and Indiana Counties are participating in a regional HealthChoices reinvestment plan to develop a Deaf and Hard of Hearing (DHH) Treatment Center. The Regional Center will be a cross-county specialized outpatient facility to meet the mental health treatment needs and supports of DHH individuals in both their home and community settings.

Needs:

- As with the previous target population there is a need for ongoing educational opportunities. These trainings should be made available to our community stakeholders and providers so they can become more aware of the unique issues faced by our consumers that would be considered minorities, as well as on ways to become more welcoming and affirming to all persons who differ from us.
- Our counties frequently serve individuals from the Amish and Mennonite Communities. Providers need to be sensitive to the strongly held beliefs and practices of these consumers.

Other - Traumatic Brain Injury

Strengths:

- Our Clinical Care Manager will work with a TBI consumer on a case by case basis to try and connect them with the supports that they may need.

Needs:

- Local diversion options to help TBI population stay in the community such as specialized TBI inpatient beds.
- Specialized housing for those with Traumatic Brain Injuries and/or more funding through COMCARE to help support this population
- In-home behavioral specialist consulting (Adult BSC) for those with SMI and TBI who exhibit concerning behaviors that make them unable to live in more independent housing.

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

c) Supportive Housing:

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

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

1. Capital Projects for Behavioral Health			<input 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
Housing Opportunities Units	HealthChoices Reinvestment	0	\$80,000	0	2-5	2-3	10 yr		17-18

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	0	\$52,000	0	2-5	0	0	0	17-18

3. Master Leasing (ML) Program for Behavioral Health 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	0	\$42,000	0	5	0	0	0	17-18

4. Housing Clearinghouse for Behavioral Health 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

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
	BHSI	\$68,080	\$68,000	68	70			2.5	
	CMHSBG	\$22,551	\$0	"	"			1	
	Base/County	\$46,671	\$69,551	"	"			"	
	CHIPP	\$34,150	\$35,000	2	2			1	
	PATH	\$58,031	\$65,000	48	55			2	
	HC Reinvest	\$51,255	\$81,885	50	75			2	2013

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
	PATH	\$2,572	\$10,000	1	4			\$2,500	
	HC Reinvest	\$5,003	\$25,000	8	10			\$2,500	2013

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 Conversion s planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

Priority #1 Peer Support Best Practices Model Development

Narrative

Since 2012 the use of Certified Peer Specialists (CPS) in Armstrong and Indiana has continually been increasing. For 16-17 there were 294 individuals receiving this level of care in our two counties. The Armstrong-Indiana Behavioral and Developmental Health program is supportive of this service, our four providers, and the 46 CPS's. Our ongoing challenge has been trying to justify the utilization of the service with measurable outcomes. All of the providers have examples of how beneficial peer support is or has been to someone in recovery, but these benefits have not yet been able to be quantified so as to support the increased cost of this service which has made us an outlier for this level of care.

In an analysis conducted by Value Behavioral Health, the MCO for the Northwest 3 and the Southwest 6, looking at claims data between 2007 and 2013, it showed that the cost of CPS services in Armstrong and Indiana counties is higher when compared to other counties in the southwest and northwest regions of the state. In a recent review performed by Southwest Behavioral Health Management, using 2016 data, it was determined that we are not only outliers in utilization for the western region but also for the state.

AIBDHP has been working with our providers keeping them abreast of these findings and in February of 2016 we held a Peer Support Services Summit in which we brought all of the Peer Support Providers together to review the data, discuss the service and solicit their input on management of utilization and on program quality and standards. These were productive discussions that gave us useful insights into how the service is being utilized and how providers assess the amount of service provided and what performance assessment tools are being used.

Because Peer Support continues to be a significant cost driver for the HealthChoices program for Armstrong and Indiana Counties we believe that it is necessary to explore this level of service more thoroughly. Therefore AIBDHP and SBHM have engaged the services of HPW Associates to conduct a study of the peer support services in Armstrong and Indiana Counties. The purpose of this study will be to analyze the current CPS Services, outcomes and costs and compare this to other identified national models. This comprehensive study will include focus groups for CPS consumers, interviews with CPS Supervisors and agency directors, along with current data analysis.

The results of this review will be used to determine an Outcomes Model for Peer Support Services that will include: 1) the essential components of CPS and 2) data elements that can be used for measuring CPS effectiveness and outcomes.

Action Steps/ Timeline:

Target Date	Activity	Person(s) Responsible
April 2017	HPW Associates, LLC engaged to conduct consulting services.	HPW, SBHM, AIBDHP
April 2017	<ul style="list-style-type: none"> o Inform CPS providers about the project o Encourage participation in the interviews and in providing access to data 	AIBDHP
May – June 2017	<ul style="list-style-type: none"> o Conduct literature review o Summarize results 	HPW
June – July 2017	<ul style="list-style-type: none"> o Develop interview schedule and conduct face-to-face interviews with representatives from Armstrong-Indiana Program (AIBDHP) and representatives from each of the four CPS providers including their supervisors. o Review current structure for measuring CPS outcomes and any data gathered through this process. 	HPW, AIBDHP, CPS providers
June - July 2017	Conduct Consumer Focus Groups	HPW
June – July 2017	Provide data file of claims for analysis	SBHM, HPW
July – August 2017	Develop draft of final report to include outcome measures and outcome measurement plan for review	HPW
July – August 2017	Review draft report and provide comments	AIBDHP, SBHM
August 2017	Final Report Issued	HPW
August or September 2017	Hold meeting with CPS Providers to review final report and model implementation	AIBDHP and SBHM

Fiscal and Other Resources:

HealthChoices administrative funds will be used to fund this project. Interviews will be scheduled in locations convenient for the CPS providers and CPS's to avoid any unnecessary travel expenses.

Tracking Mechanism:

HPW will be providing progress updates to SBHM and AIBDHP. Additionally as this information becomes available AIBDHP will inform the AIBDHP Advisory Board and Providers as appropriate. A meeting will be held with the CPS Providers when the final report is issued to review findings and discuss next steps.

Priority #2 Transportation Solutions Workgroups

Narrative

As identified previously in the Adults Needs section of this plan, transportation continues to be an ongoing need that was expressed at both county consumer focus groups and through CFST feedback. Some of the common needs identified are: bus routes that operate at all hours of the day to the hospital in order to accommodate mental health emergencies; bus routes to increase access to social, recreational and shopping opportunities; assistance with car repairs to ensure that they get to work or social activities; and bus routes to more remote areas of the counties.

Additionally concerns were raised related to the Medical Assistance Transportation Program (MATP) which is accessible in both counties. Concerns were expressed that the MATP guidelines are too strict, it is not a customer-friendly service and additional funding is needed to reduce restrictions. There is also a need for Psychiatric Rehabilitation to be recognized as an in plan service so that MATP could provide transportation for this service.

Because these are ongoing concerns that have been raised during previous and recent focus groups, AIBHDP will be forming Transportation Solutions Workgroups in each county. The purpose of these workgroups will be to look for solutions for the transportation issues raised. Participation for the workgroups will be solicited from local transportation providers, MATP, consumers, AIBDHP and any other stakeholder wanting to assist with these solution-focused groups.

Action Steps / Timeline

Target Date	Activity	Person(s) Responsible
September 2017	<ul style="list-style-type: none"> o Draft memo to announce the creation of the workgroup o Contact transportation providers to request participation o Discuss participation during CSP meetings 	AIBDHP Administrator and Staff
October 2017	Hold initial Workgroup meetings in each county	AI BDHP Administrator and staff and Workgroup members
November 2017 – June 2018	<ul style="list-style-type: none"> o Workgroups meet as determined by each group o Priorities / Projects identified o Timelines established 	Workgroup members

Fiscal and Other Resources

There will be no costs associated with the start-up of the workgroup. Future endeavors may require the need to seek grant/funding resources available from outside funding sources.

Tracking Mechanism

Meetings will be held to develop the workgroups and determine priorities and projects. The AI BDHP Administrator will be monitoring the activities of the workgroups. Additionally updates will be provided to the AIBDHP Advisory Board and as appropriate at Provider meetings.

Priority #3 Armstrong – Indiana Housing Opportunities Project

Narrative

Armstrong and Indiana Counties like many counties in the Pennsylvania are faced with difficulties in providing affordable housing for individuals with behavioral health disabilities. Research has clearly shown that securing and retaining safe, affordable housing is an essential component in maintaining long-term stability and community tenure for individuals struggling with mental health disorders. This is further supported through the concerns raised during our consumer focus groups and are noted in the Adults Needs Section of this plan. In order to help assist individuals with this struggle AIBDHP will be working with the Housing Consortiums in each county to develop additional housing opportunities.

Indiana County - Working with Private Housing Providers

This Housing Opportunities Project will use strategies developed by Diana T. Myers & Associates, Inc. from a document entitled “Ten Ways to boost Housing Opportunities / Working with Private Housing Providers.” We will be working with Private Housing Providers in Indiana County as a way to increase access to safe and affordable housing. The Indiana County Housing Consortium has developed a relationship with the landlords by providing workshops annually. It is our plan to work with this group to develop a pool of landlords, property managers or realtors that will be willing to rent to behavioral health consumers in need of housing and who may also have been involved in the criminal justice system. The Indiana County Community Action program (ICCAP) which is the Indiana County LHOT will act as the single point of contact for Consumers and Landlords. This arrangement will provide a neutral party for both the consumer and landlord to utilize for addressing any issues that may occur as

well as a means for the consumer and landlord to gain confidence in the new rental arrangement which has been formed.

Armstrong County - Emergency Housing Sites

AIBDHP partnered with the Armstrong County Community Action Agency, the Armstrong, Indiana & Clarion Drug and Alcohol Commission, and Armstrong County Children & Youth Services to develop a plan which was originally funded through the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Program. The group created eight site locations that serve as emergency housing options for consumers utilizing the previously identified services. All the basic essentials are provided for residents for a period of 60 days. During that time intensive case management services are to be provided by each partnering agency to assist the residents in locating safe and affordable housing options. Because these housing sites have been so successful the group has decided to continue with utilizing these sites and if funds permit expand the number of available sites.

Action Steps / Timeline

Target Date	Activity	Person(s) Responsible
June 2017	<ul style="list-style-type: none"> o Approval of HealthChoices Regional Housing Plan received o Notify each county of approval of plan 	AIBDHP/ SBHM AIBDHP Administrator and Housing Coordinator
June 2017	<ul style="list-style-type: none"> o Meet with the Indiana County Consortium Committee on Special Needs Housing o Meet with Armstrong County Community Action 	AIBDHP Administrator and Housing Coordinator Indiana Housing Consortium Committee Armstrong County Community Action Director and Housing Staff
July 2017, October 2017, January 2018, April 2018	<ul style="list-style-type: none"> o Meet quarterly to monitor progress of projects 	AIBDHP Administrator and Housing Coordinator Indiana Housing Consortium Committee ICCAP Armstrong County Community Action Director and Housing Staff Housing Liaisons from each county

Fiscal and Other Resources

A regional Mental Health Permanent Supportive Housing Program HealthChoices Reinvestment plan was recently approved. These reinvestment dollars will be used to fund the previously described housing opportunities for eligible HealthChoices behavioral health consumers in Armstrong and Indiana Counties. CHIPP, PATH or Base MH funds may also be used as appropriate and needed.

Tracking Mechanism

Because of the number of entities involved with this priority multiple systems will be monitoring this project. Each of the housing consortiums will be reporting to their stakeholders. Additionally AIBDHP fiscal staff will be reviewing each invoice submitted for reimbursement of this reinvestment plan. Annually a reinvestment plan is submitted to OMHSAS to monitor the progress of the plan and use of the funds. AIBDHP will be providing ongoing updates to our Advisory Board.

4. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input type="checkbox"/>	<input type="checkbox"/> County <input 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input 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 (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/Joinder? (Y/N)	Current Number served in the County/Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y	2	Tenure in current housing situation	Agency & County	Quarterly	N	N	Individualized program
Supported Employment	Y	34	Competitive Employment, Independent living, self-esteem	Agency & County	Annually	N	N	Include # Employed 1
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	2,162	Peer Reviews	Agency	Weekly	N	Y	This figure includes multiple providers of this service. One is a Crisis program. They indicate that 87% of all calls are Co-occurring
Illness Management/Recovery	Y	40	1. Psycho Education 2. Medication Use	Agency	Annually	N	Y	Group
Medication Management (MedTEAM)	Y	368	Outcomes & Show rates	Agency	Weekly	N	Y	
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	13	Adelphi	Agency	Annually	Y	Y	
Functional Family Therapy	N							
Family Psycho-Education	Y	32	1. Adult Adolescent Parenting Inventory (AAPI) 2. Nurturing Skill Competency Scale	Agency		Y	Y	Justice Works Nurturing Parent Program

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	738	
Family Satisfaction Team	Yes	140	
Compeer	No	0	
Fairweather Lodge	No	0	
MA Funded Certified Peer Specialist	Yes	294	
Other Funded Certified Peer Specialist	Yes	5	
Dialectical Behavioral Therapy	Yes	85	
Mobile Meds	Yes	45	
Wellness Recovery Action Plan (WRAP)	Yes	29	
High Fidelity Wrap Around	No	0	
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	134	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment of Depression in Older Adults	Yes	61	
Competitive/Integrated Employment Services**	No	0	Include # employed
Consumer Operated Services	Yes	245	
Parent Child Interaction Therapy	Yes	13	
Sanctuary	Yes	0	One agency is currently certifying
Trauma Focused Cognitive Behavioral Therapy	Yes	16	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	5	
First Episode Psychosis Coordinated Specialty Care	No	0	
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)]

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	46
Number Full Time (30 hours or more)	27
Number Part Time (Under 30 hours)	19

INTELLECTUAL DISABILITY SERVICES

Continuum of Services

AI BDHP offers a broad array of services and supports to meet the needs of county residents with intellectual disabilities. There are currently 690 open cases between the two counties. Of these individuals 271 are receiving services funded through Consolidated Waiver, and 188 are receiving services through Person/Family Directed Support (P/FDS) Waiver. The remaining 231 consumers are receiving services through Base funding or are waiting for services.

Of the 231 individuals who have open cases with base funded services, 142 of those individuals receive only Supports Coordination Services and 89 individuals receive Supports Coordination, Transportation, and/or Home and Community Based Services.

Listed below are services received by individuals through Base funding. Individuals avoid significantly higher level costs by utilization of Base funds. Most of the families who have their family member residing with them would be forced to place their family member in a residential facility if these services were not made available to them. Some individuals, who reside in an apartment by themselves, would be unable to maintain their current living arrangement without the services and supports made available by these Base funds.

- *Family Aide* - Provides in home help to individuals/families, doctor visits, etc.

- *Home & Community Habilitation* - Provides supports and in-home training to individuals.
- *Family Living/Residential Habilitation Unlicensed* - Provides residential services to individuals in a home setting.
- *Community Homes* - Provides residential services to individuals in a group home setting.
- *Community Habilitation/Adult Day Programs* - provides Adult Day Programs/community outreach services to individuals.
- *Transitional Work Services* - Provides work/job training/experience for individuals in a community setting.
- *Pre-Vocational Services* - Provides vocational training to individuals in a sheltered setting.
- *Transportation* - Provides transportation to programming and other services.
- *Supported Employment* - Provides community employment in an integrated work situation. This service provides increased employment opportunities for individuals.
- *Companion Service* - Provides direct care/supervision to individuals.
- *Behavioral Support* - Provides direct care/supervision to individuals.

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	16	Less than 1%	12	Less than 1%
Pre-Vocational	29	Less than 1%	22 (Community Participation)	Less than 1%
Adult Training Facility	8	Less than 1%	22 (Community Participation)	Less than 1%
Base Funded Supports Coordination	231	33%	250	36%
Residential (6400)/unlicensed	3	Less than 1%	3	Less than 1%
Life sharing (6500)/unlicensed	2	Less than 1%	2	Less than 1%
PDS/AWC				
PDS/VF			2	Less than 1%
Family Driven Family Support Services: Family Aide, Home and Community Habilitation,	82	12%	50	7%

Companion, Behavior support, Transportation)				
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Supported Employment:

- **Current Services**

- In Armstrong and Indiana Counties we have two long standing, established providers who are very well respected and active in the communities in which they operate. The Progressive Workshop of Armstrong County (PWAC) has been in existence since 1968 and ICW Vocational Services, Inc. (ICW) has been operating since 1971. Although each agency is very unique in its approach to employment services and what is available to the consumers they serve, both offer a variety employment experiences including pro-vocational services, supported employment and transitional employment.
- PWAC currently has 13 individuals receiving Supported Employment Services with a job coach. This job coach works with individuals until they are fully trained and need less assistance to complete their job tasks and become competitively employed. These individuals will continue to receive Supported Employment supports as needed. This is dependent on each individual needs ie: 2 times weekly, 2 times monthly. As individuals become more independent in completing their job tasks the on-site supports will be reduced until they become competitively employed.
- PWAC currently has 50 individuals in Transitional Work Services (will be Small Group Employment in the new waivers). Some individuals work on different crews throughout the week while others may only work on one crew. There are 2 Lawn Crews, 1 Shredding Crew, 2 Cleaning Crews that clean at 7 different sites, 1 Recycling Crew, and a Retail Shop Crew.
- The Retail Shop Crew was started in May 2017 through a partnership with HAVIN Shelter. PWAC manages and runs the HAVIN Second Chance Shop 6 days a week. 15 individuals are training and learning the retail business, all scheduled on different days of the week.
- Other PWAC transitional work sites include: Janitorial Services at Harvest Church, helping at the Salvation Army with various tasks, helping at a Co-Op farm in Worthington, and assisting with activities at Nursing Homes in the Kittanning area.
- PWAC currently has 106 individuals receiving Pre-Vocational Supports (will be community participation in the new waivers) at two different sites. The jobs vary; some are piece rate jobs while others are janitorial, kitchen and wood shop jobs. While working on learning important job skills the individuals also learn soft skills related to working in the community. This varies from group discussions on job skills, activities focused on skill building and socialization opportunities.
- PWAC recently opened The Adult Achievement Center to address the needs of young adults who are in need of skills that will help them achieve independent living and/ or employment. The program creates a positive environment where individuals with developmental disabilities have opportunities to build their knowledge utilizing a multi-tiered curriculum, plus hands on experiences to reinforce newly learned skills. This enables individuals to build upon their current competencies in Life Achievement Skills and Educational Achievement Skills.
- ICW supports 7 individuals through supported employment, 60 through transitional work (will be Small Group Employment in the new waivers) and 75 in pre-vocational services (will be community participation in the new waivers).

- ICW utilizes twenty (20) community Transitional Employment Training (TET) sites to place individuals one or two days per week, for a period of eight to twelve weeks. This Transitional Employment Training will continue to give ICW Employment Services staff the opportunity to evaluate work abilities in a less “threatening” and permanent manner.
 - ICW recently opened the Steps to Success day program. This new program is specially designed to provide employment education to those individuals who have graduated or are preparing to graduate and are working toward the goal of employment. The Vocational/Employment consists of class based training (Workplace Readiness Training) and community integrated training (Volunteer Work Experience). Workplace Readiness Training provides individuals with knowledge needed to find and maintain competitive integrated employment. Curriculum includes interview skills, job readiness, job-seeking skills, HR practices, and other skills needed to become “workplace ready”. Curriculum includes measurable performance objectives and lesson plans. Volunteer Work Experience in a community integrated setting provides individuals with experiences in various areas of interests in integrated community businesses or settings. Individuals are provided with several Volunteer Work Experiences to fully experience a variety of career opportunities. Upon completion of each experience, the Transition Services Coordinator, Job Developer and/or Job Coach will complete an evaluation of the individual to be reviewed by the Team.
 - We also have other providers (NHS Human Services, Kaleidoscope, CCABH, VTDC, LARK Enterprises, Passavant, Lifestyles, Goodwill and KEB) that provide employment services. Providers currently providing pre-vocational services will be providing Community Participation next year.
- **Other Employment Activities/Initiatives Planned**
 - **Employment Council** - The Armstrong-Indiana Administrative Entity continues an Employment Council that meets quarterly. The purpose of this council is to discuss current ODP Employment initiatives, and provide a forum for employment providers to exchange information and feedback. In addition to the AE and employment providers some of the other participants on this council include SCOs, OVR, schools, and residential providers. Because of the rapidly changing ODP and OVR regulations, this meeting is essential to keep everyone up to date.
 - **Citizens Advisory Committee** – Our ID Coordinator is an active member of the (New Castle Region) OVR CAC for Armstrong, Beaver, Butler and Lawrence Counties. Armstrong County is an outlier for this OVR office and we are working hard to keep communication and services beneficial in our counties.
 - **Collaboration Efforts** - We are currently working with OVR and the Armstrong School District in a joint effort to ensure all students and families are educated on employment services after high school. This collaborative is in the beginning stages. There have been many changes within OVR and ID employment services. It is important for families to understand the system before their loved one graduate.
- **Changes in County Practices**
 - Armstrong Indiana AE is working with providers of supported employment and Small Group Employment to search for job opportunities. Areas of focus will be: responding to job advertisements in the local newspapers, internet job sites, help wanted announcements at local businesses and visiting local businesses to advertise Supported Employment Services.

- Individuals, Job coaches, Program Specialists and Support Coordinators will discuss and keep each other informed of who is interested or have shown the ability to move from Transitional Work Services/Small Group Employment to a Supported Employment position. We will be addressing individual's vocational needs by developing outcomes that pinpoint their specific skill deficit and help to maximize their optimum level of independence in completing job tasks to move them towards jobs in the community.
- We will begin implementation of Community Supports as required for all individual's attending the workshop.
- We will be looking for more referrals to increase our enrollment to serve our community. We want to assist individuals in becoming active members of their community; while helping them achieve their optimum level of independence and lead happy productive lives.
- **ODP Assistance Needed**
 - Receiving timely OVR determinations continues to be an ongoing problem especially in Armstrong County. Some assessments have taken over 1 year to complete. OVR continues to have a manpower shortage and lack of providers available to complete the assessments. Having the new employment geared day programs will assist in individuals not sitting at home waiting for their OVR determinations BUT it is delaying individuals from getting employment services such as supported employment and small group employment. We find that once an individual starts a day program, they may be less willing to leave that program for employment at a later time. Ideally our goal would be to provide employment services immediately after graduation

Supports Coordination:

- **Overview of Supports Coordination in Armstrong-Indiana**
 - The AE utilizes 4 Supports Coordination Organizations (SCO) which provides individuals a choice of providers.
 - All intakes are completed by an independent provider agency. AIBDHP has contracted with a conflict free agency (Alliance for Non-Profit Resources) that provides mobile intake assessments. This means that intakes can be conducted at the consumer's home or in the community if the individual or family is unable to get to either of the intake offices. Intake offices are located in both Armstrong and Indiana Counties. In addition to gathering all intake paperwork and assessing for eligibility, this position will be handling all annual recertifications, verifying continued eligibility and conducting community outreach on behalf of the AIBDHP ID department at local schools and community events. The creation of the standardized intake process has been extremely beneficial for our consumers and families.
 - AIBDHP sponsored a County Wide Supports Coordinator Training that took place on December 13, 2016. This training was led by Jennifer Duggan of the Advocacy Alliance and focused on Incident Management and required reporting. The new EIM system was also reviewed. All four SCO Units that work with AIBDHP participated in this training. We are hoping to provide another training opportunity like this in FY 17/18.
- **Natural Supports**
 - The AE, through the Communities of Practice Collaborative with Butler, Beaver and Lawrence counties, has held multiple trainings for SCOs and providers to begin approaching services in a different way than we have in the past. To highlight, on November 7, 2016 our Communities of Practice collaborative invited Cathy Ficker Terrill to train our SCOs and providers on "The Importance of Outcomes- Especially Social Capital in the Lives of People". In order to develop social capital, people need time and

space to connect, a means to effectively communicate and an opportunity for participation. Cathy focused on quality of life measures, connecting people to their local community and understanding an organizational change from the typical service model of Medicaid funding. We are no longer jumping straight to paid services for support. We are using the Life Course framework to identify community supports that can be life-long. SCs have been trained in the Life Course material by Nancy Richie and ODP. Our next steps will be to help the SCs use this knowledge and paperwork to start work with families.

- At monthly meetings with our SCO supervisors we discuss new community supports they have found and we share this information.
- The LINK shares community information that is passed along to SCOs.
- On an ongoing basis the AE reviews ISPs for inclusion of natural supports.
- AE staff is always available to participate in team meetings to discuss services.
- **Waiting List Planning**
 - **Waiver Capacity Management (WCM) Committee** – Monthly the AE meets with the SCO supervisors to discuss vacancies, review current individuals in the queue, review the Emergency PUNS list and discuss Priority Lists. Prior to the meeting the SCO Supervisors meet with their staff to determine a priority list to be presented to the WCM. These priority lists are compiled from the information known about individuals aging out of CYS, EPSDT services, probation services, graduating seniors, elderly caregivers, individuals at the PFDS cap, and individuals who are in need of base funds. This transparent process allows for an open and fair practice for determining utilization of available waiver capacity.
 - Support Coordinators are encouraged to complete Life Course framework for individuals on the waiting list.
- **ISP Community Integration**
 - The AE Waiver coordinators review ISPs checking for inclusion of natural supports. Currently, the AE is training the SCOs monthly (during a unit meeting) on various outcomes to prepare for community participation and employment.
 - Quarterly SCO meetings – During quarterly SCO meetings the AE discusses any issues discovered during the review of ISP's
 - We are looking into the possibility of working with Early Intervention and using the Life Course Framework at a younger age.

Lifesharing Options:

- **Supporting the growth of Lifesharing / Expansion ideas**
 - We continue to have a large Lifesharing program in our counties. There are currently 33 individuals being served in this capacity. This number is generally static. We do not have new individuals moving into Lifesharing at this time.
 - The AE strongly supports the growth of this option and has encouraged this over the years however the individuals enrolling into the waiver are not able to have their needs met in Lifesharing.
 - Families being able to provide Lifesharing in the new waiver could be an area of growth for this program.
 - Our ID Coordinator frequently participates in the Lifesharing Statewide Coalition meetings.
 - Lifesharing is discussed at each annual review ISP with individuals and families.
- **Lifesharing Barriers**
 - The main barrier that exists is that there has been no new waiver capacity identified for Lifesharing.

- Another barrier that has been identified is the difficulty that exists if a Lifesharing family decides to move. Because of licensing and the time involved in getting approval of a new home, this is a hardship for a family that has to keep two homes going until all requirements have been met.
- Our current Lifesharing providers are getting older and some are beginning to experience health issues.
- **ODP Assistance Needed**
 - Consideration to allocating new waiver capacity specific to Lifesharing would assist us in expanding this service.
 - Consider reviewing regulations and licensing requirements for Lifesharing homes related to moving or relocating.
 - Assistance with an expedited review for the Promise application when a move is necessary

Cross Systems Communications and Training:

- **Increase Capacity for Individuals with Multiple Needs**
 - NHS Human Services provides the Dual Diagnosis Treatment Team (DDTT) services in Armstrong and Indiana Counties. The DDTT consists of a team that includes a Psychiatrist, Pharmacist Consultant, Behavioral Specialist, Program Director, Registered Nurse and Recovery Coordinator. Eligibility criteria for the DDTT consists of being over the age of 18; be an Armstrong or Indiana County resident; have an MH and ID diagnosis; frequent hospitalizations/crisis involvement; or require step down, transitional services to the community from a higher level of care. Referrals are made to the AIBDHP Office and then sent to NHS.
- **Collaboration with Schools**
 - AIBDHP works with our local ARIN Intermediate Unit (IU) and attends the Transition Council meetings.
 - The AE is collaborating with OVR and the Armstrong School District to ensure all transition aged children are educated on OVR and ID employment services.
 - With the creation of our new mobile intake position the flexibility is now there for the intake worker to work directly with the schools. The intake worker has been attending ISP's when requested and other events at the schools such as the Family Outreach Fairs and the Back to School Nights. We are seeing some very positive working relationships developing.
 - The ID Coordinator met with all school psychologists to review eligibility requirements and necessary documentation periodically. This will need to be reviewed again as the inclusion of autism is added to our program.
- **Collaboration with CYS / Aging / Mental Health / Other Community Resources**
 - Part of the responsibilities of the independent mobile intake position is to engage the consumer and/or families in discussion about their needs. Based upon these discussions, the intake worker then has the unique opportunity to make a referral to another service or provide information about other resources that may be available to them.
 - **CYS – Armstrong County** started a Permanency Roundtable Multi-Disciplinary Team through a Casey Family Grant to revisit and address the permanency needs of presented children/youth who have not achieved permanency. We work with a goal of developing and implementing concrete action steps to achieve permanency. The group meets monthly and consists of professionals from mental health, intellectual disabilities, CYFS, Salvation Army, Holy Family, SWAN and probation to name a few.

- **CYS – Indiana County** is currently reviewing their MDT process and we will be a willing and active participant in whatever they decide to do.
- **Area Agency on Aging** – AI BDHP works closely with the Area Agency on Aging offices in both Armstrong and Indiana Counties on OBRA cases or other cases that require a joint effort. We are providing more services in nursing homes than ever before to make sure all of the individuals needs are met.
- **Behavioral Health Senior Care Task Force** – AI BDHP formed a Behavioral Health Senior Care Task Force which began meeting in December 2016. The mission of the task force is to work on improving concerns related to prescribing, compliance and management of medications, coordination of care between behavioral health and physical health, Emergency Room assessment, engaging family support, exploring housing options and obtaining stability in the community for individuals aged 60 and above in need behavioral health services in Armstrong and Indiana Counties.
- **Mental Health Services** – As indicated previously the DDTT is available to assist with individuals that are dually diagnosed and have frequent inpatient hospitalizations. In addition our AE has worked extensively to bring knowledgeable Behavioral Support providers into our counties. This has helped our residential and in home providers to maintain individuals in their community placements.
- **Clinical Care Manager Position** – In December 2016 AI-BDHP hired a Clinical Care Manager (CCM). The CCM is responsible for assessing and coordinating the clinical care needs for consumers identified in one of the following groups: 1) being discharged from psychiatric inpatient or state hospitals; 2) admissions to a long term care facility (i.e. LifeCare and extended acute care units); 3) at risk for multiple inpatient readmissions; 4) Seriously Mentally Ill (SMI) consumers experiencing reoccurring acute episodes; or 5) a member of a priority or special needs population (i.e. **Intellectually Disabled**, Aging, Forensic, etc.) who present with complex behavioral health, medical and/or other life care needs. The CCM has begun to assist the ID staff with complex cases.
- **Hospitals-** The Indiana Regional Medical Center employs a Psychiatric Assessment Liaison Coordinator in the Emergency Room and the ID department has frequent collaboration and communication with this position. It has been extremely helpful to have a contact person to manage individuals in the emergency room as we have a difficult time finding them inpatient treatment options. We also attend the Joint Hospital meetings as needed for collaboration.

Emergency Supports:

- **Emergency Capacity**

- Generally for an ID individual identified as being in a non-medical emergent situation, their needs would be assessed by a supports coordinator, the Waiver Capacity Committee, or the AE ID Coordinator. Then depending on their current emergent need and their existing living status a determination would be made as to what action would be taken.
- If the individual does not have a safe place to go and no waiver capacity is available we would Base fund the individual at a respite site in order to protect their health and safety. A respite placement might be at a Community Living Arrangement (CLA) home, Lifesharing and/or a personal care home. Some additional options for this scenario are possibly a homeless shelter with supports or in certain circumstances a domestic violence shelter such as the HAVIN or The Alice Paul House could be utilized.

- If the individual lives in their own home, apartment or family home and health and safety are assured, we could support them through either initiating or increasing home and community habilitation or companion services if a residential placement or respite was not available. We could also utilize services such as increased Supports Coordination monitoring and non-paid natural/community supports.
- When warranted ODP will be notified of the emergency need.
- **Does your county reserve base funds to meet emergency needs?**
 - Yes, Base funding is utilized when needed to protect the health and safety of an individual in an emergency situation. As previously identified in the Emergency Capacity section we would Base fund the individual at a respite site or temporarily increase in home supports if appropriate in order to protect their health and safety. If no emergency Waiver capacity is available, the AE would continue to use Base funding to provide services to keep the individual safe.
- **Emergency Response Plan**
 - *In the event an emergency occurs outside the normal work hours, the following protocols are followed depending on the type of emergency.*
 - Any medical emergency would be addressed in the nearest Emergency Room, 7 days a week, 24 hours a day. We work very closely with the ERs in both counties. If needed they contact the on call SCOs 24 hours a day, 7 days a week. If additional assistance is needed they contact the AE ID Coordinator.
 - In the event an emergency happens after hours and there are no identified medical needs, 911 emergency centers would contact our 24 hour on-call Supports Coordinator available for each county. If the problem cannot be resolved or if further authorization is needed the AE ID Coordinator is contacted.
 - If there is a community member in need of emergent services outside the normal work hours there is a 24/7 telephone and mobile Crisis services available. The Crisis workers are trained to direct the caller to an appropriate contact or if appropriate dispatch mobile crisis to the setting where the individual is located.
 - *In the event an emergency occurs during normal working hours:*
 - Any medical emergency would be addressed at the nearest Emergency Room. We work very closely with the ERs in both counties. If needed they can contact the appropriate SCOs or AE ID Coordinator.
 - If there is no identified medical need the provider agency, family or any community member is educated to contact the consumer's Supports Coordinator. If the problem cannot be resolved or if further authorization is needed the AE ID Coordinator or a member of the AE ID staff is contacted.
 - If appropriate an emergency team meeting would be organized to develop a plan to address the individual's needs and/or the Waiver Capacity Committee could be convened via conference call to make a placement determination.
 - For behavioral health emergencies 24/7 telephone and mobile crisis services can be accessed in Armstrong and Indiana County. Walk in Crisis Services are also available 8:00 AM – 6:00 PM Monday through Friday and on Saturday and Sundays Noon through 6:00 PM in Indiana. The Crisis workers are trained to direct the caller to an appropriate contact or if necessary dispatch mobile crisis to the setting where the individual is located. *After hour protocols are identified in the first Emergency Response Plan bullet point.*
- **24/7 Telephone and Mobile Crisis services are available**
 - As indicated in the previously listed procedures Armstrong-Indiana does off 24/7 telephone and mobile crisis services.

- Mobile Crisis Staff receive ongoing individual and group training. Skills for working with and understanding the etiology of individuals who are identified as ID or Autistic is covered in ongoing training. For example, the crisis team recently reviewed the seven stage crisis intervention model developed by Roberts. It can be applied in situations where an individual is diagnosed as ID or Autistic and its interface with the American Association for Emergency Psychiatry Project BETA De-escalation workgroup. The team also had training on the use of non-coercive methods and the negative impacts of restraining.
- The crisis team is currently made up of 15 crisis workers and 1 supervisor. The workers reflect an eclectic background in treatment which includes both ID and Autistic experience. This experience includes work as a group home worker, TSS, behavior specialist and mobile therapist. The Crisis Supervisor's experience includes, early intervention and identification of preschool at risk children (for ID and Autism), a guidance certification (k-12) and specialization in special education service delivery to ID and Autistic students, Behavior specialist experience with both populations, and she was the supervisor of a group home which specialized in behavior management of ID and Autistic consumers that were being de-institutionalized. She also was a case manager for this population and currently assists the Department of Education Office of Dispute Resolution in facilitating IEP's that have behavior plans for this population and mediating cases to assist in determining level of care.
- As noted above, all staff are trained on an ongoing basis and exposed to new research methods and practices.

Administrative Funding:

- **PA Family Network** – We are in contact with our local PA Family Network person centered thinking trainers. They have been involved with our work in the Communities of Practice collaboration.
- **Family Education** –
 - In Indiana County we have a very active ARC. They are a great resource for families that provide information, education, support and networking. Some of the ongoing programs they offer are Parent Transition Group (PTG), Community Disability Awareness Workgroup (CDAW), Parent Mentor Group, Youth Employment Expo, ARC Speakers Bureau, and a resource lending library. We are coordinating having a PA Family Network Trainer present at an upcoming Parent Transition Group.
 - A new resource available for the individuals and families is our independent mobile intake worker. During the intake process the individuals and families have the opportunity to discuss their needs and questions with the intake worker who can then provide them with informational brochures, referral assistance and contacts.
 - Plans are also underway to partner with our intake provider to create a quarterly newsletter which will be distributed to families.
 - The SCs are beginning to use the Life Course Framework.
- **HCQU** – Armstrong & Indiana are part of Milestone HCQU West.
 - Our providers frequently utilize the nursing support, the in home trainings and the sexual behaviors assessments that are available. Additionally because of the arrangement that our HCQU has with Dr. Ruth Myers, we have been able to access her expertise in working with some of our complex cases.
 - Based on the HCQU statistics our counties are the highest utilizers of Intensive Technical Assistance (ITA). As a result we were able to use the data from the ITA's to develop our QM plan.

- We have made several referrals to utilize the “iPad lending program”. We are excited to see how this will help individuals with communication.
- **IM4Q** – Since The ARC of Indiana County is our IM4Q provider we have a close working relationship with them that has allowed us to develop a streamlined process for getting feedback from the questionnaires completed by the individuals. Because of this relationship The ARC is very supportive of adding additional questions to the surveys in order to get important input. We use these additional questions in our Quality Management plan. For the upcoming Quality Management plan (17/19) we are working on questions about satisfaction in employment, OVR services and transportation. In the past we have generated data on employment and emergency preparedness.
- **Increase Provider Competency** – Because of the rural nature of our counties and of the number of tight knit communities in which our families and providers live, we are a very interactive AE that works very closely with our SC’s & Providers. As a result we are able to act relatively quickly in getting necessary supports and/or coordinating resources to support individuals with higher level needs. Some examples of resources used in the past are:
 - Community of Practice and Life Course Framework for natural supports/ Social capital
 - HCQU – ITAs
 - Human Rights Committee to ensure all restrictive plans follow ODPs regulations
 - DDTT
 - Educate on outcomes
 - Education on employment
 - Work with Area Agency on Aging Offices
 - Provider specific Technical Assistance
- **Risk Management** –
 - Incident management is closely reviewed by our Quality Management Coordinator. Once an individual meets criterial (number of incidents) we engage the team to problem solving activities. We have great success by changing the environment of the individual who is struggling.
 - We have a very active Human Rights Committee in our AE. We review restrictive support plans monthly (usually 7-10 a month). We are able to evaluate quality and results of the plans.
 - We provide risk management data from our Quality Management Plan to our Advisory Board members bi-annually.
 - We provide risk management data to providers and stakeholders bi-annually at Quality Management meetings. We struggle to get individual/family involvement.
 - We are encouraging all providers to have risk assessments completed on individuals exhibiting difficult behaviors.
 - Once a risk is identified a plan is developed to mitigate the risk
 - Additional supports will be requested when appropriate
 - The AE staff will assist with the development of a transition plan when needed.
 - A referral to the Dually Diagnosed Treatment Team (DDTT) may be appropriate if the criteria is met
- **Housing** – When housing issues arise the SC contacts the housing authorities for assistance on placement or for problem resolution. Additionally both county community action programs offer assistance for determining eligibility for housing programs and assistance with homelessness.
- **Emergency Preparedness Plan** – currently all our existing providers have emergency preparedness plans developed. These plans are reviewed at provider monitoring. We also offer

Emergency Preparedness education to any individual or family who requests it through the IM4Q surveys.

Participant Directed Services (PDS): PDS is slowly beginning to grow in our counties. The AE has recognized that this is a needed service that gives families and individuals more control over their services and staff. The ID Coordinator attends regional AWC meetings which include ODP, SCOs and providers. This meeting is extremely educational and a lot of information is shared. Education continues at the SCO level and at quarterly Family Support Groups in Armstrong County. For the upcoming year we would like to provide AWC education to families and professionals at the Parent Transition Group. One barrier we face at this time is with educating families. Many families do not attend meetings and are apprehensive of being a managing employer. We are working with our AWC to develop a newsletter to send to all individuals enrolled in our AE. This will include general information about upcoming events and health information from the HCQU. We will also highlight the AWC program and opportunities to learn about the program. Currently, we have had 9 families select Agency with Choice. 4 individuals received VF services for home/vehicle adaptations.

Community for All: For Armstrong and Indiana Counties there are 10 individuals in private ICF/ID's and 1 in a nursing home that are considered annually for community placement. SC's monitor and assess the needs of these individuals. Families are also involved in this process. To date no one has indicated that they want to move from their current placement. If any individual or family decision would change they would be considered for a community placement and transition activities would follow. We had 1 individual admitted into Polk State Center this year. The SC is currently monitoring him monthly and we will work to bring him back into the community as soon as we are able to do that safely.

HOMELESS ASSISTANCE SERVICES

Indiana County Community Action Program, Inc. (ICCAP) is a vital service provider in Indiana County's Continuum of Care, and is designated as the local lead agency for housing in Indiana County. Homeless or near homeless individuals are referred to ICCAP through state or local police, township supervisors, other human service agencies, the faith based community, through the Coordinated Assessment for Homeless Providers and self-referral. From the time ICCAP is notified of a person's homeless or near homeless status a counselor begins to work with them. An assessment is completed to determine eligibility for programs and to meet the client's immediate needs; food, shelter, rental assistance in the form of security deposits and/or rents to move them out of homelessness or past due rent to resolve an eviction. Supportive services are provided along with information and referral to other agencies that may be able to help. ICCAP also maintains a current database of safe, affordable, rental properties in the county for distribution to clients.

ICCAP provides services to assist homeless individuals or those facing eviction in finding and maintaining permanent housing. Services are provided through Pathway, ICCAP'S emergency shelter, Bridge Housing Program, Rental Assistance and Homeless Case Management services. ICCAP also operates a supportive housing program for the disabled, Project PHD. This program and ESG Rapid Re-housing (permanent housing) are funded through McKinney Vento HEARTH Act funds.

ICCAP is a partner of the Indiana County Housing Consortium, which is made up of 35 housing agencies and organizations, who collaborate to combat homelessness. An employee of the Office of Planning and Development is a voting member on the HUD Continuum of Care's Southwest Regional Homeless Advisory Board (RHAB). The ICCAP Executive Director serves on the HUD Continuum of Care's Southwest RHAB, as well as, the local homeless advisory board, the Indiana County Housing Consortium and the local Veteran's Provider's Group. In addition, ICDHS Director and Assistant

Directors have been attending meetings for Southwest's RHAB. The Veteran's Provider's Group meets to discuss issues and resources pertaining to Veterans, including homelessness. One of the churches in Indiana continues to offer a house to help veterans experiencing homelessness have a place to stay while in transition.

Financial Literacy Classes continue to be held once a month. A collaborative developed the Financial Literacy Classes. The Financial Literacy Classes were organized by staff from:

- ICDHS
- Housing Authority of Indiana County
- Family Promise of Indiana County
- Indiana County Community Action Program
- The Care Center of Indiana County
- Alice Paul House
- PA CareerLink Indiana County
- Project Share
- Indiana County Department of Planning and Development
- 5 local banks

Each bank takes certain months out of the year to provide the training. The collaborative agreed that during 2017-2018 classes will continue to be offered in the morning, afternoon and evening to see if this better meets the needs of the clients who are referred to the class.

Clients residing at our Emergency Shelter and Bridge housing are referred to this class by the Homeless Case Managers. The Rental Assistance Program counselor refers clients to this workshop. In addition to this, a few staff members from local agencies are trained in PREP, a course on renter preparedness. This course is offered one time per month. The course has taught clients how to be a good renter, how to read a rental contract, how to understand basic budgeting, how to decide between wants and needs, and how to pay bills in a timely manner. All things needed in order to avoid situations of losing current housing and potentially at risk for becoming homeless. HAP programs also refer clients to this program. HAP programs have been a referral source to Indiana County's Veterans' Community Gardens permanent housing project. This project includes 5 one bedroom apartments and 1 two bedroom apartment. The goal is to fill this with veterans experiencing homelessness. Each apartment is fully furnished and has a private entrance. A community room and laundry facility is on-site.

Indiana County low-income families, experiencing homelessness, with children under the age of 18, can be referred to Family Promise of Indiana County, an Interfaith Hospitality Network. Family Promise brings the faith community together to help families regain their independence and their dignity. The program provides shelter, hospitality and case management services to their guests. Family Promise also provides transitional housing for qualified families in Indiana County. In addition, Family Promise opened Beyond Shelter February 15, 2017 where individuals and families are able to come and purchase common household products, hygiene items, cleaning items, etc. at an extremely low cost. To date the store has served 15 individuals and 31 families. It has sold 1357 products!

A gap that is identified in the system and continues to be looked at by Indiana County's Criminal Justice Advisory Board (CJAB) is the need for released inmates to get into stable housing. Often times criminal records keep people from entering the shelter or obtain housing through the Housing Authority of Indiana County HUD programs. This is to be an on-going effort by the many agencies in attendance at CJAB. Unfortunately, we were not able to get a Certified Peer Specialist to work in Indiana County Jail as of this date. AI BDHP began this idea in Armstrong County, but it is having difficulties getting operational. Changes are being talked about at the federal level that may ease up regulations for people with felonies making it easier for them to access housing. We will have to continue to see how this unfolds.

Another gap that continues is the size of the Emergency Shelter in Indiana County. Some potential clients do remain on a waiting list at times throughout the year particularly when the weather is much colder. The Emergency Shelter staff members do try to work with other shelters to find accommodations, but often the families or individuals will not leave this area. Another option is coming in January 2018 with the start of the coordinated effort of openings across Pennsylvania for people experiencing homelessness. The shelter is located about 10 miles outside of Indiana, so transportation can be an issue. We are not in a position in Indiana County to relocate or remodel this existing structure due to lack of funding.

It appears that our funding levels may be at risk of being decreased for this upcoming fiscal year. It is difficult to surmise if this year's budget will uphold the 15% decrease to HAP funding being proposed. Should this occur, it will no doubt disrupt the amount of assistance we will be able to provide, as well as, the number of people we will be able to serve. HAP will keep the same goals as this year to see if the number of people served can be attained in FY 17-18. Again, this will depend on what the final funding amounts will be.

Bridge Housing:

- Bridge Housing assists homeless clients by providing transitional housing, case management, and supportive services, with the goal of empowering clients to attain the highest possible degree of self-sufficiency. The county owns a building with 4 apartments. The primary objective is to work with parents who have children, who are always the priority, but we have opened this up to couples or individuals needing housing on a case by case basis. This program provides up to 18 months transitional housing. Intensive case management assists the client in providing a self-assessment, goal identification, and a service plan. Case managers facilitate community support services and act as an advocate for clients while also assisting clients with maintaining and assuring compliance of house rules. Documentation and reports are completed in Outcomes Results System (ORS) and include client demographic information, contacts, case notes, referrals, development plans, and outcomes.

Clients seeking Bridge Housing are interviewed by the Shelter Director who assesses household needs. Comprehensive service plans are developed, and the case manager provides a minimum of one hour contact with each client bi-weekly. Continued progress on goals, payment of housing fees, and observance of program standards are the basis for the continued residency. At the conclusion of a client's stay, clients are encouraged to complete an exit interview. A one year follow-up is completed. The ICCAP Board of Directors Program Evaluation Committee annually conducts a comprehensive evaluation of the program, which is used for the basis of annual program review and improvement. Outcomes are measured as follows: 50% of the head of households will obtain employment or attend educational training, job readiness programs, and/or vocational training and 75% will obtain permanent housing. Bridge Housing supervisor completes monthly reports for director of ICDHS who also monitors program. This program continues for the 2017-2018 fiscal year with the goal of assisting up to 12 families or 24 individuals. Annual monitoring was completed at the end of March 2017. Bridge has housed 7 families and 17 individuals as of that monitoring. It also increased average length of stay from an average of 3.38 months to 5.1 months. Bridge also improved at filling the vacant units quicker this fiscal year.

Case Management:

- Homeless Case Management (HCM) is the ongoing coordination with the homeless client or family of all the supportive services needed from the administering agency and other resources in the community to achieve the goal of self-reliance. Objectives include providing HCM to 130 homeless individuals for 2017-2018 fiscal year. HCM assesses household needs and develops service and action plans in conjunction with the client and household; acts as an advocate on behalf of clients; coordinates services among multiple provider agencies; develops linkages with other agencies to coordinate service plan goals as needed; provides ongoing, intensive case management based on the service plans; directly provides supportive services such as transportation, budget counseling, and other needed services when no alternative exists; maintains regular contact and provides 6 month follow-ups; and completes all necessary documentation and reports as required and utilizes the ORS client database.

Potential clients are referred by the domestic violence shelter or the emergency shelter staff. HCM meets with the client to complete a comprehensive needs assessment. Within ten days the goal plan is completed and signed by the case manager and client. This includes individual/family goals and short and long term goals. During the first 30 days, weekly contacts occur. Continual evaluation of progress towards goals is completed using ORS which includes client demographic information, contacts, referrals, case notes, and development plans. Services are coordinated with the housing staff of ICCAP. Supervision is being done by the Shelter Director. In addition to the annual evaluation conducted by the ICCAP Board of Directors Program Evaluation Committee, the Shelter Director monitors case files and progress regularly. Client evaluations are anonymously completed, rating usefulness and quality of service. Monthly reports are completed and given to ICDHS director to monitor program. This program continues this next fiscal year with the outcome goal of 65% of households receiving HCM will have achieved permanent housing.

Rental Assistance:

- This component provides payments for rent and security deposits on behalf of eligible clients to prevent and/or end homelessness or near homelessness. It is projected that 300 individuals will be assisted this fiscal year. Rental Assistance is provided to individuals or families who meet the criteria (200% poverty level) and are homeless or near homelessness. There is a cap of \$1000 per individual and adult-only families and a cap of \$1,500 for families with children. These caps cover a 24 month period from date of first payment. Client receives budget counseling on intake and will be provided information and referral to appropriate services, including the PREP and Financial Literacy Workshops. A 90 day follow-up is completed. All documentation and reports utilize ORS which includes demographic information, contacts, case notes, referrals, development plans, and outcomes. Individuals are referred to Rental Assistance Program (RAP) through ICCAP's HCM, other county human service organizations, or by word of mouth through friends or relatives. The client is screened as to income verification and information necessary to be eligible for the RAP. The client completes an intake, needs assessment, and a service plan with income verification. A workable budget is developed.

The Housing Counselor makes a determination of the household's ability to pay rent after the assistance is provided. The Counselor may initiate contact with the prospective landlord to explain the Rental Assistance Program. The client is given forms for the landlord to complete, verifying their agreement to ICCAP's assistance. Client evaluation forms are anonymously completed. Annual monitoring is completed by the ICCAP Board

of Directors Program Evaluation Committee. Monthly reports are given to ICDHS director to monitor program. This program continues for the 2017-2018 fiscal year with the outcome goal that 65% of households served are able to establish and maintain permanent housing. During 16-17, RAP had less return clients than in previous years.

Emergency Shelter:

- Pathway, Indiana County's emergency shelter program, provides 30 days of shelter in conjunction with supportive services to homeless individuals and families who are moving towards self-sufficiency. The goal is to provide emergency shelter for up to 30 days for 130 individuals for this fiscal year. Support services include information and referral, case management, food, and assistance in obtaining clothing, medical care, and other services as necessary.

Shelter is provided to individuals who meet the following criteria in addition to the Pennsylvania DHS HAP I&R: due to a situational crisis, must not have any other appropriate place to live; family income must not exceed 200% of FPIG; if a member of the household is a victim of domestic violence then that individual must have a current protection from abuse order; if an individual is chemically dependent that individual must be an active participant in an approved rehabilitation program or self-help; must agree to 30 day maximum stay and must be willing to actively pursue alternative housing and work on goals while at the shelter; at least one adult in the household must have a demonstrated capacity for independent living; and former Pathway residents are considered on a case by case basis. Clients complete an exit interview upon leaving Pathway. ICCAP's Board of Directors Program Evaluation Committee completes an annual evaluation and discusses outcomes with Shelter Director. In addition, monthly reports are sent to ICDHS director to monitor. This program continues with the goal of 65% of the 130 individuals assisted are able to locate alternative housing.

Other Housing Supports:

- - This includes services provided through HUD for permanent housing through PHD. In addition, ICCAP receives funding through the Emergency Solutions Group for Rapid Re-housing which can provide assistance to homeless individuals. **HAP funds are not used to provide services under "Other Housing Supports"**.
- Separate from ICCAP, families experiencing homelessness with children under age 18 are able to be referred to Family Promise of Indiana County, part of the Interfaith Hospitality Network. Family Promise works collaboratively with churches in Indiana County to house families weekly at different churches until permanent housing can be obtained.

The ICDHS Director provides annual monitoring of each program above (with the exception of Other Housing Supports and The Family Promise Program) with random samplings of charts and documentation, as well as, an on-site visit. The Director speaks to direct line staff and supervisors. A report is compiled about the monitoring and shared with ICCAP. This current year's monitoring was conducted in March 2017. This year's findings were related to having newer and inexperienced case managers. Both are needing time to fully understand their positions. Shelter Director was aware of case

managers needing more time management skills and documentation skills. Shelter Director was already taking steps to help the new case managers become better organized and more efficient prior to monitoring. The ICCAP Board of Directors Program Evaluation Committee also shares a copy of the annual evaluation with ICDHS.

Homeless Management Information Systems:

ICCAP is using the Homeless Management Information System (HMIS) to enter all data on housing clients served by one of the following programs: Pathway Emergency Shelter, Bridge Housing, Rental Assistance, ESG Rapid Re-housing, PATH Housing Liaison, and PHD. Indiana County Office of Planning and Development uses the HMIS system to pull reports for funders.

ICCAP is making strides to be ready for the Coordinated Entry coming next year through HMIS. ICCAP and ICDHS staff has attended Housing First meetings and more specific meetings on Coordinated Entry.

SUBSTANCE USE DISORDER SERVICES - SUBMITTED THROUGH CLARION COUNTY

Indiana County consumers and professionals were included in the planning process for the Drug and Alcohol Services Plan to be implemented in Indiana County through the 2017-2018 service year. Opportunities to offer input were provided. The complete description of these opportunities can be found in the submitting county's Plan. Indiana County is in agreement with the information provided. Drug and Alcohol Services will set up an upcoming meeting with the Commissioners from all three counties in the tri-joinder to approve the Drug and Alcohol Services plan for Indiana County residents.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDf funds on allowable expenditures (please refer to the HSDf Instructions and Requirements for more detail).

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: HSDf Funds will not be supporting this.

Program Name:
Description of Services:

Service Category: Please choose an item.

Aging Services: HSDf Funds will not be supporting this.

Program Name:
Description of Services:
Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: The CARE Center

Description of Services: The Family Preservation Specialist will 1) Assess family strengths and areas that need improvement, then set forth a goal plan for the family; 2) Provide parent education and concrete services to families; 3) Provide supervised visitation services to families; 4) Maintain accurate documentation on each case; 5) Work collaboratively with agency staff, other community agencies, and Indiana County Children and Youth Services to ensure exceptional service for families.

The FPS conducts a Nurturing Parent Program for parents who want to build a health relationship with their children. The program addresses the topics of attachment, empathy, nurturing, gentle touch, discipline, feelings, and expectations. The group is offered to clients from Indiana County Children and Youth Services and community residents at no charge to the participant. The participant receives materials each week relating to the topics being covered. The individual completes a parenting assessment at the beginning and the end of each twelve week group to gauge the improvement of each individual. Our hope is to improve the parenting skills to assure adequate and proper care of the children in each household.

The Nurturing Parent Program is also offered to inmates in the Indiana County Jail. A condensed eight week course is available for inmates who wish to improve their parenting skills. Upon completion of the program the inmates are granted contact visits with their children while they are incarcerated.

The Nurturing Parent Program is also offered to Head Start families in Indiana County. We offer this program once a year to families who qualify for Head Start services at no charge to the individuals.

The FPS also conducts Family Preservation Services in the home for families referred by Indiana County Children and Youth Services. These families have been identified as being at risk to lose custody of their children, or have already lost custody of their children. The FPS worker conducts a parenting assessment to determine areas that the family needs to work on to improve the safety concerns for the children. The FPS worker then works one on one with that family to improve their parenting skills so that the home is safe for the children. The ultimate goal is to keep the children and parents together in the same home. It is estimated during the time from September 2017 through June 2018 the FPS worker will serve 35 to 40 families in Indiana County.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services: Please provide the following:

Program Name: Centralized Information and Referral

Description of Services: The Department has a comprehensive website and directory of all the health and human services in the county- www.humanservices-countyofindiana.org. The directory is monitored and updated so that all information is current. The website is now updated for ADA compliance. The Assistant Director is responsible for keeping it current and for answering calls, walk-ins, e-mails and other social media requests and refers them to appropriate services in the county.

From July 1, 2016 to April 30, 2017 ICDHS handled:

- Indiana County Department of Human Services website for fiscal year July 1, 2016 to April 30, 2017 had 29,482 page views for resource information.
- 221 requests from the public on where and how to locate services
- 266 referrals to human service agencies
- Over 3900 resource materials which summarize the agencies and their services by topic of need were distributed throughout the county at school open houses, kindergarten registrations, trainings, and informational fairs. Information was also provided to churches and pastors, law enforcement agencies, tax collectors, schools and agencies.
- Twice a month, an electronic bulletin, "The Human Services Informer" was sent to an average of 1,318 individuals and agencies; the content included upcoming events, trainings, volunteer or other needs, and general health and human service information.

- Email blasts sent frequently to over 4456 subscribers.
- A Human Services Calendar that included the following information:
 1. Human Service Agency Announcements
 2. Classes
 3. Special Events/Fundraisers
 4. Workshop/Seminars
 5. Human Service Meetings
 6. Screenings
 7. Support Groups
 8. Volunteer Opportunities

The Calendar was published weekly in The Indiana Gazette and The Blairsville Dispatch newspapers. Circulation for the Sunday Gazette is approximately 15,000 households which over the period of one year potentially reaches over 780,000 households.

The Assistant Director also updates and maintains ICDHS Facebook Page. This has reached 11,882 people from July 1, 2016 to April 30, 2017.

Information is also disseminated through the 2-1-1 System, which was supported financially by the United Way of Indiana County, and local businesses. ICDHS provides support to 2-1-1 staff by providing resource information and ensuring the information being used by the Allegheny County 2-1-1 Regional Center is accurate. ICDHS Assistant Director is responsible to provide weekly feedback to 2-1-1 and to send updated information when received.

- From July 1, 2016 to April 30, 2017, 2-1-1 SW has received 664 calls from Indiana County residents.
- Since July 2016 over 33,261 people have been reached in Indiana County by 2-1-1 presentations, outreach materials, e-newsletters, social media, radio interviews, and local newspapers.

ICDHS will continue to provide information to the general public on 2-1-1 and available resources throughout the county.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: HSDF Funds will not be supporting this.

Program Name:

Description of Services:

Interagency Coordination: (Limit of 1 page)

ICDHS will use HSDF funds to partially fund the Assistant Director at \$23,000, the CAC Coordinator at \$27,300, and the countywide needs assessment this fall at \$500.00.

The ICDHS Director does not have direct oversight over the categoricals, so in Indiana County we have found it is efficient and effective for our human services department staff to take the lead on assessing needs, and pulling agencies and resources together for our residents.

The ICHDS Director, Assistant Director, and CAC Coordinator (who is a consultant), continue to provide outreach in the community and distributes literature about where potential clients can find help and/or resources/community programs. They deliver presentations around the county to educate county residents about services available and to learn the needs of our residents. These individuals have direct access to the public, so these three positions are essential to improving the effectiveness of our county's human services.

The staff will complete a County-wide Needs Assessment in the Fall of 2017 and will share the results with the human service agencies, to help with the planning process, and to apply for additional grant dollars from other sources.

The ICDHS Staff will continue existing collaborations and involvement within the community in human services networks, coalitions, and committees. This involvement helps the county be aware of needs of our residents and helps in the planning process of programs and services. They are involved in over 28 different collaborative initiatives.

Another component of interagency coordination is the compilation of volunteer needs of agencies. A listing of volunteer opportunities is printed and distributed, and is published in our local newspapers weekly. ICDHS handled 59 requests for volunteer opportunities at human service agencies from July 2016 to April 30, 2017. Additionally, a student from Indiana University of Pennsylvania, supervised by ICDHS Assistant Director, coordinated the PA One Book reading program earlier this year. Over 850 children at 16 different learning sites participated in the reading program with 31 reading volunteers. This was an increase in participants from the 2015-2016 year.

ICDHS coordinates Project Share in collaboration with 24 partners. 11 of these are agencies, and 10 are churches in addition to The Salvation Army, Church Crisis Committee, and St. Vincent de Paul Society. Through the efforts of these partners, individuals of the county who were in need received over \$178,000 last year alone. In January through March 2017, 307 households/575 individuals were assisted. This coordination requires ICDHS Assistant Director to maintain a database of individuals/families.

In addition, ICDHS started an initiative, titled "DHS Shop Talks". The goal is to provide an opportunity for on-line agency staff to **network**, have an opportunity for educational and/or skills training sessions, or to obtain information on services offered in the county from different agencies. In turn, this will allow the participants to better assist clients in the referral process when needing assistance. The Shop Talks are fully supported by the Indiana County Commissioners, agency directors and staff members resulting in directors from several agencies agreeing to collaborate on this project, particularly as staff turnover continues.

The Children's Advisory Commission of Indiana County (CAC) Coordinator provides coordination, general oversight and involvement in 11 committees of the Commission. The CAC is a collaborative board of more than 45 local and regional child serving human services agencies, organizations, elected officials, and representatives from the community. The mission of this Commission is to improve outcomes for children, adolescents, and their families in Indiana County. The CAC and its various committees meet monthly to address policy concerns, evaluate family needs, and share information relevant to families and children in the county (birth through teenage years). This Commission is directly responsible for hosting family events for the community under the supervision of the Coordinator.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDf for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below. Only HSDf-allowable cost centers are included in the dropdowns.

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

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

\$16,800 Homeless Assistance: Case Management: HAP HCM: Coordinated with ICCAP

HSDf funds will be used to partially fund a HCM position for FY 16-17. This is needed due to the work volume at this time from our emergency shelter and The Alice Paul House domestic violence shelter. By HSDf assisting with this, it is estimated that this position will be able to serve an estimate of 75 additional individuals from July 1, 2017 to June 30, 2018. ICDHS and ICCAP originally were in agreement that this amount of \$16,800 is only for one year to help maintain staff in the HCM Program. However, due to the unexpected possible cuts of 15% in the HAP program, ICCAP will have trouble funding this position. It is imperative that this position continue in order to assist the individuals and families of Indiana County who are in need of help.

Appendix D

Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; e.g., have no permanent legal residence of their own.

Other Housing Supports

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer to peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregated meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

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

Indiana, PA 15701

EXECUTOR'S NOTICE

Letters Testamentary on the Estate Helen Susan Purpura, late of Cherryhill Township, Indiana County, deceased, having been granted to the undersigned, those having claims against said estate are requested to present them duly authenticated for settlement and those knowing themselves to be indebted are requested to make prompt payment.

David A. Purpura
183 Sportsman Road
Penn Run, PA 15765
5/17, 5/24, 5/31

**NOTICE
INDIANA BOROUGH
PARKING DEPARTMENT**

The Borough of Indiana is currently seeking bids for an LED lighting upgrade in our parking garage located at 650 Water Street, Indiana, PA 15701. Interested bidders may obtain a copy of the bid document until 12:00 PM on June 9th, 2017 at the Indiana Borough Police Department, 80 North 8th Street, Suite 104, Indiana, PA 15701 during normal business hours, 8am-4pm, Monday thru Friday. A mandatory walk through will occur for all interested parties on June 9th, 2017 at 10:00 AM EST. Please meet at 80 North 8th Street.

5/31, 6/3, 6/6

roger and Suzanne Draton, with vested interest in 1163 Water St. being tax parcel 25-04-707 located in an R-1 zoned district is requesting a variance to Ch. 460 § 460-11A, principal permitted uses, for a recording studio.

5/31, 6/5

**NOTICE
NOTICE OF INDIANA
COUNTY HUMAN SERVICES
PLAN FOR 2017-2018**

On behalf of the Indiana County Commissioners, staff will be presenting the consolidated County Human Services Plan for fiscal year 2017-2018 at a public hearing on, June 2, 2017 at 2:30 p.m. in the small conference room at 300 Indian Springs Road, Indiana, PA 15701. The Block Plan includes Homeless Assistance Program Funding, Human Service Development Funds, Behavioral and Developmental Health Programs, Intellectual Disability Services and Drug and Alcohol Programs.

The purpose of this hearing is to provide an opportunity for input into the plan, which will be presented at Commissioner's meeting on June 28, 2017.

For additional information, contact 724-463-8200, extension 4211 or icdhsdir@comcast.net.

5/30, 5/31, 6/1

House, Indiana, PA 32-15-0379 McCrory, William R. Jr. by Ronald C. McCrory, Administrator; Geoffrey D. Kugler, Atty.

32-16-0476 Bennett, Wayne Dennis a/k/a Bennett, Wayne D. by Patricia M. Brooks a/k/a Patricia M. Bennett, Administrator; John A. Hanna, Atty. 32-04-0013 Prushnok, Mary H. by Robert Wayne Rairigh a/k/a R. Wayne Rairigh, Administrator D.B.N.C.T.A.; John M. Hartzell Jr., Atty.

Patricia Streams-Warman
Clerk of the Orphans' Court

5/24, 5/31

NOTICE

The White Township Board of Supervisors will conduct a public hearing at 7:30 p.m. on Wednesday, June 14, 2017, immediately preceding their regular business meeting at the White Township Municipal Building, 950 Indian Springs Road, Indiana, PA 15701, for the purpose of receiving comments and recommendations from interested Township residents concerning a proposal to transfer a liquor license into the Township. The proposed inter-municipal liquor license transfer would establish a liquor license for UMI Hibachi Steakhouse, Inc. who intends to use the license at 1470 Indian Springs Road, Indiana, PA 15701. Following the public hearing, the Board of Supervisors will consider action to ap-

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June 2, 2017

PUBLIC MEETING

INDIANA COUNTY

HUMAN SERVICES PLAN FOR FISCAL YEAR 2017-2018

- | | |
|---------------------------|-----------|
| 1. <u>Lisa Spencer</u> | 21. _____ |
| 2. <u>Barbara Teetlow</u> | 22. _____ |
| 3. <u>Darrin Mikula</u> | 23. _____ |
| 4. <u>Kami Anderson</u> | 24. _____ |
| 5. <u>Tammy Calderone</u> | 25. _____ |
| 6. <u>Maureen Pardo</u> | 26. _____ |
| 7. _____ | 27. _____ |
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| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

**CAC
Organizational
Chart
2015—2016**

Indiana County Commissioners

CHILDREN'S ADVISORY COMMISSION OF INDIANA COUNTY

Executive Committee
(Officers and Committee Chairs)

- oversight
- membership
- nominations
- personnel

Standing Committees

Policy Committee

- legislative updates
- by-laws
- mission

Strategic Planning Committee

- identify needs
- seek funds
- Strategic plan

Budget/Finance Committee

- leverage human & financial resources
- prepare/review budgets
- prepare/review reports

Special Committees

Early Care & Education

- Issues from birth to eight
- sub-committees: Events Planning (DOP, Fun Fest), Transition, Pre-K Counts, Zero to Three

Cross Systems MDT—Multi-Disciplinary Team

- Enhances communication among service providers
- Reviews & coordinates services to identified at risk children and their families

Safe Children's Network (formerly Safe Kids) Provide information to the community on ways to prevent childhood injuries.

NEW! TNT Tweens and Teens
TNT will focus on issues for the age groups 8-12 and 13-18. Events, such as the Family Nature Palooza will be planned by this group.

Coordinator Responsibilities

- ⇒ Coordinate meetings and events
- ⇒ Outreach about CAC
- ⇒ Marketing / publicity/ E-Newsletter
- ⇒ Reports
- ⇒ Serve on all committees & assist with their responsibilities
- ⇒ Resource development
- ⇒ Web site development
- ⇒ Fundraising
- ⇒ Grant research and assist with writing, for CAC
- ⇒ Other duties as assigned

Coordinator Funding:
15 hours per week - HSDf

Contact: Kathy Abbey-Baker - 724-463-8200 x18
IndianaCountyCAC@yahoo.com

Programs Under the Umbrella of the CAC:



Parent Child Home Program (ARIN IU)

21st Century Learning: Evergreen Boys & Girls Club



The Children's Advisory Commission of Indiana County
C/O Indiana County Department of Human Services
300 Indiana Springs Road, Suite 203
Indiana , PA 15701

The Children's Advisory Commission meets the first Tuesday of each month, 8:30 AM, usually at ARIN IU 28

Mission: Seeking to improve outcomes for children, adolescents, and their families in Indiana County.

www.ChildrensAdvisoryCommission.org

Human Services Assistant Director

General Definition

This is professional work that requires knowledge of social work principles and administrative practices. Work involves assisting with planning and administration of the human services block grants allocated to the County and other human service discretionary funds.

The Assistant Director is responsible to the Director.

Responsibilities

General Duties:

- Study and be familiar with all grant regulations
- Operate existing computer programs
- Maintain databases for programs
- Attend appropriate meetings and workshops
- Assist in the completion of all required reports
- Assist in preparing and conducting meetings
- Assist the Director in monitoring programs
- Prepare and follow through for group meetings
- Assist with setup/cleanup for workshops, events, or presentations
- Provide back-up to Director to keep track of accurate timesheets and sick/vacation schedules and send these to county monthly
- Provide back-up to Director for Quarterly Admin reports
- Provide back-up to Director for annual budgets and end of year reports for Human Services Development Fund
- Assist with inventory, order supplies, update office forms
- Supervise student interns, work-study students, and volunteers
- Assist in developing and maintaining Policy Manual for department
- Supervise staff in Director's absence

Information & Referral

- Manage and operate ICDHS Information & Referral Program and complete reports
- Update Resource Guides (on-line and in print/flyers)
- Prepare and disseminate resources for Kindergarten Registrations and Back to School Nights
- Prepare and send department on-line newsletter, The Informer, two times per month
- Prepare and send Media Listing and Volunteer Listing for local newspapers
- Maintain ICDHS Facebook page
- Provide weekly feedback to 2-1-1 and update agency information as needed
- Provide outreach for 2-1-1
- Compile monthly 2-1-1 reports for review
- Receive incoming calls and provide appropriate referrals to community resources or agencies
- Provide outreach/presentations to all parts of Indiana County communities for ICDHS

Create and send special mailings through Constant Contact
Update Verizon Blue Pages Guide to Human Services
Compile monthly and annual reports for Information & Referral and Link

Service Coordination

Be a participating and active member of the following collaborative meetings:

- Project Share
- Project Change
- Family Self Sufficiency
- Children's Advisory Commission
- Family Fun Fest
- Family Nature Palooza
- Day of Play
- Early Care and Education Committee
- Safe Children Network
- Pregnant and Parenting Teens Advisory Board
- Drug Free Communities
- Drug Overdose Task Force
- County Safety Meeting
- Transition Council Meeting for Special Needs
- LINK
- Local Interagency Coordinating Council

Project Share

Chair of collaborative (24 partner agencies involved)

Prepare reports and handouts for meeting

Run bi-monthly meetings

Maintain database

Sort database two times per week

Generate summary reports to track number of families in need, financial assistance given and by what agency, track fraudulent behaviors

Assist with county needs assessments

Housing Assistance Program (HAP)

Chair Shelter Meeting

Attend Housing Consortium Meetings

Attend Veteran Providers' Meetings

Demonstrate ability to pay invoices to Indiana County Community Action Program

Provide back-up to Director on all fiscal duties to include: deposits, general invoicing, bank statements, maintain accurate journal, update and maintain budget spreadsheet, and individual program journals.

Demonstrate ability to create HAP budget for annual Human Services Plan and end of year reports

Update and maintain monthly reports for Bridge, Homeless Case Management,\

Emergency Shelter, and Rental Assistance Programs

Medical Assistance Transportation Program

Demonstrate ability to run reports needed for monthly and quarterly reports

Show ability to process mileage reimbursement checks

Download Shared Ride files to ICDHS and upload into Horizons on IndiGO's Server and create reports

Download Direct files to ICDHS and upload into Horizons on IndiGO's Server and create reports

Troubleshoot problems with clients and computer systems

Demonstrate ability to send Methadone reports and Trip Level Detail reports to state.

Provide back-up to Director on all fiscal duties to include: deposits, general invoicing, bank statements, maintain accurate journal, annual budgets, and maintain accurate quarterly report spreadsheets

Maintain Vendor Report

Maintain working relationship with IndiGO Transportation Company

Be able to generate contracts with IndiGO

Other duties as assigned**Qualifications**

Bachelor's degree in social work, public administration, human services or related field with basic computer skills and/or experience.

Two years experience in human services and/or familiarity of county human service programs.

Ability to establish and maintain working relationships with associates, other agency representatives and the general public.

Any equivalent combination of acceptable training and experience.

CONSULTANT CONTRACT

THIS AGREEMENT, made this 1st day of June 2016, by and between THE COUNTY OF INDIANA, with its main office located at the Indiana County Courthouse, Indiana, Pennsylvania, hereinafter referred to as "Contractor", and Kathy Abbey-Baker hereinafter referred to as "Consultant".

WHEREAS, Contractor is in need of certain services with regard to the Children's Advisory Commission of Indiana County, and WHEREAS, Consultant has certain skills and abilities that Contractor required for the services needed for the County: and WHEREAS, Contractor agrees to contract Consultant and Consultant is willing to accept said contract under the terms and conditions hereinafter set forth.

NOW, THEREFORE, in consideration of the mutual covenants of the parties hereto, the parties intending to be legally bound, agree as follows:

1. Consultant, in the capacity of an independent consultant and not as an employee or agent of Contractor, will act as temporary Professional Services. The Consultant will be under the supervision of the Children's Advisory Commission. Responsibilities are defined in Attachment A.
2. The term of this contract shall begin July 1, 2016 and shall continue until June 30, 2017.
3. The compensation Consultant shall receive from Contractor for services rendered shall be a based on \$25/hour, with a maximum of twenty-one hours a week. Contractor will have no right or responsibility to take any tax deductions from the amounts payable to consultant. The Consultant will turn in monthly timesheets with documentation as to activities and time spent on the project.
4. Consultant will not be provided nor compensated for vacation, holidays, sick leave, or any benefits.
5. Consultant is responsible to pay his/her own Social Security, Unemployment Compensation, Workman Compensation, and filing his/her own income tax forms.
6. Consultant agrees to waive any and all claims to medical benefits and retirement benefits of the COUNTY OF INDIANA.
7. Contractor shall provide Consultant with equipment and necessary supplies or agreed to by both parties, and this provision shall not affect Consultant's status as an independent consultant.
8. At any time during the contract period, termination may result by a ten-day written notice by either party to the other without cause.
9. This instrument contains the entire agreement of the parties and may be modified only in writing and signed by both parties.
10. The terms of the agreement are severable and indivisible. If any of the terms are invalidated by law or other reasons, the remainder of this agreement shall remain in effect.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties hereto have set their hand and seals the day and year first written above.

CONTRACTOR: COUNTY OF INDIANA

By: Michael Baker
Michael Baker, Chairman, Commissioner

By: Rodney Ruddock
Rodney Ruddock, Commissioner

ATTEST:

Robin Maryai
Robin Maryai, Chief Clerk

By: Sherene Hess
Sherene Hess, Commissioner

Michael Clark
Michael Clark, Solicitor

CONSULTANT:

Kathleen Abbey-Baker
Kathleen Abbey-Baker

**Children's Advisory Commission
Coordinator
Responsibilities
ATTACHMENT A
Scope of Services**

General Definition

The Consultant's overall functions are to assist the Children's Advisory Commission (CAC) in improving governance and leadership for the CAC Board; build positive and productive linkages with the community; develop and coordinate initiatives for children, youth and families; and collect, evaluate and disseminate relevant data and information about family systems for the board.

This is a skilled position in which the Coordinator provides support to the Children's Advisory Commission of Indiana County. Work involves conducting general duties for the activities and programs for the Commission as needed.

Work is performed under the general supervision of the Director of the Indiana County Department of Human Services and the Coordinator reports to the Co-Chairs of the Children's Advisory Commission. Assignments are skilled in nature and are carried out in accordance with general work instructions, established administrative practices, procedures, and precedents and any applicable legal standards or regulations.

Essential Functions of the Job

Coordinate the monthly meetings and committee meetings. Attend all meetings when possible, and provide support in carrying out the tasks of the committees and Commission.

Assists with recruitment of members to the Commission.

Reviews and independently replies to routine correspondence, distributes minutes and other information to members and handles other administrative details as assigned.

Assists in preparing correspondence, grant proposals or other reports.

Maintains and completes complex records of assigned processes, procedures, and operations.

Coordinates activities of the Commission, including trainings, programs, and outreach activities.

Utilizes methods of outreach, including social media, to keep members and the community informed of the Commission's activities.

Monitor and report progress of programs under the auspices of CAC.

Utilize the results of the needs assessment to meet the mission of the CAC.

Monitor and report progress of all other projects of the Commission.

Assists in research of best practices for the Commission.

Required Knowledge, Skill and Ability

Requires knowledge of social services.

Requires knowledge of the principles and practices of public administration.

Requires the knowledge of various programs on the personal computer and its efficient use.

Assists in compiling and organizing data and preparing reports regarding program accomplishments.

Ability to carry out assignments requiring the organization of material and development of procedures.

Ability to study routine operational procedures and develop resultant recommendations.

Ability to express ideas effectively, both orally and in writing.

Ability to maintain confidentiality as required by the nature of the job.

Ability to establish and maintain effective working relationships with officials, associates, and the general public.

Minimum Qualifications

Computer experience in a network environment and in using Microsoft Office Suite. Experience with Social Media and Marketing Programs, and on-line applications.

Bachelor's degree in social services required. Experience in the field may be substituted for the degree when appropriate or five years of progressively responsible experience.

**CAC
Organizational
Chart
2015-2016
2016-2017**

Indiana County Commissioners

CHILDREN'S ADVISORY COMMISSION OF INDIANA COUNTY

Executive Committee
(Officers and Committee Chairs)

- oversight
- membership
- nominations
- personnel

Standing Committees

Policy Committee

- legislative updates
- by-laws
- mission

Strategic Planning Committee

- identify needs
- seek funds
- Strategic plan

Budget/Finance Committee

- leverage human & financial resources
- prepare/review budgets
- prepare/review reports

Special Committees

Early Care & Education

- Issues from birth to eight
- sub-committees: Events Planning (DOP, Fun Fest), Transition, Pre-K Counts, Zero to Three
- Bump, Baby, and Beyond*

Cross Systems MDT—Multi-Disciplinary Team

- Enhances communication among service providers
- Reviews & coordinates services to identified at risk children and their families

Safe Children's Network (formerly Safe Kids) Provide information to the community on ways to prevent childhood Injuries.

Car Seat Distribution

NEW! TNT Tweens and Teens

TNT will focus on issues for the age groups 8-12 and 13-18. Events, such as the Family Nature Palooza will be planned by this group.

More events Coming for TNT

Coordinator Responsibilities

- Coordinate meetings and events
- Outreach about CAC
- Marketing / publicity/ E-Newsletter
- Reports
- Serve on all committees & assist with their responsibilities
- Resource development
- Web site development
- Fundraising - Requiring More Time and Effort.*
- Grant research and assist with writing, for CAC
- Other duties as assigned

Programs Under the Umbrella of the CAC:



Parent Child Home Program (ARIN IU)

21st Century Learning: Evergreen Boys & Girls Club



Coordinator Funding:
21 1/2 hours per week - HSDF

The Children's Advisory Commission of Indiana County
C/O Indiana County Department of Human Services
300 Indiana Springs Road, Suite 203
Indiana, PA 15701

The Children's Advisory Commission meets the first Tuesday of each month, 8:30 AM, usually at ARIN IU 28

Mission: Seeking to improve outcomes for children, adolescents, and their families in Indiana County.

www.ChildrensAdvisoryCommission.org

Contact: Kathy Abbey-Baker - 724-463-8200 x18
IndianaCountyCAC@yahoo.com

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

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

MENTAL HEALTH SERVICES

ACT and CTT					
Administrative Management	130		\$ 1,038,848	\$ 67,984	
Administrator's Office			\$ 248,905	\$ 25,743	
Adult Developmental Training	4		\$ 13,500	\$ 1,500	
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	40		\$ 67,623	\$ 683	
Community Residential Services	50		\$ 1,376,438	\$ 15,020	
Community Services	800		\$ 59,233	\$ 6,581	
Consumer-Driven Services					
Emergency Services	640		\$ 156,688	\$ 17,410	
Facility Based Vocational Rehabilitation	32		\$ 159,912	\$ 14,846	
Family Based Mental Health Services	65		\$ 80,000		
Family Support Services					
Housing Support Services	70		\$ 170,380	\$ 6,922	
Mental Health Crisis Intervention	765		\$ 160,500		
Other					
Outpatient	55		\$ 260,872	\$ 2,811	
Partial Hospitalization	30		\$ 78,000		
Peer Support Services	10		\$ 8,000		
Psychiatric Inpatient Hospitalization	1		\$ 4,200		
Psychiatric Rehabilitation	60		\$ 35,000		
Social Rehabilitation Services	360		\$ 235,376	\$ 7,969	
Targeted Case Management	135		\$ 90,000		
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	3,247	\$ 4,243,475	\$ 4,243,475	\$ 167,469	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 556,593	\$ 34,982	
Case Management	150		\$ 192,553	\$ 21,395	
Community-Based Services	60		\$ 624,092	\$ 66,263	
Community Residential Services	5		\$ 397,175		
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	215	\$ 1,770,413	\$ 1,770,413	\$ 122,640	\$ -

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

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

HOMELESS ASSISTANCE SERVICES

Bridge Housing	24		\$ 31,193		
Case Management \$16,800 in HSDf to help 75 individuals	205		\$ 61,944		
Rental Assistance	300		\$ 109,826		
Emergency Shelter	130		\$ 19,219		
Other Housing Supports					
Administration			\$ 17,724		
TOTAL HOMELESS ASSISTANCE SERVICES	659	\$ 223,106	\$ 239,906		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital					
Act 152 Administration					
BHSI Administration					
BHSI Case/Care Management					
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital					
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL SUBSTANCE USE DISORDER SERVICES	-		\$ -	\$ -	\$ -

Please enter the SUD allocation above (unless your county is a non-submitting joinder county).

HUMAN SERVICES DEVELOPMENT FUND

Adult Services					
Aging Services					
Children and Youth Services	40		\$ 8,200		
Generic Services	50,000		\$ 3,966		
Specialized Services					
Interagency Coordination			\$ 50,800		
Administration			\$ 8,819		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	50,040	\$ 88,585	\$ 71,785		\$ -

\$16,800 will help fund a HAP HCM to assist 75 clients with case management.

Please note any utilization of HSDf funds in other categoricals and include:

GRAND TOTAL	54,161	\$ 6,325,579	\$ 6,325,579	\$ 290,109	\$ -
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