Somerset County Human Services Planning Committee
2017-2018
Human Services Plan

Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: SOMERSET

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

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

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

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

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
Gerald Walker	GERALD WALKER	Date: 6/6/17
James T. Yoder	JAMES T. YODER	Date: 6/2/17
John P. Vataviuk	JOHN P. VATAVUK	Date: 6/2/17

PART I: COUNTY PLANNING PROCESS

Somerset County Human Services Planning Committee
Somerset County's Human Services Planning Committee (HSPC) is committed to engaging in meaningful ways, the community as active partners in the development and implementation of County Human Services. The Somerset County HSPC committee includes representatives from the child-serving systems of Bedford-Somerset Developmental & Behavioral Health Services (DBHS), Children & Youth Services, Juvenile Probation, Early Intervention, Early Learning, Education and Drug and Alcohol. The Somerset County HSPC Committee is a subdivision of Somerset County's Collaborative Board, which is made up of Integrated Children's Service Plan (ICSP) Committee members and additional representatives from human services agencies, education, county government, and the business community. The plan is endorsed by the various advisory boards of the partner agencies. A few of these cross categorical advisory boards include Children & Youth Advisory Council, Head Start Policy Council, Elder Abuse Task Force, and Coordination of Care Board.

Children's Model Workgroup
The HealthChoices Children's Model Workgroup tracks the utilization of behavioral health services, addresses gaps in services, and has identified transition age youth (TAY) as a priority population. This committee is comprised of representatives from HealthChoices (BHSSBC), the BH-MCO (CBHNP), DBHS, Somerset County Juvenile Probation, Somerset County CYS, Intermediate Unit #08, Family Member/Advocate and OMHSAS. The Children's Model Workgroup supports the development of a comprehensive screening, a universal strengths-based assessment, and evidence-based services that provide for a supportive continuum of care for all youth, families and individuals in the system.

The Evidenced-Based Program Committee is a sub-group of the Children's Model Workgroup. This group's function is to provide a clearinghouse of the evidenced-based programs available in Somerset County. They also identify gaps and needs for evidenced-based programs and services in Somerset County.

Somerset County Drug Free Communities Coalition
The Somerset County Drug Free Communities Coalition is the Alcohol Tobacco & Other Drug Use (ATOD) Prevention Board for Somerset County. This coalition addresses (ATOD) prevention and intervention services for youth in Somerset County. This coalition has been in existence for more than 10 years in our county.

The stakeholders representing these community collaborative boards meet on a regular basis. The County Human Services Coordinating Agency, Tableland Services, Inc., (TSI), is an active member of each group. Information regarding the planning process is presented on a regular basis to these groups. These regularly occurring meeting are also the forum for outreach and engagement in the Human Services Planning process. These stakeholder groups are also instrumental in successful completion of our county-wide community needs assessment. This is critical in gathering resident and consumer input of current community needs.

Needs Assessment
Typically, Human Service Providers in Somerset County assess their specific community and program needs individually in regards to their own perspective services. Each organization has their own community protocol and tools to identify priority funding areas and service needs. This data and information is shared among county services providers on an as-needed-basis. The Human Services Coordination position is typically responsible for compiling and collecting this data as requested by HSPC members and other service providers. This data and information is utilized to address priority need areas identified by the HSPC. The Human Services Development Fund (HSDF) has historically filled the service gaps identified, prioritized, and agreed upon by each organization serving on the Human Services Planning Committee. These are typically services not funded or available under regular categorical state funding.

Data collection efforts:
Tableland Services, Inc., (TSI), The Community Action Partnership for Somerset County, has updated the comprehensive community needs assessment for Somerset County residents. The 2015 needs assessment was a follow-up to the 2010 needs assessment. The 2015 survey followed the same format to collect information on health and human services needs in Somerset County. The survey was administered in all 11 school districts in the county. The information compiled through the community assessment is utilized in the planning and coordination of services to meet the most critical needs of families and children throughout Somerset County. TSI will be conducting the next community needs assessment in program year 2017-2018.
The Drug Free Community (DFC) Coalition uses the PA Youth Survey (PAYS) to identify levels of adolescent risk and protective factors and to make data-driven decisions on implementation of evidence-based programs that will decrease our prioritized youth risk factors and increase protective factors. For ten years, the DFC Board has implemented the PAYS as one of the main tools in tracking indicators of adolescent substance abuse, violence, delinquency, school drop-out, and pregnancy. The Pennsylvania Youth Survey was administered in 2015 in all 11 school districts. Results of this survey cycle will be used to identify priority prevention services. The PAYS is conducted in 2-year cycles. The next survey cycle will be in the fall of 2017. The DFC has conducted an ATOD Convenience Survey in 2012. This survey assessed community perspective in regards to access and availability of ATOD in Somerset County. There have been no substantial programmatic and/or funding changes made as a result of last year's outcomes. The Human Services Planning Committee will continue to fund the same programs and services at 2016-2017 level. There has been no increase to our HSDF budget and we are applying as a non-block grant county for fiscal year 2017-2018.

Least Restrictive Setting
The planning and leadership team prioritizes human services programs that strive to assist consumers to achieve self-sufficiency and stability by providing services that follow a hierarch of service delivery and present the least restrictive options to the consumer. Coordination and collaboration of all human service funded programs establishes an environment that permits consumers to live independently within the community. When developing the local plan, the team works collaboratively to address gaps in services and strives to ensure funding is available for new projects deemed necessary. This is done by using the County Needs Assessment Analysis Report. This approach ensures that we maintain the least restrictive service delivery model in the local area.

PART II: PUBLIC HEARING NOTICE

A public hearing was held on June 2, 2017 in the board room of the Somerset County Commissioners. Those in attendance include: Erin Howsare, Somerset Single County Authority, Kathy Unger, DBHS, David Mrozowski, Community Action Partnership for Somerset County, and Elaine Lahm, Area Agency on Aging of Somerset County. No one from the public attended the meeting. A copy of the draft human services plan for 2017-2018 was reviewed by those in attendance. There were no programmatic or fiscal changes to the plan. The group approved the plan for submission with minor revisions.

Proof of publication follows:

Legal Notices

PUBLIC NOTICE

The Community is invited to attend a Public Hearing to express ideas and provide valuable input to the development of the FY 2017-2018 HSDF. For many years, various agencies in the County have utilized this flexible funding source to provide needed services to children and families that were not provided through traditional Agency funding streams. The Somerset County HSDF Committee, in their leadership role, has been directed by the Department of Public Welfare (DPW), in accordance of Act 80 of 2012, to identify more: collaboration, local needs, goals, and create strategies and track outcomes that support the implementation of quality, cost effective and efficient services to those who are in need.

The Public Hearing is scheduled for June 2, 2017 at 10:00 a.m. at the Somerset County Office Building in the Commissioners' Board Room located at 300 North Center Avenue, Suite 500, Somerset, Pennsylvania. Please take the time to attend. Your comments are very important to this process.

SOMERSET COUNTY BOARD OF COMMISSIONERS
Gerald Walker, Chairman
James T. Yoder, Vice Chairman
John P. Vataviuk, Secretary
Sonya K. Augustine, Chief Clerk

Legal Notices

PART III: CROSS-COLLABORATION OF SERVICES

The County strives to prioritize the collaboration of services across categorical agencies and client populations. All members of our planning team work to coordinate programs and services and offer interagency cross training opportunities that lead way to productive program partnering. The human services infrastructure in the County of Somerset is one that works efficiently to ensure that the needs of our community are assessed; gaps in services are resolved through new partnerships, and there is a coordinated effort for clients entering the human services network.

A great resource to our HSPC membership is the local community action agency, Tableland Services, Inc. (TSI), the local leader in employment and housing services collaborations and a HSPC team member who coordinates the HSDF planning process. HSPC Planning Team designates Tableland Services, Inc. as the Lead Agency for employment and housing related activities.

TSI, the Community Action Agency of Somerset County, is a private, non-profit entity incorporated in 1966 as a 501(c) 3 as the designated "Anti-Poverty" organization. TSI is the Community Services Block Grant (CSBG) funded agency in Somerset County. As the local community action agency, establishing linkages to various client populations and services is the mission and philosophy of TSI. TSI partners and collaborates with the local HSPC including the County Commissioners, Area Agency on Aging, Department of Behavioral Health, Children & Youth Services, Department of Probation and Parole as well as the Drug & Alcohol Commission. Additionally, TSI utilizes agency resources such as PA CareerLink Somerset County (PACLSC), Welfare to Work Transition programs such as Work Ready and Employment Advancement Retention Network (EARN) programs, Supportive Housing Programs, Supportive Services for Veterans Families, Homeless Assistance Program, and the Next Step Center Homeless Shelter in a coordinated effort to ensure that the target client population has greater access to these vital services.

Employment and Housing Cross-Collaborations

TSI plays an integral role in the local PA CareerLink System of the statewide network of American Job Centers and Workforce Innovation & Opportunity Act Title I funded services. The PA CareerLink Somerset County is a one-stop center that assists job seekers, educational institutions, and the local business community. All the PACLSC partners housed within the one-stop are cross collaboration partnerships that provide valuable resources to the citizens in Somerset County. The internal PACLSC partners include- TSI, Office of Vocational Rehabilitation (OVR), Department of Public Welfare (DPW), Unemployment Compensation, Adult Literacy, State and Federal Veteran's programs, and the Bureau of Workforce Development. TSI and the PACLSC partners extend to the HSPC and county categorical agency's a wide array of employment related opportunities, career counseling, training and educational enrollment and financial assistance, On the Job Training programs, and basic adult education services.

The success of employment and training programs is measured greatly by our customers' ability to overcome significant barriers. The local network of providers has strategically re-aligned and integrated services within the PA CareerLink Somerset County and TSI to provide seamless delivery of services to our customers. The elimination of the potential for "silo" services has led way to increased program dual enrollment of customers and acts as the catalyst for a "customer focused" program service delivery model. TSI and the local HSPC have worked diligently to break down external "silos' as well by establishing partnerships with new programs that reach all citizens of the community. A few of these examples of housing and employment partnerships are listed below.

TSI holds contracts with HUD and HUD funded affiliates to deliver a wide array of homeless assistance programs through 6 separate contracts. Under Workforce Innovation & Opportunity Act (WIOA) Title I funding through the Department of Labor & Industry, homeless individuals or homeless children and youth, are identified as an individual with barriers to employment and a priority population. 3 of the 6 homeless programs under contract with TSI are specifically designated for individuals with disabilities, another priority population under WIOA. The dual enrollment of homeless assistance program participants, who are also WIOA high priority populations, into Title I services provides a seamless and integrated approach to customer success. Our goal in Somerset County is to ensure that individuals with disabilities can comfortably live and work within the community through the integration of both housing and employment services.

Additionally, TSI is a key partner in the Somerset County Board of Probation and Parole Day Reporting Center and County Jail Community Re-entry Program. TSI developed a program entitled STEPS- Steps Toward Employment- Progress- Success that was implemented during the WIOA transition phase and facilitated at our PACLSC. As an outreach strategy, TSI offered STEPS to inmates within the County Jail who were pending release and were preparing to make a return to the community. STEPS equipped the inmates with critical workforce development information and linkages to PACLSC and WIOA Title I services. The success of STEPS within the County Jail led way to a new partnership with the recently funded Day Reporting Center (DRC) of Probation and Parole. STEPS is offered to individuals enrolled into the DRC and is successfully linking participants into WIOA Title I services at PACLSC. Under WIOA, ex-offenders or "returning citizens" are identified as a priority population of individuals with barriers to employment. TSI and partners demonstrated forward thinking and responsiveness to the needs of the community and has successfully cultivated strong partnerships that prioritize WIOA Title I "priority populations" who are faced with significant barriers to employment. This demonstration of cross-collaboration directly links the Department of Probation & Parole, the Somerset County Jail and other members of the Continuum of Care to include TSI, Twin Lakes Drug and Alcohol Center, Single County Authority, Nulton Diagnostic, DBHS, and Link. This unique partnership also includes other county categorical programs on a case by case basis such as Children & Youth Services as well as Department of Behavioral Health Services. In 2014, TSI embarked upon a new partnership to serve veterans and their families through the Supportive Services for Veterans Families (SSVF) program. TSI welcomes home transitioning service member veterans and assists them with re-engagement of employment and provides valuable services to ensure they are also stably housed. TSI partners with the Veterans Leadership Program and the Disabled Veterans Outreach Program (DVOP) PACLSC partner to ensure that

all veterans are serviced with employment and training services by prioritizing our service member customers. These services do include the opportunity to be engaged into the Gold Card Program of the U.S. Department of Labor which is designated to serve post 9/11 era veterans providing a vast array of intensive career and supportive services. SSVF eligible veterans are linked to this valuable homeless assistance program that provides up to 6 months of rental assistance, security deposits, and assistance for needs based household items. TSI has integrated service delivery in partnership with our WIOA programs and PACLSC by training one of our WIOA team members to pre-screen and when appropriate dual enroll eligible veterans into the SSVF program. Likewise, our Homeless Assistance Case Managers screen homeless veterans for employment needs and barriers to employment and connect the participant customers to WIOA Title I team members for a streamlined integration of service delivery. These strategies assist TSI in meeting the WIOA mandates to engage priority target populations such as veterans into both housing and employment services.

TSI is an active member of the Board of Directors for the Next Step Center of Somerset County (NSC). The NSC is the only homeless emergency shelter in the County of Somerset. The partnership with the NSC provides the opportunity for our citizens to be placed into emergency shelter for up to 30 days and linkage to transitional style HUD funded permanent housing programs operated by TSI after the shelter stay to establish stable permanent housing.

In 2017, TSI is working in partnership to develop the One Stop Consortium of Title I Program Operators. This partnership of the current Title I program operators will be beneficial to the Southern Alleghenies Workforce Development Region PACL system as well as each individual program operator by extending our expertise, outreach and "best practices." This cohesive team of program experts lends support and guidance on programs and services, performance measurements, partnerships and collaborations as well as innovative strategies to enhance our workforce development footprint in the state of Pennsylvania.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

I. Introduction

The County continues to take an assertive approach to building a local network with other community entities, agencies, and support groups to fully support and encourage individuals with serious mental illness and their families. Health Choices funding has provided opportunities for improving the service delivery system as well as affording some opportunities for growth and expansion that managed care efforts often provide. However, the decrease in the state allocated base dollars that has been maintained since FY 2012-2013 continues to affect our ability to expand needed services as well as creates additional challenges to maintain existing services.

The allotted base funds are used to cover service costs for a low-income population that is uninsured and/or underinsured as well as to supplement funding for programs that medical assistance and third party insurances do not fully support.

II. Program Highlights

Several resources and strengths exist in the county joinder area. The DBHS Program has a long history of not only administering the oversight of county services but has also been a well-established service provider. This gives the County Administration a working knowledge of systems issues and needs. In addition, the County has realized little turnover in their executive team and this brings combined years of experience and expertise to the planning process and service provision.

The County's HealthChoices Program, Behavioral Health Services of Somerset and Bedford Counties (BHSSBC), has demonstrated strength. Many benefits from this managed care environment have already been demonstrated; such as the expansion of services, increased providers allowing for more choice, and program initiatives focusing on the target populations and groups. These include transition age youth and Co-Occurring Disorders. BHSSBC continues to sponsor an education training program targeting licensed providers. These trainings have allowed a local, accessible resource for providers that are recovery focused and have included evidenced based practices.

The DBHS Program continues to have success in increasing consumer and family participation in the aspects of the County practices. Advisory Boards, work groups, and committees have a healthy representation of family and consumer participation and membership. The local CSP groups and IFST continue to be an active part of the County process and provide valuable information to the County.

Efforts continue to include partnering with additional stakeholders to address service gaps and needs. These partnerships have added to the success of the county to sustain needed change. These partnerships are evident in the COD workgroup (Co-Occurring Disorders) and the Child Model Workgroup (which also addresses transition age youth, expanded children services and supporting the development of evidence based programs), the MH/ID Collaborative Committee and the School Based Behavioral Health Workgroup.

The County program continues its success in developing, expanding and securing additional providers to expand the community provider system and to offer additional choices for adults with serious mental illness. These changes can be mostly accredited to the HealthChoices Program. This program has provided the ability to fund and expand several service options. These efforts continue to expand the County's continuum of services and choices. Outlined below are some of this year's County highlights/improvements that have enhanced the behavioral health service system for Older Adults, Adults, Transition-Age Youth, and Children:

A. Prevention Services

The County continues to offer prevention services by promoting the following:

1. ADHD prevention program for children
    a. Created by the MCO for parents to see early ADHD signs and symptoms. It helps parents identify certain behaviors and to raise awareness for ADHD. Parents receive a newsletter with ADHD information and a screening tool for ADHD.
    b. The ADHD program is to be used with the care that is given by providers. The goals of the program are:
        - To help parents recognize the signs and symptoms of ADHD.
        - To help parents understand age-related behaviors that comes with ADHD.
        - To help parents see if their child is at a high risk for ADHD.
        - To help parents get a professional evaluation of their child, if at a high risk
        - To help the child get the right treatment if the child has ADHD.
        - To identify the problem as early as possible to improve the chances of a good outcome due to treatment.
2. Co-occurring (Bi-Polar and Substance Abuse) prevention program for adults
    a. PerformCare offers a program for members in the transitional age group of 18 to 21 years old. These are members who are already diagnosed with bipolar disorder and may be at risk for substance use issues.
    b. The program helps members who receive treatment for bipolar disorder through:
        - Education about the symptoms of substance use issues.
        - Reviewing risk factors that may lead to substance use issues.
        - Showing how to complete a screening tool for substance use issues.
        - Encouraging follow-up treatment if the member identifies substance use issues.
3. WRAP
    a. BHSSBC provided assistance for two Certified Peer Specialists and two Mental Health Professionals to become Advanced Level WRAP® Facilitators (ALWF) through the Copeland Center. Two existing ALWFs recently completed refresher training through the Copeland Center. This gives Bedford-Somerset seven ALWFs.
4. Suicide Prevention
    a. Mental Health First Aid (MHFA)
    On-going trainings for MHFA are offered in the community for both the adult and youth population. During calendar year 2016, a total of 6 Adult MHFA trainings were held and 65 individuals completed MHFA training. Also in 2016, a total of 8 Youth MHFA trainings were held and 104 individuals completed training. In addition, one MHFA trainer's summit took place with 6 participants.
    b. Applied Suicide Interventions Skills Training (ASIST)

During calendar year 2016, 2 ASIST trainings were held and 49 individuals completed the ASIST training.

c. Question, Persuade and Refer (QPR)
During calendar year 2016, 5 QPR trainings were held and 88 individuals completed the QPR training.

d. safeTALK
During calendar year 2016, 6 safeTALK trainings were held and 142 individuals completed the safeTALK training. In addition, two safeTALK train the trainer trainings took place with 18 participants.

e. Signs of Suicide (SOS) Curriculum for School Districts
The Bedford County Suicide Prevention Subcommittee launched the Ray of Hope Suicide Prevention public awareness campaign with assistance from BHSSBC. This campaign includes billboards, posters, banners, and wallet cards as well as social media. Through assistance from BHSSBC, several school districts are implementing SOS in the Middle School and High School (Bedford, Northern Bedford, Chestnut Ridge, Shanksville-Stonycreek and North Star).

B. Psychiatric Services

The County continues to take an assertive approach to increasing access and availability to psychiatric services by:

1. Promoting DOH Mental Health Professional Shortage designation to attract new doctors to our counties
2. Re-evaluating and expanding Telepsychiatry services
3. Engaging a consultant/recruiter for psychiatric services
4. Evaluating Mobile Medicine/Mobile Nursing services

In 2016, the County contracted a consultant to provide professional consulting services to assist with system-wide planning and recruitment of needed psychiatric services. The goal is to increase availability and access of quality psychiatric services delivered by board certified psychiatrists and CRNPs with a psychiatric specialty. A Psychiatric Recruitment Coalition was formed. Members include BHSSBC, PerformCare, County MH Staff, Network Providers and the Consultant. Meeting topics included: Recruitment Partnership Opportunities, Overview of Pennsylvania Primary Care Loan Repayment Program, Pennsylvania Psychiatric Leadership Coalition (PPLC) Rural Psychiatric Survey, NHSC Virtual Job Fairs and Project Updates. The contract is in place through 6/30/17 to finalize recommendations.

C. Housing

The County's plan to develop a supportive housing project using reinvestment dollars was approved by OMHSAS in November 2015. Selected providers developed housing programs and began providing services in June 2016. From July 2016 to March 2017, numerous SMI and co-occurring individuals received housing supports through the following services funded with reinvestment funds. Master Leasing – 7 individuals; Bridge Subsidy – 9 individuals; Housing Contingency – 25 individuals; Supportive Housing – 40 individuals. The County identified the need to focus on enhancing the Supportive Housing Service aspect of the Housing Reinvestment Project since the local Community Action Programs

have other funding options to support Master Leasing, Bridge Subsidy and Housing Contingency supports. Recently the County requested and has been approved by OMHSAS to refocus reinvestment funding into the Supportive Housing Program through a continuation plan through FY 2021-2022. Also, the County's Community Action Program continues to assist homeless veterans and chronically homeless individuals with mental health or co-occurring mental health and substance abuse disorders explore and fund housing options.

D. Drop-In Center

The County submitted a 3-year Reinvestment Plan to create Drop-in Centers in each County and received approval in May 2016. Both Drop-In Centers are fully staffed and have opened/re-opened in September and October 2016. From October 2016 to March 2017, 127 individuals have participated in the Drop-In Center activities.

E. Children's PHP in Somerset County

The County's BHMCO and local HealthChoices Program (BHSSBC) issued a RFI in November 2015 and received two proposals for developing a children's PHP in Somerset County. A provider was selected, but decided they were no longer interested in offering Children's PHP in Somerset County. The County agreed to survey Somerset County schools again to gather more current information on need and interest. The plan is to issue another RFI if there is evidence of a need and interest.

F. School based Mental Health and Substance Abuse Services

A School based MH/SA Workgroup continues to meet quarterly to identify and respond to school district needs. A letter was sent to Superintendents and Special Education Directors to make them aware of the SBBH Workgroup and offer collaboration to better meet the behavioral health needs of the students. A subgroup of the SBBH Workgroup has been focusing on establishing a systematic process for collaboration with school districts. A list of guiding questions was developed that will aid the subgroup in the collaboration.

G. Evidence Based Programs

Using Health Choices funds, the County continues to promote, implement, fund and monitor the evidence based programs including: FFT, PCIT, and WRAP. Multi-systemic Therapy (MST) started in July 2016 with one provider. Monitoring is provided by the Children's Model Workgroup, EBP Sub-Committee and QI/UM Committee. Efforts continue to brainstorm ways to increase referrals for PCIT which has remained low. WRAP trainings are regularly offered for free through the BHSSBC/MCO training program.

Other evidence based programs actively being pursued to enhance the provider network by developing in-county specialized services include Reactive Attachment Disorder (RAD) specialization, Eye Movement Desensitization and Reprocessing (EMDR) specialization, Dialectical Behavioral Therapy (DBT) specialization, Trauma Focused Cognitive Behavioral Therapy (CBT) specialization, etc. EMDR trainings began in February 2017. There was one more half day group consultation in May 2017. There are 20 therapists participating in the training to become specialized in EMDR.

H. BHRS Re-design Initiatives

Continue to fund and promote A CANS Algorithm system through CDR to better match services to a child's needs. A CANS Committee meets every other month to discuss trends, updates, and issues. The Algorithms are currently being reviewed by teams made up of stakeholders, administrators and the CANS committee to revise the Algorithms, as needed.

A CANS Outcomes report was presented to the Executive Steering Committee on April 18, 2017. Next steps for the CANS project is a Discharge CANS to be obtained by MT/BSC at end of treatment that will enable truer outcomes and better LOC discharge tracking. Trainings are scheduled for May for the BSC and MT and for the Evaluators in June. An algorithm was created for the After-School Program and went live on March 1, 2017. New algorithms to be developed are TF-CBT, PHP 2.0, and FBR specialty ASD programs.

I. Free Provider Trainings

The County continues to offer free provider trainings to improve quality of services and staff competencies across the mental health and substance abuse provider system. A sampling of training held are as follows: Applied Suicide Intervention Skills Training (ASIST); Bridges Out Of Poverty, Childhood Trauma and the Impact on the Developing Brain, Fetal Alcohol Spectrum Disorder, Grief and Loss for the Unexpected Diagnosis, Hearing Distressing Voices, Internet/Social Media Assessment Tool, LGTBQ+ 101, Mental Health First Aid – ADULT, Mental Health First Aid - Older Adults, Mental Health First Aid – YOUTH, PTSD: Clinical Applications for Therapists, PTSD: General Overview, QPR Suicide Prevention, Recognizing and Reporting Child Abuse for Mandated Reporters, safeTALK, safeTALK Train the Trainer, and Social Media 101: A Glimpse Into the Online World of Today's Youth, Teen Social Media and Mental Health Usage, TF-CBT Overview, WRAP and Mental Health Recovery, and WRAP Seminar I.

J. Support Groups

The County continues to support and sustain Mental Health Support Groups. Currently there are seven different topics of mental health related support groups regularly scheduled.

K. Treatment/Support Services for individuals with Co-Occurring Disorders

1. The County's HealthChoices Program continues to organize COD quarterly workgroups to assess Co- Occurring treatment options; identify barriers to treatment and solutions to those barriers and develop short and long-term strategies for COD competency.
2. Efforts continue for developing a framework and system of care using the CCISC Principles of Minkoff and Cline. Materials have been purchased for implementing this CCISC model which includes tools for assessing how capable a Provider is for being COD competent and assisting providers with establishing action plans to work towards treating this population.
3. Monthly change agent meetings continue where representatives from each provider come together to improve coordination of care, conduct cross trainings, and take a lead in their Program to implement the COD initiatives. The COD Workgroup met in September 2016 and established priorities for 2017 which include:

a. Encourage mental health providers to identify stage of change in areas of stability: substance abuse, mental health, housing, family, and physical, spiritual, financial; and to incorporate staged matched interventions for treatment.
b. Ask providers to complete the COMPASS-EX V2 (updated version)
c. Review the CCISC universal screening tool; The Integrated Longitudinal Strength-Based Assessment - ILSA™.
d. Coordinate with the Centers of Excellence and physical health, behavioral health, and substance use treatment. This would include identifying opportunities for the implementation team, physicians, program supervisors, and change agents to come together for peer support and open dialogue. Promote recovery focused programs such as support groups, certified peer and recovery specialists.
e. Request that all providers report on how they are integrating care in 2017.
f. Promote Peer Specialist and Certified Recovery Specialists, peer support programs and encourage referrals to existing services.
g. Encourage providers to add the COD Quick Guide as part of their new staff orientation (and provide to existing staff) to create a welcoming environment for individuals with co-occurring disorders.
h. Identify more change agents from the providers and engage change agents in Tip 42 training. All those who complete the training will be certified as co-occurring competent professional.

4. The COD Workgroup continue to sponsor COD related trainings funded through the HealthChoices Program to help Providers become COD competent.

L. Criminal Justice and Mental Health Initiatives

1. The County Program continues to be dedicated to making improvements to responding to people with mental illness in the criminal justice system. There continues to be collaborative efforts between the criminal justice and mental health system to coordinate services for individuals with mental illness that are involved with the legal system. This is largely being accomplished through the County MH staff's participation on the County Criminal Justice Advisory Board, MH Provider involvement in the Day Reporting Center, specialized forensic peer specialist service and processes established with the County Jail to assess and serve the MH jail population.
2. A local provider of peer specialist services has established a Forensic Certified Peer Specialist (CPS) Program. This Forensic CPS Program has access to the prison and begins engaging the individual pre-release and will continue services once released.
3. Prior to release, a re-entry team consisting at a minimum of staff from Probation, Law enforcement, Single County Authority, Mental Health and Housing Provider review and address the needs of individuals returning to the community with the goal of identifying and addressing barriers to successful re-entry

Somerset County: A day reporting center was developed and opened in January 2016 through a 3-year Smart Supervision Grant for Reducing Prison Population. Individuals on probation can receive many services at one location including mental health and substance abuse treatment. Currently there are three behavioral health providers offering mental health

services through forensic intensive case management, individual and group therapy, and tele-psychiatry. This has benefitted 55 justice-involved individuals with mental illness and/or co-occurring mental illness and substance abuse disorders (COD).
Bedford County: Bedford County's District Attorney established a Criminal Justice Advisory Board (CJAB) in 2016. Unfortunately, this CJAB team was not awarded a Justice and Mental Health Collaboration Program Phase I planning grant from the US Department of Justice. But, they continue to work towards addressing the needs of justice involved individuals with mental illness or co-occurring mental health and substance abuse disorders without grant funding.

M. Community HealthChoices (LTSS)

The County is taking steps to prepare for Community HealthChoices (LTSS) implementation

1. Assess and expand provider network to serve dual-eligible individuals and individuals with physical disabilities who are 21 years of age or over including transition youth and older adults.
2. Offer additional provider trainings to better prepare behavioral health providers with treating dual-eligible individuals and individuals with physical disabilities who are 21 years of age or over including transition age youth and older adults.

Since CHC provides coverage for participants who are eligible for both Medicare and Medicaid, the CHC-MCO and BHMCO will be working closely together to ensure that participants have access to comprehensive services. Both Health Choices and CHC are required to coordinate participants' behavioral health service which will help participants to receive quality medical care and timely access to all appropriate physical and behavioral health services.

The implementation for Bedford and Somerset Counties is scheduled for January 2018. BHSSBC should be gaining additional information around this initiative in September 2017. BHSSBC has held trainings for Area Agency on Aging on Mental Health First Aid for Older Adults, Substance Use and Medication Misuse in Older Adults, and Understanding Hoarding Behaviors. Training on Hearing Distressing Voices occurred in February 2017.

N. Dual Diagnosis

1. In 2015, the County formed the DBHS Collaborative Committee. The purpose of the committee is to promote local MH/ID collaboration and implement the OMHSAS approved MH/ID action plan. This committee also addresses systemic dual diagnosis issues and has been exploring options for improving coordination, assessment tools, training, clinical consults, and case review.
2. The County is exploring participating in a Dual Diagnosis Treatment Team.

O. Collaborative Efforts

Efforts exist to partner with various stakeholders to address service gaps and needs. These partnerships have only added to the success of the county to sustain needed change. These partnerships are evident in the Child Model Workgroup, the COD Workgroup (Co-Occurring Disorders), Criminal Justice/Mental Health Initiatives, the MH/ID Collaborative Committee and the School based MH/SA Workgroup.

III. Strengths And Needs

It seems important to note that there is limited data available regarding the needs of several of the listed populations – older adults, co-occurring/substance abuse disorders, veterans and the other targeted groups. The county does not have a comprehensive data collection system available to gather complete and accurate information regarding these populations and their mental health needs. Therefore, a concrete data analysis is not able to be provided for the different target groups. There is a need for a better means to obtain complete and accurate data for these target populations to better assess mental health needs.

However, available data shows that Bedford and Somerset Counties historically have not shown distinct cultural groups based on race, ethnicity, religion, age, gender, sexual orientation or gender identity. About health disparities adversely affecting a group of individuals experiencing greater obstacles to health care, it would be reasonable to say that individuals in poverty represent a culture of our rural communities and a group of people who are adversely affected. Somerset and Bedford Counties are geographically large and very rural with high poverty and unemployment rates with a median income for those employed at $45,000/year. It is well documented that impoverished people have multiple social, physical, emotional, and economical stressors that affect their mental health but are often reluctant to seek mental health services. Factors which are known to contribute to the reluctance among rural impoverished individuals to seek mental health care include: not recognizing symptoms of mental illness, stigma, cost of care, not knowing where to go, lack of insurance, unavailability of providers, and lack of transportation. With a large population of poor in the counties and knowing the barriers that exist for this population including lack of transportation, lack of awareness, the lack of supportive environments, stigma, poor follow-thru, to name a few, one could assume there are many more impoverished individuals not receiving needed services.

A. Older Adults

Strengths:

1. County staff has a good working relationship with the County Area Agency on Aging (AAA).
2. Aging-Housing-Behavioral Health involvement in a collaborative project to identify the comprehensive range of needs of older adults and effectively coordinate access to and delivery of services. Efforts are being made to create a clear protocol for accessing services for complex needs across aging, housing and behavioral health systems, including appropriate referrals, coordination and follow-up.

Needs:

1. **Needs Assessment**

   There is evidence that older adults do not as readily access services as the general adult population. Based on available data, the County MH Provider System serves a small older adult population. Of the number of individuals who received MH services, less than 5% were 65 years of age and older. This does appear small in comparison to the counties' population and other age groups receiving services through the County MH Programs. However, the County assumes that the unmet need, of this sub-population is most likely larger than available data can reflect. Given the often- quoted statistic that one in five Americans will experience a mental illness it is possible to conclude that this

is an underserved population. It is possible that this population is being served through other providers; however, this information is not readily available now. This is a population who historically has sought medication services through family physicians and has not been interested in counseling services. In addition, the lack of public transportation makes it difficult for older adults to get to service locations and with limited mobile services their needs may not be completely met.

This is an age group that needs better assessed to determine if this population is underserved with regards to mental health needs. Efforts are in place to work with Area Agency on Aging, mental health providers in the counties, the MCO, and family physicians to assess the mental health needs of this population as well as determine where individuals are receiving services. The existing Adult service delivery system provides supports to older adults with mental illness through outpatient counseling services, psychiatric evaluation and medication management, Peer Support, Psychiatric Rehabilitation, Mobile Mental Health Services and Blended Case Management.

B. Adults

Strengths:

1. Low state hospital utilization
2. Responsive Crisis Intervention Services
3. Strong Coordination of Care efforts
4. Sufficient number of Outpatient Therapy Providers exists
5. Newly implemented Supportive Housing Program
6. Newly revised and active Drop-In Centers
7. Long standing collaborative team approach to service coordination and treatment for individuals with dual diagnosis

Needs:

1. Limited affordable housing options

In 2016, the County implemented s Supportive Housing Program (SHP) using reinvestment funds. During the first 8 months of operation, the SHP has shown early success and progress towards meeting established goals and outcomes for assisting individuals with serious mental illness to secure and maintain housing to live independently within their communities. There remain limited suitable housing options that are affordable for this population. Further effort is needed to work with landlord associations, Public Housing Authorities, Centers for Community Action, and HUD to explore options for increasing the availability of housing units

2. Limited supported employment opportunities

Few vocational opportunities exist for adults and transition age youth with mental illness in the County due to high unemployment rates, limited vocational training resources, and lack of public transportation. The Psychiatric Rehabilitation Program does provide some training and supports to individuals and has assisted a few individuals with finding work. The County's Sheltered Workshop, continues to provide a small vocational training and employment program but funding is only available to serve a limited number of MH involved adults and transition age youth. In addition,

referrals are made to OVR for training when possible; however, OVR funding is limited resulting in few individuals being able to receive training. History has shown there has been little success with the MH adult population obtaining competitive employment or keeping jobs after they are competitively employed without supports. It is believed that more individuals would be able to work competitively if a Supported Employment Program could be funded.

3. Lack of Public Transportation

The rural nature of the County and the lack of public transportation make it difficult for individuals to get to service locations. Access to services has always been a challenge for MH Programs due to the rural nature of the counties. MH Provider Offices are usually centrally located in the County. Without a public transportation system, it is difficult for individuals to get to services. The existence of several in-home/mobile services such as BCM, Mobile Psych Rehab, Peer Support, Mobile Mental Health, FBMHS and Wraparound Services have been effective with providing supports to many eligible adults and children but the lack of public transportation still restricts individuals from getting all services needed. A public transportation system and mobilizing additional services would obviously reach more individuals especially an older adult population. A Transportation Committee was created several years ago to explore funding options for a public transportation system but efforts have reached a standstill with no recent activity largely due to funding constraints.

4. Limited Psychiatric Services

Telepsychiatry was introduced as a new service to HealthChoices members in January 2010. Original goals of the Telepsychiatry program development continue to be slow to be met. Those goals were to improve access to outpatient psychiatric services by reducing wait time; to improve choice of outpatient psychiatrist in our rural counties; and to offer specialized services such as Board Certified Child/Adolescent psychiatrist. Although there are now three Telepsychiatry Providers operating in the County the amount of service offered remains limited and the costs remain expensive. As evidenced by continued long waiting lists for psychiatric doctor appointments in the County, efforts need to continue to concentrate on expanding psychiatric services. At this time, additional psychiatric services have not been obtained because of the DOH Mental Health Professional Shortage Designation.

C. Transition-age Youth

Strengths:

1. Specialized BCM exists for this age group
2. Specialized Psych Rehab Services exists for this age group
3. New Supportive Housing Program is addressing the housing needs of this population
4. Strong Coordination of Care efforts
5. Sufficient number of Outpatient Therapy Providers exists

Needs:

The needs identified for this population are the same as the needs listed above under the Adult section – housing, employment, transportation, and psychiatric services.

D. Children (under 18)

Strengths:

1. Strong Coordination of Care efforts with a strong, active CASSP System
2. Implementation of Evidence-based Programs
3. School Based Mental Health Services exist in all 11school districts including individual/group therapy, crisis intervention services, and SAP

Needs:

1. **To increase CRR Host Home placement options**

   Few CRR Host Home providers exist for children and adolescents in need of out-of-home placements which results in turning towards more restrictive levels of care (ie., RTFs or hospitalizations) or reverting to CRR Host Home placements out-of-county making it difficult for parents and social service staff to stay actively involved. There is a need to expand CRR-HH placement options and explore Intensive CRR-HH for children and youth that will include more local placement options in our county.

   The BHMCO Clinical Care Managers and CASSP Team process have had success with ensuring that children are not placed in RTFs or hospital inpatient units unnecessarily. The more intensive services (FBMHS, FFT, MST, PHP) are always used before seeking out-of-home placement. The newly developed children's PHP, due to begin in October 2017, will be an important service option to prevent out-of-home placements for this population. Because, it is challenging to find local CRR-HH options, the BHMCO continually works to increase the network of providers of this service.

2. **To Expand School Based Mental Health Services**

   Even though school based mental health services exist in all the County school districts there is a need for additional hours of service. School Districts do not have the funds to pay for the level of services needed. When applicable the mental health service provider has been able to access MA funds to serve students in the school setting but there remain many students who do not qualify that could benefit from school based services.

3. **To Establish a Children's Partial Hospitalization Program**

   Somerset County children under the age of 14 years of age are primarily served by PHP providers outside of the county. To determine if there was a need for a children's PHP, BHSSBC and the DBHS Program completed a needs assessment survey in Somerset County. The survey was directed to all school districts in Somerset County. Based on the survey results, it was determined there is a need for a site based PHP to serve youth ages 5 to 13. The County and MCO are having difficulty finding a willing provider for this service.

E. Individuals transitioning out of state hospitals

Strengths:

1. The County MH Program has been monitoring admissions and discharges to TSH as well as the numbers of days utilized and available since 1995 when individuals from the County were transferred to TSH.

a. The County operates within a 10-bed cap and for FY 2015-16 has managed to not exceed the bed cap with 6 of the months being below the bed cap.
b. 14 individuals were served at TSH through FY 2015-16: there were 4 new admissions and 6 discharges.
c. 10 individuals were diverted from going to TSH in FY 2015-16 by going to the LTSR Program, PCBH or to family members with supports services provided.
d. Only 1 individual had to be readmitted to TSH during FY 2015-16.

2. The County MH Program has maintained low utilization rates for many years now and has a good system in place for reviewing all potential admissions and assuring that the state hospital system is the most appropriate level of care.
3. The LTSR Program, the PHP and BCM programs have all been very effective in diverting admissions to TSH and assisted with getting individuals out of TSH.
4. Several long-term residents of TSH could be discharged within the past 6 months.
   a. One of long term residents could be discharged from TSH in September 2016 and placed in the County's LTSR Program. She is being maintained and doing well at this level of care.
   b. Another long-term resident of TSH was discharged from TSH in February 2017 and moved to a specialized PCBH with a nursing care component to manage his physical health issues.
   c. More recently in April 2017, another long-term resident of TSH with a history of frequent admissions into forensic units is showing early signs of success transitioning to the County's LTSR. The near future will be to transition this individual into a Master Leased apartment with intensive housing supports due to the availability of the Supportive Housing Program.

Needs:

1. Several individuals had to remain in TSH longer than the state set goals due to the individuals' severe level of mental illness and the lack of intensive residential, treatment, rehabilitation, and community supports and services to ensure success in a community setting. For one of the individuals, the level of care necessary to meet his mental health needs does not currently exist in our communities or any other community at this time and the funding to develop the intensive level of care needed is not available. There are no plans at this time for this individual to be discharged from TSH due to his severe level of mentally illness. He would need very intensive, one-on-one residential, treatment, rehabilitation, and community supports and services to have success in a community setting. Two other individuals are being considered for long term care in a nursing facility due to serious health issues. These individuals will need to remain in the state facility until nursing care is approved due to the lack of intensive community services and funding to support their needs.

F. Co-occurring mental health/substance use disorders

Strengths:

1. A Co-Occurring Disorders Workgroup (COD Workgroup) exists and continues to assess current co-occurring treatment options, to identify barriers, identify possible solutions and develop short-term and long-term strategies to enhance system capacity to deliver effective, coordinated care for individuals with co-occurring issues.

Needs:

1. Despite the COD Workgroup's efforts there is a consistent barrier to accessing services and a lack of integrated services that can treat both serious mental illness and substance abuse.
    - There is a need for regulatory changes that would allow for an easier way for the two systems of care to share/access information.
    - There is a need for providers to be dual certified. To date, the cost and regulatory barriers have been a deterrent for Providers.

Collaborative efforts will continue between the County/BHSSBC, the single County Authority and BH and SA treatment providers to increase the network with dually certified services. The County is exploring options for providing incentives to providers who become dually certified. In addition, since the Certified Recovery Specialist (CRS) Program is ready to begin operation, discussions are occurring with the County BH and SA offices for collaboration efforts to occur between the CRS and Certified Peer Specialists on a regular basis.

2. Numbers collected from the County's BHMCO regarding how many consumers have both MH and SA disorders show that for FY2015-16 there are approximately 793 people from Bedford and Somerset Counties who have been designated as having a co-occurring disorder. The overall percentage would be 3.8%- 3.5% of the 21,000 – 23,500 BHMCO member enrollments through FY 2015-16. That includes all ages, but is believed to be under reported due to an individual's resistance to report and the primary diagnosis being sometimes the only thing that is identified at screening/assessment. There is a need for a better means to obtain complete and accurate data for this population to better assess their mental health needs.

G. Justice-involved individuals

Strengths:

1. Collaborative efforts between criminal justice and mental health systems to coordinate services for individuals with mental illness that are involved with the legal system.
2. County MH staff participates on the County Criminal Justice Advisory Board.
    a. The CJAB continues to discuss and explore strategies to reduce the need for incarceration and to explore effective supports and services that will reduce entry into the criminal justice system including individuals with mental illness and substance abuse disorders.
3. Grant funding received and additional funding options continually explored.
4. Communication processes established with the County Jail to assess and serve the MH jail population upon release from the Jail.
5. Forensic Certified Peer Specialist services available
6. The County utilizes aspects of a Sequential Intercept Model as a diversion program from incarceration that aims at developing plans to keep mentally ill individuals out of jail.

a. A Crisis Intervention Team (CIT) exists as a pre-arrest diversion strategy where there is a collaborative effort between Mental Health Crisis, law enforcement, advocates/NAMI and the community to improve the response to individuals experiencing mental health crises. This team has focused on building relationships between the mental health service providers and law enforcement as well as organizing trainings for law enforcement. At a minimum, de-escalation trainings are scheduled annually along with Mental Health First Aid training.
b. Even with this pre-arrest diversion approach available it is still likely that offenders in need of treatment and support may be arrested. A post arrest diversion approach is for the magistrate/judge to order a MH Assessment and MH staff to make recommendations for appropriate programming.
c. For those who are incarcerated, there is a pre-release coordination team involving the County Jail, MH, SA and Probation staff that meet weekly to review census reports, share information and collaborate to develop appropriate release plans and provide appropriate linkages to community based services. In addition, individuals in forensic hospitals receive the same pre-release coordination efforts.
d. A newly developed day reporting center that includes mental health and substance abuse treatment services, as well as services for justice-involved individuals, is operating as a sentence reduction and diversion program. In early 2015, collaborative efforts resulted in the application for funding under the Smart Supervision Grant for Reducing Prison Population to develop a day reporting center for individuals that are on probation or parole to receive assistance in successful reentry by providing supervision and needed services at one location. In October 2015, the county was awarded these funds in the amount of $637,634, for 3 years. The day reporting center was developed and opened in January 2016. These individuals receive many services at one location including mental health and substance abuse treatment. The project is benefitting those justice-involved individuals with mental illness and/or co-occurring mental illness and substance abuse disorders (COD).

Needs:

1. Funding to provide therapy services to incarcerated individuals.
2. Funding to cover medication costs during incarceration and upon release.

H. Veterans

This is potentially an underserved population. There is limited data available as to the needs of this population but it appears few Veterans are served in the County's provider system. Veterans appear to seek services through specific VA Services.

The County along with the County BHSSBC Program will make an effort to conduct a cross collaborative approach in order to gather assessment data to better understand the treatment needs of veterans. It is possible that the Community Health Choices Program will additionally identify a veteran population in need of mental health services.

I. Other Target Groups

Given the rural composition of the County, additional specialized populations such as LGBTQI, deaf, racial/ethnic groups, are few, however that said, efforts do continue to support cultural competency within the county system and provider system. This helps assure that all individuals, regardless of their cultural group, lifestyle, or special needs, can access services and feel welcomed and supported. The County continues to create an environment of acceptance and tolerance.

The County does not present with significant cultural diversity issues making it difficult to target a distinct population based on race or ethnic characteristics:

- The population in the County is categorized primarily as a single race, white, leaving a very small minority population.
- There are very few non-speaking individuals in the County. Due to having little ethnic diversity, there are few to none non-English speaking individuals that the County Provider System has had to address. The County and the HealthChoices MCO always arranges for interpreters or communication assistance free of charge upon request to help individuals participate in services as needed and will continue to do so.
- The County shows a large German Ancestry, but these individuals do not demonstrate strong cultural traditions in the communities. Other ancestry groups are not demonstrating cultural practices in their communities as well.
- The race of the MH population appears to mirror that of the county with the predominant race categorized as white and English speaking.

There is no distinct LGBTQI population identified or surfacing as a target population. Providers have non-discrimination policies in place whereby they will not refuse admission or services based on race, religion, sex, sexual orientation, gender identity, lifestyle, ethnicity, age or disability.

For individuals with Traumatic Brain Injury the County has limited resources established however seeks consultation from experts as needed or explores options in other counties for any age group.

Note: The County recognizes that our identified needs and the assessment information submitted in the plan looks similar from the previous year. Our county needs have not changed and have remained constant due to the lack of funding to address identified needs. Our County only recently realized benefits from reinvestment funds to develop initiatives to address mental health needs and have prioritized housing support services as the focus.

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

Currently, partners do training on cultural and linguistic competence and will continue to offer training to members, especially for new employees. Our County is reviewing federal standards and will be working on a plan to implement a more uniform CLC training in our County.

Supportive Housing:

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

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

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. **Bridge Rental Subsidy Program for Behavioral Health**	X 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
	HC Reinvestment	$98,787	$74,889	9	7	9	$300 - 400	2	FY 16-17

3. **Master Leasing (ML) Program for Behavioral Health**	X 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
	HC Reinvestment	$36,200	$30,950	8	6	8	8	$300 - 400	FY 16-17

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**	X 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
	HC Reinvestment	$226,908	$385,615 new RIP funds being added here	45	60			4	FY 16-17

6. **Housing Contingency Funds for Behavioral Health**	X 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
	HC Reinvestment	$41,600	$10,000 Realigned $ to Housing Support Svs	32	11			$1,000	FY 16-17

7. **Other: Identify the program for Behavioral Health**	☐ Check if available in the county and complete the section.

Project Based Operating Assistance (**PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge** (**FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

IV. Recovery-Oriented Systems Transformation

These listed transformation priorities have been re-reviewed by County Staff who are in agreement that they are appropriately prioritized and represent the County's areas of focus and what the County wants to be addressing at this time.

A. To Increase Psychiatrist Services

Narrative: The County continues to experience shortages in Psychiatric Services. The County is using a large amount of base funds and HealthChoices medical dollars to pay for psychiatric services provided by locum tenens psychiatrists. This method of providing coverage is extremely costly and inconsistent. It appears that psychiatrists are not interested in working in rural counties making it difficult to address this issue.

Telepsychiatry was introduced as an option to HealthChoices Members only, in January 2010, to improve access to outpatient psychiatric services by reducing wait time; to improve choice of outpatient psychiatrist in our rural counties; and to offer specialized services such as Board Certified Child/adolescent psychiatrist. However, it is not an option for uninsured, underinsured or privately insured individuals which accounts for a significant number of the mentally ill population. Although the original goals of the Telepsychiatry program development are still not reached, it has been a start with increasing (albeit small) psychiatric service availability and increasing individual choice. As evidenced by continued long waiting lists for psychiatric doctor appointments in the County, efforts need to continue to concentrate on expanding psychiatric services. Since recruitment of psychiatrists to rural areas is a barrier to expansion, Telepsychiatry has been a reasonable alternative to traditional psychiatric care however the costs to operate Telepsychiatry have created new challenges for existing providers. Plans will include re-evaluating and expanding Telepsychiatry. Telepsychiatry needs to be an option for individuals who do not have medical assistance. Base Funds would be needed to support individuals who do not have medical assistance and are unable to pay for the service. The current MA rates, commercial insurance rates and base funding, make it difficult to cover the costs of psychiatric services.

The County has been successful in becoming designated as a Health Professional Shortage Area for Psychiatrists. As a follow-up to the County being designated by the DOH as a Mental Health Professional Shortage Area several providers have applied and been approved as NHSC sites. Efforts continue to assist additional providers to complete the DOH Mental Health Professional Shortage Designation application to increase the number of approved sites. The hope is that this designation will attract psychiatrists to the area. To date, psychiatrists have not taken advantage of this loan repayment program in our area. Efforts have begun to advertise this new designation and monitor the benefits. In addition, the County formed a psychiatric coalition and contracted with a consultant in July 2016, to provide professional consulting services to assist with system-wide planning and recruitment of needed psychiatric services. The goal is to increase the availability and access of quality psychiatric services delivered by board certified psychiatrists and CRNPs with a psychiatric specialty.

Time Line: With the recruitment plan developed by the consultant and the psychiatric coalition as well as approved providers as NHSC sites the hope is that at least 1-2 additional full time psychiatrists are hired by July 2018.

Fiscal Resources Needed: $300,000 to hire 1 Psychiatrist and cover recruitment expenses
Plan for Tracking Implementation: Recruitment and hiring Activities will be monitored by the County Mental Health Administration and HealthChoices Coordinator.

B. To Develop and Implement a Children's Partial Hospitalization Program (PHP)

Narrative: There are currently 2 PHP providers operating within Somerset County, one serves adults and the other serves adolescents. Children under the age of 14 have been primarily served by PHP providers outside of the county. During the FY 14-15, approximately 23 children under 14 years of age were served by 4 PHP providers. During FY 15-16 approximately 10 children under 14 were served by the same 4 PHP providers.

The BHMCO and County MH Program are looking to advance the system of care for children. To determine if there was a need for additional PHP providers, the County completed the first of two needs assessment surveys in March 2015, for a children's PHP in Somerset County. The survey was directed to all school districts in Somerset County. Based on the survey results, there is a need for a site based PHP to serve youth ages 5 to 13; the program should be a site-based PHP (not school based); and should be located within Somerset Borough or Township.

The County has been struggling to secure a provider to operate this service. The County selected a provider after a second round of Requests for Interest (RFI) was issued in November 2015 with a target date to open the program in October 2016. The opening of the program was delayed until August 2017, due to provider development and implementation issues. As of March 2017, the selected provider decided to rescind their plans to develop the program due to concerns that there would not be enough participants to make the program viable, especially since a neighboring county was exploring the option of developing the same program. This put the County in the position to seek another provider. Before issuing another RFI, the County decided to conduct a second needs assessment survey with the same school districts in April 2017, to ensure interest still exists. Once again, the survey supported the need for a site based PHP to serve youth ages 5 to 13. The plan will be to continue with the efforts to secure an interested provider.

Time Line: The County and BHMCO will re-issue a RFI in May 2017 for developing a children's PHP. Assuming an interested provider responds to the RFI, a selection will be made by July 2017. The hope is that a provider will be available to begin services by January 2018, if not before.

Fiscal Resources Needed: The population to be served will predominantly be HealthChoices eligible members so HealthChoices medical dollars will need to be used to fund each individual child receiving the service. In addition, there will be some children who will be non-MA recipients and/or uninsured therefore County base funds and school funding will be needed to support their participation in the program.

Plan for Tracking Implementation: The Program will be closely monitored for effectiveness by the County Mental Health Administration, the Health Choices Coordinator/Program staff, and the BHMCO.

C. To Develop a Dual Diagnosis Treatment Team (DDTT)

Narrative: Individuals who have a co-existing intellectual and developmental disability (IDD) and a mental health (MH) diagnosis often present with complex emotional, behavioral, physical, and social problems, which create challenges for their families, providers, and community supports to assist them in remaining in their homes and in their communities. Individuals with co-existing IDD/MH are often involved in multiple service systems, such as the Office of Developmental Programs, Office of Mental Health and Substance Abuse Services, and the individual's county of residence, as well as multiple service providers. Too often, staff working in one service delivery system, such as IDD, may not have the knowledge, experience, comfort level, or training with respect to supporting individuals with existing mental health presentations. Conversely, mental health professionals may not know how to modify behavioral health interventions to accommodate individuals with IDD. Resources from multiple service systems are expended to support the individual and address multiple needs, yet clinical outcomes are not comprehensive and outcomes have relatively low success overall. Individuals with IDD/MH often require some of the highest costs of services. Inability to manage symptoms due to their co-existing conditions compromise individuals' recovery efforts and often lead to crisis situations, repeated inpatient admissions, and place them at risk for admission to state hospitals or state centers. The Dual Diagnosis Treatment Team (DDTT) prevents the utilization of more intensive, costly, restrictive services by providing therapeutic interventions, case management, crisis, and medication management/monitoring.

A DDTT is designed to provide comprehensive services to meet the needs of individuals with IDD/MH who are at risk of losing their opportunity for community living or who are reintegrating into the community due to inpatient, state hospital, or state center admission. The DDTT will address individual needs during acute episodes (crisis, imminent risk) and during transition back to the community to support community living and maximize stabilization. A team approach will be utilized to ensure comprehensive and coordinated service delivery. Services will be person-centered, strengths-based, and recovery-oriented, utilizing principles of Applied Behavioral Analysis (ABA), Functional Behavioral Analysis (FBA), positive behavioral supports, recovery, and cross-systems integration. A DDTT team would consist of a Program Director, Behavioral Specialist, Service Coordinator, psychiatric nurse, psychiatrist and/or a CRNP supervised by a psychiatrist, a consulting pharmacist and an administrative assistant. DDTT is a voluntary, community-based, direct service that provides intensive supports with a primary focus on crisis intervention, hospital diversion, and community stabilization. This is achieved through delivery of integrated case management, medication monitoring/management, behavioral assessment, and the development and implementation of comprehensive behavioral support plans.

The current IDD service delivery system identifies 673 individuals who receive IDD services with 305 or 45% as dually diagnosed (IDD/MH) receiving MH services/supports. Most of these individual's needs can primarily be met through the established service system however there are at least 7 individuals who are diagnosed with serious and persistent mental illness and have an intellectual disability that need more supports than the current

service system can support and are experiencing significant difficulties that prohibit them from residing in the community.

The plan would be to begin the service with a modified DDTT with a small caseload using a regional approach with a surrounding county as a HealthChoices Supplemental Service. This would involve adding program staff (a FT Recovery Coordinator and a FT Behavior Specialist) to an already existing team with a program director, nurse and psychiatrist (using tele-psychiatry) in a neighboring county who would have a local presence. Once the program grows and the need is better defined the goal would be to formulate and implement a DDTT specific to Bedford-Somerset Counties.

Time Line: To identify a provider with an existing DDTT that has the capacity to be a modified team and able to absorb individuals from a neighboring county by July 2018 with the potential to have a full team operating by July 2020.
Fiscal Resources Needed: This service is expensive to operated however, it is expected that there will be a decrease in emergency room services, inpatient mental health services and crisis intervention services which should result in a cost savings. After talking to a DDTT provider it has been concluded that the amount of funding needed to service 7 individuals for a year through this program would be approximately $450,000. The plan will be to submit a request to the BHMCO to approve funding this service as a Supplemental Service.
Plan for Tracking Implementation: Project activities will be monitored by the selected provider, County Mental Health Administration and County HealthChoices Coordinator/Program staff.

D. To Develop a Supported Employment Program

Narrative: Few vocational opportunities exist for adults and transition age youth with mental illness in the County due to high unemployment rates, limited vocational training resources, and lack of public transportation. The Psychiatric Rehabilitation Program does provide some training and supports to individuals and has assisted a few individuals with finding work. The County's Sheltered Workshop, offers a small vocational training and employment program but funding is only available to serve a limited number of MH involved adults and transition age youth. In addition, referrals are made to OVR for training when possible; however, OVR frequently informs us of their funding limitations resulting in few individuals being able to receive OVR employment services.

The County is committed to improving employment outcomes for those with serious mental illness. Evidence shows that individuals with serious mental illness want to work and can do well in competitive employment positions. Research also shows that individuals who receive services according to a Supported Employment model are more likely to be successful than if they receive other forms of vocational services. A Supported Employment Program would help individuals with severe mental illness find, get and keep competitive employment positions in their communities which would in turn allow individuals to achieve higher income levels, experience fewer symptoms of mental illness, live more independently and have higher self-esteem. If a Supported Employment Program was funded more individuals would be able to work competitively.

The plan would be to develop a Supportive Housing Program that includes the following:

1. Achieves the goal to increase the number of persons served by the behavioral health system who are competitively employed.
2. Ensures that the program is developed in accordance with SAMHSA Supported Employment evidence-based principals
3. Gears the program towards helping people find and keep jobs in the community that pay at least minimum wage. This program would not be intended to help people access positions at the County's sheltered workshop.
4. That individuals find and get jobs according to their preference and strengths.
5. Is individualized to meet the needs of each person meaning someone can receive support as long as he/she needs it.
6. Individuals are not excluded because of the presence of mental illness symptoms or lack of work history.
7. Addresses transportation options and transportation barriers.
8. Provides benefits counseling since many people who are interested in working are worried they will lose health insurance benefits or social security income if they work.
9. Assesses local workforce needs and employer requirements
10. Collects data related to employment status, progress and success of individuals in evidence based employment practices.
11. Provides training and education to the community about recovery and the value of work
12. Works with local educational organizations to prepare, train and certify consumers seeking careers.

Time Line: To develop a more comprehensive long-range plan on employment to address the transformation goals by January 2020. Securing funding and implementation of this plan would take place over a number of years.

Fiscal Resources Needed: A critical first step would be to increase funding and resources for a supported employment program by earmarking new funds, using existing resources and/or redirecting existing funds. The County will need to explore options of shifting funds from the sheltered workshop and other county base funded services, using Reinvestment funds and accessing available grant funds. In addition, there would be a need to explore work incentive programs and OVR funding/resources. At this time, the County does not have adequate base funds or HealthChoice Reinvestment dollars to support an employment project. The County's reinvestment funds are dedicated to a supportive housing program at least until 2020, at which time a new reinvestment project could be considered. Funding in the amount of approximately $350,000 would be needed to hire staff including a program director to develop, implement and oversee the program as well as employment specialists to provide a variety of vocational supports such as job placement, job training, job counseling, transportation, or other supports needed to enable the individual to retain his/ her employment; to purchase and maintain vehicles; and cover operating expenses.

Plan for Tracking Implementation: Project Activities would be monitored by the selected provider, County Mental Health Administration and County HealthChoices Coordinator/Program staff.

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	X	X County X HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	X	X County X HC ☐ Reinvestment
Partial Hospitalization	X	X County X HC ☐ Reinvestment
Family-Based Mental Health Services	X	X County X HC ☐ Reinvestment
ACT or CTT	☐	☐ County ☐ HC ☐ Reinvestment
Children's Evidence Based Practices	X	☐ County X HC ☐ Reinvestment
Crisis Services	X	X County X HC ☐ Reinvestment
Emergency Services	X	X County X HC ☐ Reinvestment
Targeted Case Management	X	X County X HC ☐ Reinvestment
Administrative Management	X	X County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	X	X County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Service	X	☐ County ☐ HC ☐ Reinvestment
Community Residential Services	X	X County X HC ☐ Reinvestment
Psychiatric Rehabilitation	X	X County X HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	X	X County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	X	X County ☐ HC ☐ Reinvestment
Administrator's Office	X	X County ☐ HC ☐ Reinvestment
Housing Support Services	X	X County ☐ HC X Reinvestment
Family Support Services	X	X County X HC ☐ Reinvestment
Peer Support Services	X	☐ County X HC ☐ Reinvestment
Consumer Driven Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Services	X	X County X HC ☐ Reinvestment
Mobile Mental Health Treatment	X	☐ County X HC ☐ Reinvestment
BHRS for Children and Adolescents	X	☐ County X HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	X	X County X HC ☐ Reinvestment
Outpatient D&A Services	X	X County X HC ☐ Reinvestment
Methadone Maintenance	X	X County X HC ☐ Reinvestment
Clozapine Support Services	X	X County X HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)		

*HC= HealthChoices

Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx) #s for FY 15-16	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	N	0	N/A	N/A	N/A	N/A	N/A	
Supportive Housing	Y	0	Tool Kit Manual from EBP	BHSSBC County	N/A	Y	Y	New program as of 7/1/16 - No data available
Supported Employment	N	0	N/A	N/A	N/A	N/A	N/A	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	695	CCISC Code-CAT Co-FIT	BHSSBC COD Workgroup	Annually	SAMHSA Tip 42	Yes	# served is much higher than last year due to inaccurate reporting last yr
Illness Management/ Recovery	N	0	N/A	N/A	N/A	N/A	N/A	
Medication Management (MedTEAM)	N	0	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	N	0	N/A	N/A	N/A	N/A	N/A	
Multisystemic Therapy	Y	0	Outcome measures based on set goals	MST data collection system	Every 6 months	yes	Yes	New Program started 7/1/16 No data available
Functional Family Therapy	Y	41	Tool Kit Manual from EBP	Contracted Entity	Quarterly	Yes	Yes	
Family Psycho-Education	N	0	N/A	N/A	N/A	N/A	N/A	

Additional EBP, Recovery-Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate) #s for FY15-16	Comments
Consumer Satisfaction Team	Y	522 combined	
Family Satisfaction Team	Y		
Compeer	N	0	
Fairweather Lodge	N	0	
MA Funded Certified Peer Specialist	Y	57	
Other Funded Certified Peer Specialist	N	0	
Dialectical Behavioral Therapy	Y	*	Data not available
Mobile Services/In Home Meds	N	0	
Wellness Recovery Action Plan (WRAP)	Y	*	Data not available
High Fidelity Wrap Around	N	N	
Shared Decision Making	N	0	
Psychiatric Rehabilitation Services (including	Y	178	
Self-Directed Care	N	0	
Supported Education	N	0	
Treatment of Depression in Older Adults	Y	42	for 65+
Competitive/Integrated Employment Services	N	0	
Consumer Operated Services	N	0	
Parent Child Interaction Therapy	Y	20	
Sanctuary	Y	9	
Trauma Focused Cognitive Behavioral Therapy	Y	*	Data not available
Eye Movement Desensitization And Reprocessing (EMDR)	Y	*	Data not available
Other (Specify)			

** Due to the recent upgrade of the BHMCO data system this information was not available at the time of the plan submission. In the newly upgraded system the BHMCO is not able to pull the data by the method used with the previous data system. The BHMCO is aware of their reporting problems and is in the process of addressing.*

Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed *(as of 5/11/17)*	**24**
Number Full Time (30 hours or more)	**15**
Number Part Time (Under 30 hours)	**9**

Intellectual Disability Services

Continuum of Service

Bedford-Somerset DBHS - ID Program is committed to ensuring individuals receive participant centered service planning and delivery. The Administrative Entity ensures all available resources are utilized to meet the service and support needs of the individual. Bedford-Somerset DBHS - ID Program is dedicated to ensuring the highest quality of services to those served. Bedford-Somerset DBHS Administrative Entity assures that those served - individuals with intellectual disabilities - receive quality services needed in a timely manner.

The Administrative Entity of Bedford-Somerset DBHS - ID Program is committed to ensuring service needs are met through allocated funding and/or other funding resources. The assurance is met by, is not limited to:

- When other funding resources are identified, those resources are exhausted prior to allocating funds.

- Bedford-Somerset DBHS utilizes allocated funding to support the traditional or nontraditional day programming needs of individuals utilizing a funded living arrangement outside that of a living arrangement that may be required through Home and Community Based Services.

- Pending availability of funding, Bedford-Somerset DBHS may utilize the allocated funding to meet emergency needs of individuals prior to availability of Waiver Capacity. This utilization method has prevented Bedford-Somerset DBHS from initiating its Waiver Capacity Emergency Management protocol. Bedford-Somerset DBHS will continue to utilize this method in order to avoid seeking additional waiver capacity for unanticipated emergencies.

The Administrative Entity of Bedford-Somerset DBHS - ID Program is accountable for funding expectations through Quality Management. The Administrative Entity of Bedford-Somerset DBHS - ID Program's 2016-2018 Quality Management Plan will again include an objective based on ODP's Quality Framework. The objective reads that the Administrative Entity will

ensure that needed services, including services that are needed on a temporary basis until Waiver Capacity is managed, are approved using the Human Services Development Fund allocation for 100% of individuals. Through Quality Management, areas of strength and areas needing improvement will be identified; remediation actions steps will be determined to improve the funding allocation practice. Based on the Administrative Entity of Bedford-Somerset DBHS - ID Program's model of practice for requesting funding, all individuals have been approved for requested services that have been determined a need. Initiation of this model in 2009 removed barriers to allocating funding. These barriers generated a waiting list for needed services. The Administrative Entity of Bedford-Somerset DBHS - ID Program's model for requesting funding removed barriers to ensure individuals receive needed services in a timely manner. Following this objective will ensure any additional barriers are remediated and that the practice is continually improved.

Bedford-Somerset DBHS - ID Program is committed to ensuring individuals receive participant centered service planning and delivery. The Administrative Entity ensures all available resources are utilized to meet the service and support needs of the individual. Bedford-Somerset DBHS - ID Program is dedicated to ensuring the highest quality of services to those served. Bedford-Somerset DBHS Administrative Entity assures that those served - individuals with intellectual disabilities - receive quality services needed in a timely manner. Bedford-Somerset DBHS follows its Model of Practice for Requests for Funding and its Model of Practice for Individual Support Plan Approval and Authorization. The Model of Practice for Requests for Funding process allows the Administrative Entity to assess allocated funding needs and utilization of funding resources, when applicable. The Model of Practice for Individual Support Plan Approval and Authorization for Bedford-Somerset DBHS - ID Program guarantees the ISP meets compliance and is comprehensive in defining service needs and the planning process.

The Administrative Entity of Bedford-Somerset DBHS - ID Program is committed to ensuring service needs are met through allocated funding and/or other funding resources. The assurance is met by, is not limited to:

- When other funding resources are identified, those resources are exhausted prior to allocating funds.
- Bedford-Somerset DBHS utilizes allocated funding to support the traditional or nontraditional day programming needs of individuals utilizing a funded living arrangement outside that of a living arrangement that may be required through Home and Community Based Services.
- Bedford-Somerset DBHS may utilize the allocated funding to meet emergency needs of individuals prior to availability of Waiver Capacity. This utilization method has prevented Bedford-Somerset DBHS from initiating its Waiver Capacity Emergency Management protocol. Bedford-Somerset DBHS will continue to utilize this method to avoid seeking additional waiver capacity for unanticipated emergencies.

Bedford-Somerset DBHS - ID Program also stands behind the Everyday Lives framework to provide individuals with Choice; Choice in Service and Choice in Provider. The Administrative Entity of Bedford-Somerset DBHS - ID Program has been successful in the recruitment of providers to offer a full range of Home and Community Based Services in both Bedford and

Somerset Counties. The AE maintains a strong network of traditional providers offering the service Supported Employment, recruited new providers offering Supported Employment, Behavioral Support, Home and Community Habilitation, Companion, Respite, Lifesharing and expanded Lifesharing opportunities. Existing providers offering a full range of Home and Community Based Services have been retained to ensure individuals are receiving support to continue to live independently or with relatives. It is Bedford-Somerset DBHS' intent to continue current recruitment practices for to retain providers of New Services proposed in the Waiver Renewals for July 1, 2017.

The Administrative Entity of Bedford-Somerset DBHS - ID Program is committed to ongoing recruitment/education activities to ensure Choice. These activities include, are not limited to:

- Review of HCSIS/Services and Support Directory to identify qualified waiver providers with the Commonwealth.
- Host Provider Network Meetings.
- Correspond with potential providers through mailings, direct telephone calls, personal visits, and invitations to visit Bedford-Somerset DBHS.
- Contact and visit neighboring counties to discuss their provider network and ascertain recommendations and references.
- Partner with neighboring counties to pool resources as indicated.
- Attend the Annual Providers Association training to network and recruit potential providers.
- Develop and distribute Request for Proposals (RFP) regarding services as such needs arise.

Bedford-Somerset DBHS – ID Program completed a Train the Trainer for Applicant Orientation to Enrollment and Provision of Quality Services in the Intellectual Disability Service System. Bedford-Somerset DBHS will host and present at least annually for new providers. Bedford-Somerset DBHS's Models of Practice coupled with its commitment to choice and recruitment efforts provides for a full range of services being afforded and funded.

Individuals Served

	Estimated Individuals served in FY 15-16	Percent of total Individuals Served	Estimated Individuals served in FY 16-17	Percent of total Individuals Served
Supported Employment	8	7%	7	6%
Pre-Vocational	33	28%	36	30%
Adult Training Facility	21	18%	17	14%
Base Funded Supports Coordination	20	17%	19	17%
Residential (6400)/unlicensed	0	0%	0	0%
Lifesharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	6	1%	6	1%
PDS/VF	45	10%	45	10%
Family Driven Family Support Services	59	49%	67	56%

Supported Employment

As written in Bedford-Somerset DBHS - ID Program's Strategic Plan (Issued October 23, 2008, Annual Review Approved on April 26, 2016) for Employment, the agency is committed to expanding, promoting and providing a variety of community employment opportunities and options to individuals. The ID Program's employment goals include developing an environment in which individuals have the opportunity to have community employment as an option, the establishment of standard practices and a development of working partnerships with OVR, school districts and other agencies so that our resources are used efficiently as possible in achieving employment outcomes, identifying and reducing barriers to employment in the service system, conducting outreach and support to businesses and industries that employ individuals and ensure individuals are given an opportunity to discuss Community Employment options as well as Community Employment providers prior to making a decision on their employment choice. In order to assure Community Employment opportunities and options are expanded, promoted and provided Bedford-Somerset DBHS - ID Program has identified a Community Employment point person, Community Employment opportunities and choices are introduced during the individuals' intake and at the annual ISP meeting, conducts extensive recruitment efforts to secure additional employment providers, continues to work with current employment providers so that they are expanding, enhancing and promoting community employment opportunities and Community Employment as an option is listed on AE brochures and SC

brochures and handouts. Bedford-Somerset DBHS – ID Program will continue to promote and recruit for expansion of Supported Employment. The ID Program plans to continue to review the Employment during its provider network meetings, ensure individuals are provided with supported employment options when discussing employment at intake and at least annually, and discuss the opportunity during monthly Administrative Entity/Supports Coordination Organization (AE/SCO) meetings with regard to each individual interested in employment/requiring supported employment. Bedford-Somerset DBHS – ID Program's Community Employment point person will continue to work with supported employment providers, specifically those authorized to provide job finding, to ensure individuals are attending local job fairs, etc. The Community Employment point person will also continue to work with local transition councils to effectively communicate the employment initiative for individuals transitioning from school to the community. Effective July 1, 2016, the ID Program began working on its Employment outcome through its 2016-2018 Quality Management Plan. It is Bedford-Somerset DBHS – ID Program's goal to ensure each individual receiving job finding through supported employment is provided support necessary to obtain employment in an area of interest and ability. The ID Program will have an integral role in supporting the individual/team in meeting employment objectives. Bedford-Somerset DBHS – ID Program will ensure the changes to the service definition and the addition of the Advanced Supported Employment definition as proposed in the July 1, 2017 Waiver Renewals will be communicated to all individuals/families in need of this service.

In ensuring 'Employment First', Bedford-Somerset DBHS – ID Program strives to educate/offer training to staff to ensure individuals receive the most comprehensive coordination/support available. Bedford-Somerset DBHS is committed to interagency collaboration through Employment Connection, SELN (State Employment Leadership Network). Bedford-Somerset DBHS works with the ARC of Pennsylvania Include Me from the Start Discovery to provide information on the process on the discovery process that leads to employment.

Bedford-Somerset DBHS - ID Program has participated in the Employment Pilot since FY 2008-2009. During the 2016-2017 FY, $46,608.00 was allocated through the Employment Pilot. To date, for the 2016-2017 FY, $26,073.65 has been utilized. Bedford-Somerset DBHS participates in Coalition/Community of Practice Transitional Councils of both Bedford and Somerset Counties. Bedford-Somerset DBHS projects to serve at least one new individual through the Employment Pilot for the FY 17-18.

Supports Coordination

Bedford-Somerset DBHS - ID Program ensures Supports Coordination is provided as defined in Consolidated and Person/Family Directed Support Waiver Amendments, Effective July 1, 2016 to all individuals registered with Bedford-Somerset DBHS. The Bedford-Somerset DBHS – ID Program practice in supporting the service and the expectations of the service provider(s) will remain unchanged. Bedford-Somerset DBHS – ID Program ensures Supports Coordination is provided to all individuals who reside in living arrangements such as correction/detention centers and nursing facilities. Bedford-Somerset DBHS – ID Program also supports the service to be provided to all individuals in the Reserved Capacity process.

Bedford-Somerset DBHS – ID Program advocates the use of natural supports, supporting this effort through its ISP Review, Approval, and Authorization Model of Practice. Supports Coordination Organizations review the use of natural supports on a continuous basis, when support is determined a need prior to exploring choices of traditional providers and/or self-direction. Supports Coordination Organizations, in conjunction with the individual and the individual's team with guidance from the ID Program, develop person-centered Individual Support Plans. Through the ID Program's Model of Practice, ISPs are approved to ensure an Every Day Life for the individual, supporting community involvement/inclusion and ensuring Employment is reviewed at least annually and when an employment service is determined a need.

Lifesharing Options

As written in Bedford-Somerset DBHS - ID Program's Strategic Plan (Issued October 23 2008, Annual Review Approved on April 26, 2016) for Lifesharing, the ID Program is committed to expanding, promoting and providing Lifesharing opportunities and options to individuals. To assure Lifesharing opportunities and options are expanded, promoted and provided, Bedford-Somerset DBHS - ID Program has identified a Lifesharing point person, Lifesharing opportunities and choices including choice of provider are introduced during the individuals' intake and at the annual ISP meeting, conducts extensive recruitment efforts to secure additional providers, and Lifesharing as an option is listed on AE brochures and SC brochures and handouts. Bedford-Somerset DBHS – ID Program will continue to promote and recruit for expansion of Lifesharing. The ID Program plans to continue to review Lifesharing during its provider network meetings, ensure individuals are provided with Lifesharing as a living arrangement option at intake and at least annually, and discuss the opportunity during monthly Administrative Entity/Supports Coordination Organization (AE/SCO) meetings with regard to each individual requiring a residential habilitation arrangement. The ID Program began working on its Lifesharing outcome through its 2016-2018 Quality Management Plan. It is Bedford-Somerset DBHS – ID Program's goal to ensure local Lifesharing opportunities are provided to individuals requiring residential habilitation.

Lifesharing opportunities are limited locally, the vacancies that do exist do not meet the needs of the individual and/or are not a suitable match. Bedford-Somerset DBHS – ID Program will ensure the changes to the service definition as proposed in the July 1, 2017 Waiver Renewals will be communicated to all individuals/families in need of this service.

Cross Systems Communications and Training

The Administrative Entity (AE) of Bedford-Somerset DBHS - ID Program maintains a solid relationship with its Supports Coordination Organizations (SCO) and its entire provider and resource network in order to ensure compliance with the Administrative Entity Operating Agreement. The Administrative Entity of Bedford-Somerset DBHS - ID Program analyzes annual Independent Monitoring for Quality data to determine areas in need of improvement. Through IM4Q efforts, the Administrative Entity of Bedford-Somerset DBHS - ID Program is able to work on objectives to ensure individuals are receiving quality supports and services. Bedford-Somerset DBHS AE works toward improving efforts through its Quality Management

Plan. Bedford-Somerset DBHS AE collaborates with the local Area Agency on Aging. The AAA/ID Committee works together to ensure aging individuals with an intellectual disability and/or individuals with an intellectual disability with an aging caregiver are provided the needed services and supports. Bedford-Somerset DBHS AE collaborates with the Southwestern PA Heath Care Quality Unit (HCQU), managed by Westmoreland County Behavioral Health/Developmental Services. Bedford-Somerset DBHS AE identifies training needs for its local provider network, including the SCO, and works with the HCQU to develop an annual schedule of Shared Trainings. During the 2017 calendar year, Bedford-Somerset DBHS AE will host Shared Trainings that will be presented by the HCQU. During the 2015 calendar year, Bedford-Somerset DBHS AE hosted the 40-hour Dual Diagnosis training sponsored by a joint initiative of the Office of Mental Health and Substance Abuse Services and the Office of Developmental Programs. Bedford-Somerset DBHS was the first host in the Southwestern Region to complete the series. During the 16/17 FY, Bedford-Somerset DBHS has again hosted the series. Bedford-Somerset DBHS AE also collaborates with the HCQU to assist in specialized interventions, complex behavioral and/or medical needs.

Bedford-Somerset DBHS – ID Program is working with the Behavioral Health Services of Somerset and Bedford Counties to ensure the availability of a Dual Diagnosis Treatment Team coordinated by Northwest Human Services to individuals registered with Bedford-Somerset DBHS.

Bedford-Somerset DBHS participates in Coalition/Community of Practice Transitional Councils of both Bedford and Somerset Counties to plan for individuals transitioning. Bedford-Somerset DBHS is a collaborative member of LINK - PA Link to Aging and Disability Resources, Somerset-Cambria-Bedford-Blair-Huntingdon-Fulton. Bedford-Somerset DBHS – ID Program serves as a member of the Mental Health/Intellectual Disability Committee for both Bedford-Somerset Counties.

Emergency Supports

Bedford-Somerset DBHS - ID Program utilizes Human Services Development Funding (HSDF) to support individuals with needed services and supports. Supporting each individual prevents a higher-level placement cost. Bedford-Somerset DBHS – ID Program will continue to utilize its Request for Funding Model of Practice. Funding is approved for all applicable Home and Community Based Services (HCBS) except for Community Home and Lifesharing (Family Living). When an Emergency, as defined by the Prioritization of Urgency of Needs for Services, is met, Bedford-Somerset DBHS may fund the needed living arrangement for a temporary period until Waiver Capacity is managed appropriately. All other applicable HCBS assist in averting the need for higher level placement costs. To date, Bedford-Somerset DBHS – ID Program has managed all emergency needs by utilizing its allocation from the Human Service Development fund and managing its Waiver Capacity. To date, Bedford-Somerset DBHS – ID Program has not initiated ODP's Unanticipated Emergency protocol. Bedford-Somerset DBHS – ID Program's Waiver/Fiscal team meets weekly to ensure management of allocated funds from the HSDF, assuring availability of resources when emergencies arise.
As written in the approved Waiver Capacity Model of Practice for Bedford-Somerset DBHS (Issued April 23, 2009, Revised effective October, 2012), when an emergency exists, it is the

responsibility of the emergency management team (Waiver Program Director/Waiver Department, SCO Supervisor(s), and Assistant Administrator for Administration) to work together and draw in all appropriate/available resources to ensure the individual's service/support needs are met.

- Bedford-Somerset DBHS – ID Program's Waiver/Fiscal team meets weekly to ensure management of allocated funds from the HSDF, assuring availability of resources when emergencies arise.

- As required by the Office of Developmental Programs (ODP), emergency contact information for Bedford-Somerset DBHS is on record (update to ODP upon request, 5/15/2017) as required for ODPs Emergency Management protocol. In addition, Bedford-Somerset DBHS – ID Program implements its protocol when needed services/supports are identified by the Supports Coordination Organization (during normal business hours) and by Bedford-Somerset DBHS – Crisis team (during normal/outside normal business hours). As required by the Adult Protective Service, emergency contact information for Bedford-Somerset DBHS is on record (submitted to ODP upon request, 5/15/2017) as required for Emergency Management protocol. When an emergency need arises during normal/outside normal business hours, it is the responsibility of Bedford-Somerset DBHS – ID Program's Emergency Management team, to ensure service/support needs are met without regard to current enrollment, ensuring the individual is eligible to receive service/support. When needed, available funding from the Human Services Development Fund allocated to Bedford-Somerset DBHS – ID Program is used to meet emergency needs on a permanent or temporary basis. In the event that funding resources are available temporarily/unavailable and no waiver capacity exists, the Waiver Program Director, will gather all information necessary to initiate ODPs Unanticipated Emergency protocol and follow procedures outlined in the ODPs Waiver Capacity Management. From this point on, it is the responsibly of the Waiver Program Director to communicate with the Waiver Capacity Manager through the process. The Waiver Department is responsible for tracking all emergencies and following the timelines set forth in ODPs Waiver Capacity Management.

Bedford-Somerset DBHS provides Mobile Crisis. Mobile services are designed to meet the needs of more pressing crisis situations. It is not uncommon for law enforcement and/or medical personnel to be involved in these services. Every effort is made by the Mobile Crisis team to de-escalate the situation by phone prior to this, however sometimes it is necessary to take further steps to assure the safety and welfare of those involved. Bedford-Somerset DBHS takes care in understanding the situation as best as possible before acting and always attempts to use the least restrictive measures while supporting those involved in the emergency.

Bedford-Somerset DBHS' Mobile Crisis team is comprised of staff working full-time in crisis, behavioral health staff, and developmental services staff. Bedford-Somerset DBHS orientation for applicable staff consists of multiple training requirements, such as a review of 'i go home' - a video related to individuals living in Pennhurst and Individual Health Behavioral Emergencies and Crisis Policy and Principles of the ID System. In additional, all DBHS staff receive orientation on service and/or support offered by each program department. The Bedford-

Somerset DBHS' Mobile Crisis team is required to complete Crisis Orientation and Training and in addition to this must completed Mental Health First Aid Certification for Adults and Youth, QPR Suicide Prevention, SafeTALK Suicide Alertness for Everyone, and De-escalation. It is also recommended that each team member receive training in ASSIST and Advanced De-escalation.

Bedford-Somerset DBHS is committed to lifelong learning and affords all staff continuing training/education opportunities. Bedford-Somerset DBHS AE has hosted Shared Trainings that are presented by the HCQU. During the 2015 calendar year, Bedford-Somerset DBHS AE hosted the 40-hour Dual Diagnosis training sponsored by a joint initiative of the Office of Mental Health and Substance Abuse Services and the Office of Developmental Programs. Bedford-Somerset DBHS was the first host in the Southwestern Region to complete the series in 2015. During the 16/17 FY, Bedford-Somerset DBHS hosted the series and an additional 16 Shared Trainings. Bedford-Somerset DBHS staff are also afforded training opportunities through Behavioral Health Services of Somerset and Bedford Counties. Bedford-Somerset DBHS will also afford staff a breadth of training opportunities through RELIAS Learning in the near future.

Administrative Funding

On March 31, 2016, the Central Regional AE Managers were introduced to Community of Practice. Bedford-Somerset DBHS plans to implement this practice and host information sessions in the same manner as its Shared Trainings provided by the HCQU.

In ensuring 'Employment First', Bedford-Somerset DBHS - ID Program strives to educate/offer training to staff to ensure individuals receive the most comprehensive coordination/support available. Bedford-Somerset DBHS is committed to interagency collaboration through Employment Connection, SELN (State Employment Leadership Network). Bedford-Somerset DBHS works with the ARC of Pennsylvania Include Me from the Start Discovery to provide information on the process on the discovery process that leads to employment.

Bedford-Somerset DBHS collaborates with the Southwestern PA Heath Care Quality Unit, managed by Westmoreland County Behavioral Health/Developmental Services. Bedford-Somerset DBHS AE identifies training needs for its local provider network, including the SCO, and works with the HCQU to develop an annual schedule of Shared Trainings. During the 2016 calendar year, Bedford-Somerset DBHS AE hosted Shared Trainings presented by the HCQU. During the 2015 calendar year, Bedford-Somerset DBHS AE hosted the 40-hour Dual Diagnosis training sponsored by a joint initiative of the Office of Mental Health and Substance Abuse Services and the Office of Developmental Programs. Bedford-Somerset DBHS was the first host in the Southwestern Region to complete the series in 2015. During the 16/17 FY, Bedford-Somerset DBHS hosted the series and an additional 16 Shared Trainings. Bedford-Somerset DBHS staff are also afforded training opportunities through Behavioral Health Services of Somerset and Bedford Counties. Bedford-Somerset DBHS will also afford staff a breadth of training opportunities through RELIAS Learning in the near future.

Bedford-Somerset DBHS - ID Program analyzes annual Independent Monitoring for Quality data to determine areas in need of improvement. Through IM4Q efforts, Bedford-Somerset

DBHS - ID Program is able to work on objectives to ensure individuals are receiving quality supports and services. Bedford-Somerset DBHS works toward improving efforts through its Quality Management Plan.

Bedford-Somerset DBHS AE collaborates with the local Area Agency on Aging. The AAA/ID Committee works together to ensure aging individuals with an intellectual disability and/or individuals with an intellectual disability with an aging caregiver are provided the needed services and supports. Bedford-Somerset DBHS – ID Program continues to work with the Behavioral Health Services of Somerset and Bedford Counties to ensure the availability of a Dual Diagnosis Treatment Team coordinated by Northwest Human Services to individuals registered with Bedford-Somerset DBHS.

Bedford-Somerset DBHS participates in Coalition/Community of Practice Transitional Councils of both Bedford and Somerset Counties to plan for individuals transitioning. Bedford-Somerset DBHS is a collaborative member of LINK - PA Link to Aging and Disability Resources, Somerset-Cambria-Bedford-Blair-Huntingdon-Fulton. Bedford-Somerset DBHS – ID Program serves as a member of the Mental Health/Intellectual Disability Committee for both Bedford-Somerset Counties.

Bedford-Somerset DBHS supports local providers through Shared Training opportunities, Dual Diagnosis training opportunities, collaboration with local Areas Agencies on Aging, and opportunities for education and training on behavioral health topics through Behavioral Health Services of Somerset and Bedford Counties, dissemination of communications, quarterly Provider Network meeting opportunities, and individualized support. Bedford-Somerset AE is committed to ensuring all stakeholders are provided with answers to all questions, striving for same day/next day support. In doing so, Bedford-Somerset AE should be provided all the necessary, update to date information and changes related to policies, procedures, and regulations.

Bedford-Somerset DBHS - ID Program manages Risk through the review of incident management data/information, quarterly analysis of data collection information through quality management. It is the responsibility of Bedford-Somerset to support the identification of and reduction of Risk, providing guidance and support to teams, using available resources such as specialized interventions and dual diagnosis coordination.

Bedford-Somerset DHBS - ID Program provides individuals/teams with support in housing opportunities and information, participates if not leads, local interagency committees, and is committed to the development of affordable, quality housing opportunities that will allow individuals to remain living in the community, with our without the need for support.

Bedford-Somerset DBHS - ID Program, as the Lead AE, ensures, through Provider Monitoring, that providers have an Emergency Preparedness Plan.

Participant Directed Services (PDS)

Bedford-Somerset DBHS - ID Program supports self-direction, supporting this effort through its ISP Review, Approval, and Authorization Model of Practice. Supports Coordination

Organizations review Participant Directed Services (PDS) on a continuous basis, when support is determined a need prior to exploring choices of traditional providers.

Individuals participating in self-direction may choose two Financial Management Service (FMS) options. Unlike the Vendor Fiscal/Employer Agent (VF/EA) FMS option, Agency with Choice (AWC) FMS is required to ensure vendors are qualified. The AWC FMS option also is required to ensure Managing Employers and Support Service Workers are qualified and receive required training when the VF/EA option requires the Common-Law Employer to sign an attestation. There is also a statewide monitoring tool exclusive to the AWC model to ensure the entity serving as an AWC is in compliance. Consistency is the key. Monitoring of the management and provision of service through the VF/EA is needed. Guidance, standards, tools should be provided to ID Programs. During a monitoring review of individuals self-directing through the VF/EA FMS, Bedford-Somerset DBHS - ID Program determined the need to provide an initial review to Common Law Employers (CLE) through the Vendor Fiscal/Employer Agent (VF/EA) model. Bedford-Somerset is confident that the CLE accountability change in the Proposed Waiver Renewals for July 1, 2017 will enhance the delivery of the model.

Community for All

It is the goal of Bedford-Somerset DBHS - ID Program to support ODPs Communication Number: Info Memo 045-12.

Bedford-Somerset DBHS - ID Program is committed to an Every Day Life, supporting a wide array of inclusive opportunities. Bedford-Somerset participants as a member or leader of local committees/organizations to ensure individuals receive comprehensive coordination and supports. Bedford-Somerset DBHS uses all available resources to ensure individuals choosing community do successfully transition. Bedford-Somerset DBHS takes a proactive, long-term sustaining approach to transitioning, ensuring planning has occurred to sustain community placement. Case in point, most recently, Bedford-Somerset DBHS - ID Program has supported an individual in returning to the community through a planning process which began over one year ago. All the necessary support was located and coordinated to ensure sustainability.

HOMELESS ASSISTANCE SERVICES

Somerset County has designated Tableland Services, Inc., (TSI), the Community Action Partnership for Somerset County as the Homeless Assistance Service provider. As the County of Somerset's Community Action Agency, this organization has provided direct humans Services since 1966. As a result, the agency is able to draw upon its years of experience and wide array of services to fully address not only the situation of homelessness, but also the causes, which led the family or individual to their circumstance.

Bridge Housing

We do not use Human Services Development Funding to operate bridge housing programs in Somerset County. We use the limited funds to focus on homelessness prevention. We offer bridge housing style supportive services through other grants that we operate. Our HSDF funds are designated for case management, emergency shelter, and homeless prevention based upon the needs of the community. There are no projected changes planned at this time for this component.

Case Management

Centralized intake screens any homeless individual and/or family for local human service agencies to determine the most appropriate referrals, eligibility determinations, housing stability planning and deployment of services within the coordinated network of housing and homeless assistance programs in the county of Somerset. Program data is evaluated quarterly to ensure the effectiveness of case management. Case managers provide Homeless Management Information System (HMIS) generated reports that demonstrate number of people served and types of services provided. Supervisor reviews the case notes on all program participants to ensure program compliance is met for eligibility, program goals are set and the outcomes achieved. Supervisor receives quarterly HMIS reports to evaluate accuracy of data entry through the use of data quality reports. Program outcome results are reviewed quarterly at an administrative level to plan for the next quarter's services. An annual review occurs as well to ascertain that the program is meeting the expected goals and producing the desired outcomes. There are no projected changes planned at this time for this component of the funded services.

Rental Assistance

Rental Assistance is provided for individuals and/or families in danger of being evicted from their apartment or home. Services include assistance with payments for rent, mortgage, security deposits and utilities. The objective is to work with landlords to maximize chances for staying in the apartment or home, or work with the client to find a more affordable apartment. It also includes assisting clients to move out of emergency shelter and into an affordable apartment. Program data is evaluated quarterly to ensure the effectiveness of rental assistance. Case managers provide HMIS generated reports that demonstrate number of people served and types of services provided. Supervisor reviews the case notes on all program participants to ensure program compliance is met for eligibility, program goals are set and the outcomes achieved. Supervisor receives quarterly HMIS reports to evaluate accuracy of data entry through the use of data quality reports. Program outcome results are reviewed quarterly at an administrative level to plan for the next quarter's services. An annual review occurs as well to ascertain that the program is meeting the expected goals and producing the desired outcomes. There are no projected changes planned at this time for this component of the funded services.

Emergency Shelter
If a client is currently homeless and has no permanent residence or are a victim of domestic violence, the Emergency Shelter component provides shelter, for a short period. This usually includes overnight accommodations for 5-7 days in the event that there are no other housing options. This service is short-term until the client can be moved into more permanent housing. Program data is evaluated quarterly to ensure effectiveness of emergency shelter services. Case managers provide HMIS generated reports that demonstrate number of people served and types of services provided. Supervisor reviews the case notes on all program participants to ensure program compliance is met for eligibility, program goals are set and the outcomes achieved. Supervisor receives quarterly HMIS reports to evaluate accuracy of data entry through the use of data quality reports. Program outcome results are reviewed quarterly at an administrative level to plan for the next quarter's services. An annual review occurs as well to ascertain that the program is meeting the expected goals and producing the desired outcomes. There are no projected changes planned at this time for this component of the funded services.

Other Housing Supports
Clients are linked to a plethora of additional housing supports under the auspices of the community action program to include utility assistance, life skills education, weatherization, energy education, employment and training. Linking clients to these support services improves their lives. Program data is evaluated quarterly to ensure effectiveness of other housing supports. Case managers provide HMIS generated reports that demonstrate number of people served and types of services provided. Supervisor reviews the case notes on all program participants to ensure program compliance is met for eligibility, program goals are set and the outcomes achieved. Supervisor receives quarterly HMIS reports to evaluate accuracy of data entry through the use of data quality reports. Program outcome results are reviewed quarterly at an administrative level to plan for the next quarter's services. An annual review occurs as well to ascertain that the program is meeting the expected goals and producing the desired outcomes. There are no projected changes planned at this time for this component of the funded services.

Homeless Management Information Systems
In regards to the current status of the county's Homeless Management Information System implementation, all HAP data is entered and tracked through HMIS.

SUBSTANCE USE DISORDER SERVICES

1. The current substance abuse system in Somerset County is fully functional and consists of three steps.
First; drug and alcohol prevention is very prominent throughout the county, in all the county schools, and within all the county agencies. There is no limit on prevention services provided through the county due to a joint effort of SCA funding, drug free communities efforts, grant funding, and investment from the community.
Second; all Somerset County residents can receive drug and alcohol case management, assessments, referral to treatment, and service coordination. There are no limits of this in Somerset County due to community members' insurance paying for these services or the SCA providing them at no cost through local, state, and federal funding.

Lastly; all county residents can go to any level of treatment through the SCA referral and if the resident does not have private insurance or medical assistance and meets the SCA income guidelines, the SCA will fund their treatment. Currently there is no limit on treatment funding due to the MA expansion having a drastic positive effect on the SCA treatment funds. All levels of treatment are offered to all SCA clients including Medication Assisted Treatment (MAT). Currently there are minimal waiting lists for the outpatient levels of treatment, partial treatment, halfway houses, MAT, and/or assessments/case management (less than 2 weeks). There currently is a waiting list for detoxification treatment across the state and it varies from a couple of days to a week, this is due to the overwhelming number of people needing this service currently. The wait times for inpatient services vary from day to day but are not usually longer than 3-5 days. This is a capacity issue across the state for detox and non-hospital inpatient beds. Many providers are currently planning to expand their bed capacities.

2. The one barrier specific to Somerset County is transportation. There are limited public transportation systems for clients to be able to get to outpatient treatment and some MAT services (Methadone and Suboxone since there are no in county providers for this service). This barrier is being chipped away at by one in-county provider opening another outpatient office in the southern part of the county. Somerset County now has two Naltexone (Vivitrol) providers in county.

3. Somerset County has several Narcan resources available in the county. The first one is the Somerset SCA. They are able to provide Narcan to all the county police departments as well as Probation department. The second is an in-county prevention/treatment provider. They received a grant that is allowing them to provide Narcan to county agencies, community members, and addicts throughout the county. The SCA and Twin Lakes combined efforts and are training the recipients of the Narcan on how to identify an opiate overdose, Act 139, how to administer Naloxone, and what to do after an overdose. In addition to these resources, several local pharmacies are carrying Narcan and have it available to residents that have obtained a prescription for it.

4. There are many new resources to address the opioid epidemic in Somerset County. The first one is a warm-hand off policy the is continuing to evolve. Currently if an overdoes comes in, two hospitals in the county have Emergency Departments call the Somerset SCA during business hours to come see the patient and provide case management services or if it is afterhours or on holidays they call Twin Lakes Center for Certified Recovery Specialist services to come talk with the patient. Twin Lakes and the SCA has received a grant to allow the expansion of these services by adding more CRS services and another case manager to enhance the warm-hand off procedure. One more service being added through the grant is to have approximately 65 medical professionals throughout Somerset County trained in SBIRT (an evidence based tool, Screening, Brief Intervention, and Referral to Treatment) in hopes to identify opiate users and alcoholics and offer them treatment.

5. Treatment Service Expansion has been occurring in Somerset County as mentioned above regarding the warm-hand off procedures. Other areas of treatment expansion include Vivitrol options. There are two options for clients wanting MAT service in the county as well as the county jail offering this treatment prior to inmates being released. Suboxone treatment does not

have a provider in the county however our in-county outpatient treatment providers are working in collaboration with those out of county providers by providing the required outpatient treatment for the Suboxone clients.

6. The emerging trend for drug and alcohol users in Somerset County is a rise in Heroin/Opiate users. This has impacted the county in many ways. Heroin is currently the number one drug of choice among Somerset SCA clients. This has never been the case before; alcohol has always been the number one drug of choice among SCA clients previously. Heroin/Opiate users are high demand clients due to their addiction affecting all aspects of their life. These clients usually need service coordination for not only treatment but many other areas of their life including housing, transportation, legal, family, mental health, employment, and other issues. The Somerset SCA have very close working relationships with the other human service agencies in the county, drug & alcohol treatment providers, and the criminal justice system to provide services to all county residents and work together to deal with the heroin/opiate users. Somerset County is addressing this trend also through the services mentioned in numbers 2-5.

Target Populations

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**
  The SCA provides case management and service coordination to this population and has contracts for referral to treatment services for all levels of care (OP, IOP, Partial, MAT, Detox, IP, Long Term, HWH) for this population. Somerset recently added a treatment facility specializing in the transitional age youth (18-25) which was a need previously. A service gap for adults in Somerset County is the lack of available MAT programs. Somerset has no Suboxone or Methadone clinics in county however two providers recently began offering Vivitrol in the county.

- **Adolescents (under 18)**
  The SCA provides case management and service coordination to adolescents and has contracts for referral to treatment services for the following levels of care (OP, IOP, Detox, IP, Long Term) for this population. The SCA sits on all the county schools' Student Assistance Teams to provide consultation and drug & alcohol assessment services to students. The SCA also contracts with two providers to serve this population with an evidence-based intervention program, Teen Intervene. The SCA provides and contracts for many prevention services to this population including but not limited to the evidence based program, Botvin LifeSkills, is offered to all the county school districts 3^{rd}-12^{th} grade.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
  The SCA provides case management and service coordination to individuals with Co-Occurring psychiatric and substance use disorders and has contracts for referral to treatment services for the following levels of care (OP, MAT, Detox, IP, Long Term, HWH) for this population. The SCA works with mental health providers to coordinate services.

- **Women with Children**

The SCA provides case management and service coordination to women with children and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, MAT, Detox, IP, Long Term) for this population. The SCA works with child custody, CYS, child care, providers with parenting programs, and other agencies to provide interim and ancillary services for this population.

- **Overdose Survivors**
  The SCA provides Warm-hand off procedures for this population that enters Emergency Departments and hospitals for overdoses. The SCA provides case management and service coordination to overdose survivors and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, MAT, Detox, IP, HWH, Long Term) for this population. The SCA also is beginning to offer CRS services to this population as well.

- **County's identified priority populations**
  The Somerset SCA identifies the following priority populations:
  Pregnant Injection Drug Users- The SCA provides case management and service coordination to this population and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, MAT, IP, HWH, Long Term) for this population. This population does need medical approval for 24-hour structured treatment options as well as consultation with the facility medical director. The Somerset SCA does provide interim and ancillary services for this population as well.
  Pregnant Substance Abusers- The SCA provides case management and service coordination to this population and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, MAT, Detox, IP, HWH, Long Term) for this population. This population does need medical approval for 24-hour structured treatment options as well as consultation with the facility medical director. The Somerset SCA does provide interim and ancillary services for this population as well.
  Injection Drug Users- The SCA provides case management and service coordination to overdose survivors and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, MAT, Detox, IP, HWH, Long Term) for this population. The Somerset SCA does provide interim and ancillary services for this population as well.
  Overdose Survivor- mentioned in previous bullet
  Veterans- The SCA provides case management and case coordination to veterans and has contracts for referral to treatment services for the following levels of care (OP, IOP, Partial, Detox, IP, HWH, and Long Term) for this population. The Somerset SCA makes funding available for veterans to enter all drug & alcohol treatment that best suits their needs regardless of their insurance in-network restraints at times. The SCA has one outpatient treatment provider who is trained in PTSD and TBI to better serve this population. The SCA also works closely with the county Veteran's office to collaborate services for this population.

  Criminal Justice Involved Individuals is one priority population Somerset County has identified through the courts, law enforcement, and corrections. The SCA provides case management and service coordination to individuals incarcerated in the county jail and to

the county residents on state and county parole/probation. The SCA contracts with a provider to provide outpatient treatment to the inmates inside the jail as well as has contracts for referral to treatment services for the following levels of care (OP, IOP, MAT, Partial, Detox, IP, HWH, Long Term) for the people involved in the criminal justice system who are not incarcerated. The Somerset County jail offers inmates Vivitrol prior to their release date. Somerset County has a Day Reporting Center (DRC) for this population. The DRC includes drug & alcohol outpatient services at the center as well as prevention and intervention services. Also, Somerset County is in the process of starting a Drug Treatment Court.

Recovery–Oriented Services

Somerset County now has Certified Recovery Specialist (CRS) services available. These are specifically being utilized by overdose survivors and criminal justice clients currently. Somerset County has a recovery house located within the county. Somerset County also has seen a huge growth and emergence of the recovery community itself. This community has held recovery events offering hope, made trips to the state capital to lobby for drug and alcohol funding, and have been a strong presence in social media trying to get rid of the stigma associated with having an addiction. The Somerset SCA utilizes many non-cost services as recovery support services for their clients; this includes support groups and referrals for other county services.

HUMAN SERVICES and SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

The Somerset County Human Services Planning Committee (HSPC) has identified several areas of need to fund under the Human Services Development Fund. Although, County Child Welfare and Drug and Alcohol Services are key players on the HSPC, they do not receive HSDF funding. HSDF funding will be utilized to support the following services to meet the program needs of the county residents in the following manner:

Adult Services

Life Skills- This service is administered by TSI, the Community Action Partnership for Somerset County. Life Skills programming includes, but is not limited to, financial education/budget counseling, parenting, housekeeping, food/nutrition, and education services for adults. Programs are for low-income adults age 18-59, who are residents of Somerset County. The adults eligible for life-skills programming are generally enrolled in other services under TSI. These programs include: Employment and Training, Head Start/Pre-K, Housing and Homeless Assistance, and Family Center. The Life Skills program typically provides services to at least 140 clients per year.
Service Category: Life Skills Education
Planned Expenditure: $11,513

Transportation- Somerset County Transportation System- This service is administered by TSI, the Community Action Partnership for Somerset County. It provides transportation services for low-income residents, age 18-59 with limited or no transportation services. Transportation is provided to and from community facilities to receive social and medical services. This program provides services for 50-100 clients per year.
Service Category: Transportation
Planned Expenditure: $13,666

Aging Services

Aging In-Home Meals - The principle service to be provided through the In-Home Meal Program is to support functionally disabled individuals who lack reliable sources of regular nutrition. Meals are delivered to the homes of persons that are unable to attend Senior Community Centers for congregate meals. All meals are produced at the main service complex of the Area Agency on Aging of Somerset County located at 1338 South Edgewood Avenue, Somerset, Pa 15501. It is the goal of the Area Agency on Aging of Somerset County to provide meals to homebound individuals within their own homes. Each consumer is served at a minimum of one but no more than three meals daily, up to seven days a week. All meals provided through the Nutrition program are well balanced, nutritious and contain at least 1/3 of the current daily recommended allowances established by the National Academy of Sciences-National Research Council. HSDF is 1.5140%. ($18,613 HSDF/ $1,229,646 fiscal year 16/17 Line Item Budget) of the total HDM funding required for this program. Two percent of the Home Delivered Meals delivered by the Agency are funded through the Human Services Development Fund. It is expected 6% of individuals referred to the Area Agency on Aging, are over the age of 60, within 250% of the federal poverty income guidelines and are determined to be functionally disabled will be provided a daily meal. By providing the meal program, it can be noted that as a conservative estimate, 95% of those individuals serviced have been able to stay within their own homes and have reduced the amount of assistance required by the state to support them in long term care facilities. As a result of the Home Delivered Meal Program provided in coordination with the Human Services Development Fund, the Agency has successfully provided nutritional assistance to those referrals that meet Federal guidelines during the program period of July 2004 to present.

Service Category: Home Delivered Meals

Planned Expenditure: $18,613

Generic Services

N/A

Specialized Services

N/A

Interagency Coordination

The HSPC committee designated TSI as the Interagency Coordinator for the HSDF. Funding is used to plan and manage activities designed to improve the effectiveness of our County's human services. We use the funding to attend key stakeholder meetings to ensure coordination of human services, such as Health and Welfare Council, Drug Free Community, Continuum of Care for Probation and Parole, and PA Link to Aging and Disability resource meetings. We are planning to conduct interagency training for the entire Human Services network to enhance the knowledge of professionals working within our network. Funding is also used by TSI to facilitate quarterly meetings. TSI also ensures interagency coordination of available HSDF services and ensures consumers are aware of other human service providers. Funding is also used to conduct or update the community needs assessment.
Planned Expenditure: $5,223

Other HSDF Expenditures– Non-Block Grant Counties Only

Category	Allowable Cost Center Utilized
Mental Health	Mental Health Crisis Intervention $21,009
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

EMERGENCY SERVICES
Somerset County MH/ID- MH Services- HSDF funding will be used for MH Crisis Intervention services. This program operates 24 hours a day, seven days a week and is designed to service adults, children, and families who experience an acute problem of disturbed mood, thought, behavior or relationship. This service is available to those who exhibit an immediate harm to their own well-being or the well-being of others. This program typically serves 220 people per year.
Service Category: MH Crisis Intervention
Planned Expenditures: $21,009

See attached Appendix C-2, non-block grant counties, for the Human Services Proposed Budget.

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

County: **Somerset**	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	-		$ -	$ -	$ -
Administrative Management	2,646		$ 453,809	$ 19,313	$ -
Administrator's Office			$ 294,643	$ 5,965	$ 168,159
Adult Developmental Training	-		$ -	$ -	$ -
Children's Evidence Based Practices	-		$ -	$ -	$ -
Children's Psychosocial Rehabilitation	-		$ -	$ -	$ -
Community Employment	-		$ -	$ -	$ -
Community Residential Services	37		$ 1,245,983	$ -	$ 71,602
Community Services	29		$ 87,620	$ 9,736	$ -
Consumer-Driven Services	-		$ -	$ -	$ -
Emergency Services	301		$ 131,248	$ 1,829	$ -
Facility Based Vocational Rehabilitation	11		$ 25,145	$ -	$ -
Family Based Mental Health Services	4		$ 16,000	$ -	$ -
Family Support Services	156		$ 47,819	$ 4,811	$ 49,600
Housing Support Services	54		$ 73,726	$ 8,192	$ 246,233
Mental Health Crisis Intervention	1,020		$ 216,317	$ -	$ 114,835
Other	-		$ -	$ -	$ -
Outpatient	3,858		$ 1,330,924	$ 56,721	$ 2,374,293
Partial Hospitalization	123		$ 313,558	$ -	$ 351,192
Peer Support Services	-		$ -	$ -	$ -
Psychiatric Inpatient Hospitalization	-		$ -	$ -	$ -
Psychiatric Rehabilitation	162		$ 115,726	$ -	$ 650,211
Social Rehabilitation Services	44		$ 15,085	$ 103	$ 12,660
Targeted Case Management	659		$ 211,606	$ -	$ 1,270,257
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	9,119	$ 4,558,200	$ 4,579,209	$ 106,670	$ 5,309,042

Somerset county HSDF funds of $21,009 are included in Crisis

INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			$ 781,301	$ 9,001	$ 27,467
Case Management	529		$ 40,648	$ 4,216	$ 835,456
Community-Based Services	395		$ 1,007,697	$ 69,153	$ 1,784,030
Community Residential Services			$ -	$ -	$ 1,059,417
Other	-		$ -	$ -	$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	924	$ 1,829,646	$ 1,829,646	$ 82,370	$ 3,706,370

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

County: **Somerset**	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing	-				
Case Management	130		$ 9,370		
Rental Assistance	115		$ 24,560		
Emergency Shelter	13		$ 9,650		
Other Housing Supports	12		$ 308		
Administration			$ 4,876		
TOTAL HOMELESS ASSISTANCE SERVICES	270	$ 48,764	$ 48,764		$ -
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	1,426		$ 25,179		
Aging Services	11		$ 18,613		
Children and Youth Services					
Generic Services					
Specialized Services					
Interagency Coordination			$ 5,223		
Administration			$ 3,797		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,437	$ 73,821	$ 52,812		$ -
Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.		MH Crisis of $21009 is not reported in this section. (MH - Crisis above)			
GRAND TOTAL	11,750	$ 6,510,431	$ 6,510,431	$ 189,040	$ 9,015,412