

**BEAVER COUNTY
HUMAN SERVICES PLAN
2019-2020**

Table of Contents

Appendix A – Assurance of Compliance	3
Appendix B – Human Services Plan Narrative Responses	
• Part I: County Planning Process	5
• Part II: Public Hearing Notice	7
• Part III: Cross-Collaboration of Services	7
• Part IV: Human Service Narrative	
Mental Health Services	10
Intellectual Disability Services	28
Homeless Assistance Services	45
Substance Abuse Disorder Services	48
Human Services and Supports/Human Services Development Fund	58
Appendix C-1 – Proposed Budget and Service Recipients Spreadsheet	63
Appendix D – Stakeholder Outreach	66
Appendix E – Public Hearing Notice	70
Appendix F – Summary of Public Hearing	73
Appendix G – Adult Mental Health Services	80
Appendix H – Child/Adolescent Mental Health Existing Services	86

Appendix A

Assurance of Compliance Board of Commissioners Signature Page

Appendix A
Fiscal Year 2019-2020


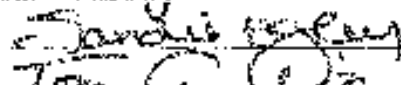
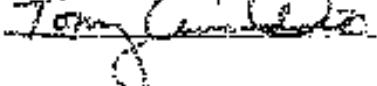
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: BEAVER

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers 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 48 (relating to contract compliance):
1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Daniel C. Camp, III, Chairman	Date: 8/14/19
	Sandra Eglay	Date: 8/21/19
	Tony Amadio	Date: 8/22/19

Appendix B

County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

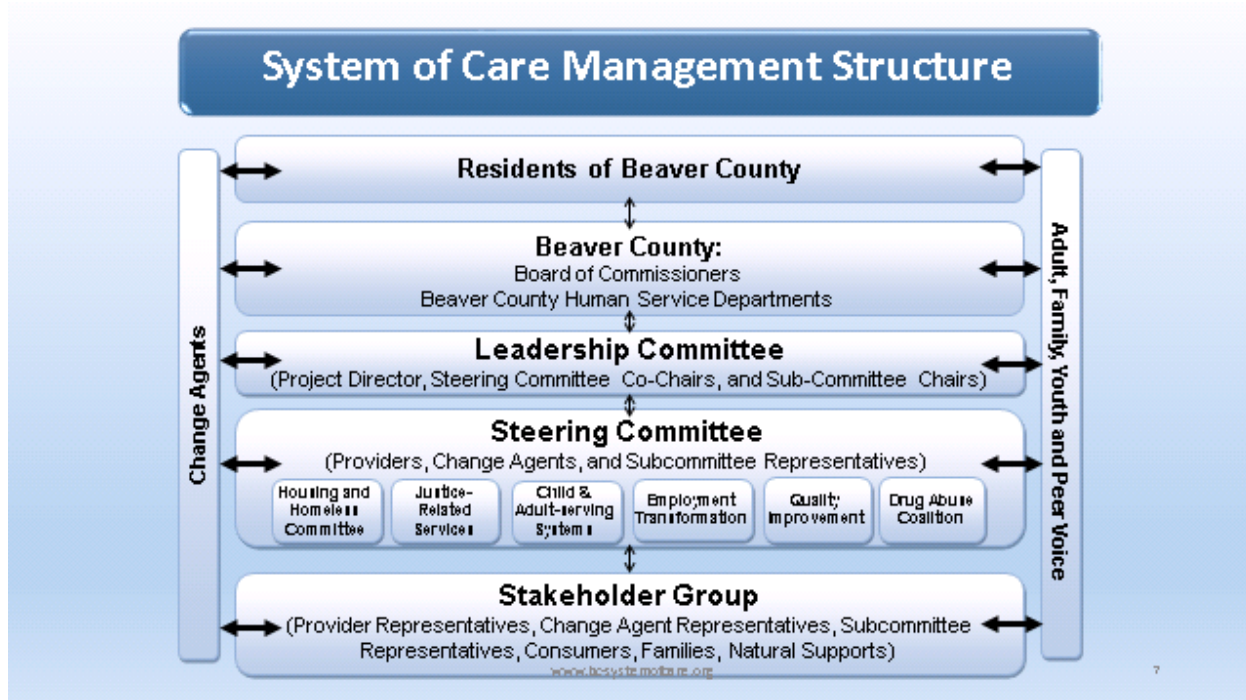
Beaver County reaches out to several critical stakeholder groups as part of the planning process and throughout the year. The Beaver County Planning and Leadership Team includes representatives from each of the program areas outlined in the plan. The Leadership Team met to review the Human Services Plan guidelines, analyze progress made over the last year, discuss the public hearing details, and determine priorities for the delivery of human services over the next year.

As part of the ongoing System of Care (SOC) development, Beaver County has a Leadership Team and a Steering Committee, as well as several subcommittees. The Leadership Team membership includes county staff, along with Steering Committee and subcommittee chairs. The Steering Committee and the subcommittees are comprised of individuals with lived experience, families, change agents, and providers. The County Planning Team and SOC Steering Committee work together on the development of a countywide plan and discuss the expenditure of funds. The Steering Committee takes a lead role in gathering stakeholder input and planning the public hearings. Each human service department director attends at least one Steering Committee meeting annually to present their piece of the plan and to obtain stakeholder feedback.

The Youth & Young Adult (YAYA) Coalition, representing the youth, young adult and family portion of the SOC meets quarterly. This group first initiated the Lived Experience Survey described in the highlight section of this submission. This group has existed since 2005 and is currently overseeing three grants funded by Substance Abuse and Mental Health Services Administration with a target population of transition age youth. Of particular significance has been this group's ability to engage the local school systems.

The Adult SOC partners meet monthly. This group has a strong focus on justice and mental health collaboration. Partners include not only the justice system but faith-based organizations and natural resources. This group addresses issues associated with diversion, reentry, homelessness, peer support and benefit acquisition.

Below please find the SOC management structure with a more complete list of committees.



2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

Stakeholders are part of the SOC committees that meet throughout the year. They participate in the County Planning meeting, attend two Stakeholder/Public Hearings conducted as part of Human Service Plan development and receive a stakeholder survey annually. Outreach includes distribution of the survey at provider agencies, the drop-in center, local community events and a senior center. Surveys are emailed, available on line and taken to both public hearings. One public hearing occurs at a drop-in center and the other at a senior center

3. Please list the advisory boards that were involved in the planning process.

Advisory boards involved in the planning process include: Mental Health/Mental Retardation Advisory Board, Drug and Alcohol Advisory Council, the System of Care Steering Committee, the Housing and Homeless Coalition and the Criminal Justice Advisory Board.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

Beaver County, one of only five counties in Pennsylvania operating without access to state hospital beds, is committed to serving its residents in the least restrictive setting appropriate to their needs.

Beaver County has been building a system of care (SOC) since 2005. The SOC is built around community supports and community inclusion. BCOA also has a strong commitment to providing the least restrictive community-based services. BCOA provides Nursing Home Transition services, home modifications, and in-home care, so that older Beaver County Citizens can reside at home while receiving the care they need. Older adults and persons with disabilities have the right to choose to live at home or in a community setting, and the Aging Office is committed to helping them do so. This philosophy is also reflected in the county's Olmsted Plan, housing plan and supported housing program.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Block grant funding in Beaver County has led to greater collaboration among human services departments, increased data sharing, and provided valued flexibility between previously categorical budget line items. During the last fiscal year, Beaver County has worked to expand peer support to include transition age youth (TAY) and expanded collaborative diversion programs with the criminal justice system for individuals to receive treatment instead of further involvement with the legal system.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings were held as part of the Human Services Block Grant planning process. One was Thursday, 07/11/19 from 1:00 to 3:30 p.m. at the Senior Center at the Beaver Valley Mall. The second was held on Friday, 07/12/19 from 1:00 to 3:30 p.m. at the local Mental Health Association. Proof of publication in the *Beaver County Times* is on page 70; a summary and copy of the sign-in sheets from both public hearings can be found on pages 76 through 78 (07/11/19) and pages 76 and 78 (07/12/19).

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

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

Currently, Beaver County has one provider focused on vocational services for the behavioral health population, Beaver County Rehabilitation Center (BCRC). This agency works in conjunction with other agencies including Office of Vocational Rehabilitation and Career Links assisting consumers in accessing education and skills training for employment or volunteer opportunities based upon the individual's goals. Vocational Assessment and Training as well as Supportive Employment Programs provide transitional and integrated work experience opportunities. They have enhanced programming to

offer the opportunity to go into the community as a first step to employment. Depending on the program and the consumer need, services are provided in a one on one setting up to a group setting.

BCRC utilizes evidence based practices, in particular, Supported Education and Supported Employment. Supported Employment (SE) promotes rehabilitation and return to productive employment for persons with serious mental illnesses and COD. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are community-based, competitive, in normalized settings, and utilize multiple employers. The SE team has a small client/staff ratio and is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts.

BCRC programs are designed to serve diverse populations/specialized populations including forensic, Mental Health (MH), Intellectual Disabilities (ID), Limited English Proficiency, Autism Spectrum Disorders, youth, and various forms of Co-occurring Disorders, which may consist of a combination of any two or more identified/diagnosed areas of need such as MH, ID, substance use, or medical.

In collaboration with multiple school districts in Beaver County, a branch of BCRC has developed a School to Work Program that offers hands on, individualized services that work in correlation with the youth's Individual Education Plan; a team approach utilizing natural and community supports; focuses on independent living, community participation, furthering education, employment first; activities include volunteering, work experiences, and skills training. This program is paid for by the school districts.

Paid Work Training Experience began as a grant with the target population of female inmates at Beaver County Jail (BCJ). Since the start of the program, the population served has been expanded to include not only incarcerated females, but both males and females with recent forensic involvement. At the conclusion of the grant, data gathered showed a decrease in recidivism for inmates who participated in vocational services that were being offered in the jail.

Beaver County having a spectrum of rural to urban communities, works with Beaver County Transit Authority to increase access to services by providing free or low cost income based transportation available to residents. To alleviate another barrier, BCRC has also integrated a Certified Work Incentives Counselor to assist residents in going to the Social Security Administration Office and help allay fears associated with benefits and working.

Beaver County also supports and encourages peer employment. There are currently Certified Peer Specialists and Certified Recovery Specialists working in job settings such as: consumer run programs, residential programs, community based programs, psych rehab, substance abuse programs, and Peer Support Programs. For further details, please refer to the peer employment section.

Beaver County Behavioral Health added a Mobile Psychiatric Rehabilitation services provider. This allowed residents to have choice in providers. The population of focus includes, but is not limited to

individuals ages 18 and above. Beaver County Behavioral Health is looking to expand this program and offer a site based location.

Housing:

Beaver County Behavioral Health has both a current Permanent Supportive Housing and Olmstead Plan which have been reviewed and approved by OMHSAS. Beaver County Behavioral Health's PSH plan was initially implemented in 2008 and continues to successfully serve individuals who meet the eligibility criteria for the program. We continue to meet with various stakeholders to obtain feedback and have used that feedback to modify our PSH plan in the past, with OMHSAS approval, to better meet the needs of individuals within Beaver County. BCBH updated and submitted their Olmstead Plan in 2019 as requested by OMHSAS.

BCBH collaborates closely with The Cornerstone of Beaver County to meet the housing needs of its consumers. In addition to being a single site where residents of Beaver County can go to seek assistance with homelessness and housing concerns, TCBC is a location which also houses utility assistance programs, the HMIS electronic data tracking program, SNAP food assistance programs, various supports and resources for homeless veterans and their families.

Additionally, Beaver County has a Housing and Homeless Coalition (HHCBC) and a Steering Committee. The HHCBC consists of county agencies, local service system providers, community partners, formerly homeless individuals, local housing providers and the Housing Authority. The mission of the coalition is to provide support, direction, and collaboration in effectively addressing the issues of homelessness and affordable, sustainable housing in Beaver County by identifying and utilizing all available resources. The Steering Committee serves as the HUD-designated primary decision-making group and oversight board of the Collaborative Applicant for the Beaver County Continuum of Care PA-603. The Steering Committee is comprised of individuals representing various county agencies and system partners which includes the BCBH Administrator.

Behavioral Health services available throughout the county are used as in-kind leverage for Housing and Urban Development (HUD) funds through the Continuum of Care (CoC) application to increase housing options for individuals across multiple populations. Through the Human Services Block Grant, BCBH has also provided match funds for multiple CoC grant programs to provide housing for individuals who are homeless. Some of the support services funded through the Human Services Block Grant play a key role in assisting individuals with maintaining safe affordable housing within their communities as they are accepted into the HUD CoC funded programs.

Another resource available to Beaver County includes the eight Section 811 funded units secured by The Housing Authority of the County of Beaver through the Pennsylvania Housing Finance Authority (PHFA). BCBH is one of the stakeholder partners with the Housing Authority for the Section 811 units and makes referrals as appropriate.

Regardless of which resource individuals access to seek or secure safe and affordable housing within the county, BCBH is available to provide assessments and case management services at the request of those individuals.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 18-19.

- Beaver County has expanded our network to include Glade Run as another Psych Rehab provider, now offering county residents a choice of providers. We have also had the addition of another peer specialist provider through Staunton Clinic.
- Pressley Ridge has been licensed as a transition age youth specialty mobile crisis provider.
- BCBH has updated CASSP to improve continuity of care particularly focusing on youth in residential treatment with the goal to make the transition to a less restrictive setting a more seamless and supportive process for everyone involved.
- Beaver County was awarded a grant in September that focused on early identification and treatment of transition age youth who are at Clinically High Risk of Psychosis. We have chosen to call this grant Dear Mind. We officially launched our Dear Mind Campaign in 2018, with more to come in 2019. The goals of the campaign include increasing awareness about mental health (MH), substance use disorders (SUD), reducing prejudice, providing outreach, promoting early identification and screening along with linkage to services. Thus far, responses have been positive. In November of 2018, agencies providing clinical and support services along with key members of grant oversight involved in the Dear Mind grant attended training in preparation for the next step in the implementation process.
- The Youth Ambassador Program (YAP) has expanded to include all of the school districts in the county. At least 3 county wide YAP events are held throughout the year with the addition of events held at individual school districts. At the YAP events students were surveyed and during the 17-18 school year 56% of youth who participated in the survey self-identified. YAP was awarded two honorable mentions through SAMHSA's ECCO Awards.
- Drug Free Communities: Drug Free Aliquippa (DFA) program, Youth Coalition continues to take a leadership role in raising awareness of drug use among the youth. Students develop a drug awareness program and presented to students in the Elementary School. Youth Coalition members developed two radio commercials and recorded them to air on local radio during local high school sports broadcasts. The spots focused on Opioids and Marijuana. All Stars program for sixth graders successfully increased positive normative beliefs among youth around drug 84% of the students reported abstinence of drug use. Five (5) youth attended Community Anti-Drug Coalitions of America's (CADCA) Midyear Conference in Dallas, Texas. Youth have plans to continue peer education to elementary school students and to increase their visibility in the community in their quest for a Drug Free Aliquippa.

- Trainings continue to be offered for Evidence-informed and Evidence Based Practices including, but not limited to Moral Reconation Therapy (MRT), Mental Health First Aid (for adults and youth), Motivational Interviewing and Seeking Safety.
- The Human Services Work Group completed their initial task of developing a Cultural Linguistic Competency (CLC) Framework for the SOC. The plan includes action steps such as workshops, trainings, and community events.
- Behavioral health has increased collaboration with the Courts by implementing Diversion Programs in the county. In 2018, 162 individuals were enrolled into the diversion program with approximately 75.8% of participants successfully completing the program.
- Strengthening BCBH's relationship with law enforcement, three behavioral health members were added to the county's Emergency Services Unit. All members of the ESU are being trained in Mental Health First Aid, along with School Resource Officers being trained in Youth Mental Health First Aid.
- Members of the SOC participated in a poster presentation regarding information sharing at the National Conference in Nashville, Tennessee.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

- Strengths: Beaver County Office on Aging, Mental Health services, senior centers, Meals on Wheels/Food Vouchers
- Needs: Housing Supports, trauma focused treatment, Mental Health/D&A/Physical Health treatment.

- **Adults (ages 18 to 59)**

- Strengths: Trainings/MHFA, employment supports, Consumer/Family Satisfaction Team (C/FST), Collaboration, Certified Peer Specialists, Warmline, Drop In Center, Crisis, employment supports, awareness events
- Needs: Access to treatment, long term care options, transportation, housing, trauma focused treatment, respite.

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
 - Strengths: BC CYS, Crisis, C/FST, Youth Ambassador Program (YAP), awareness events, social media outreach
 - Needs: Housing, transportation, community outreach, education/employment supports, trauma focused treatment, transition from youth to adult services, social outlets, respite, funding

Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths: Behavioral Health treatment & supports (BHRS, FBMHS, BCM), faith based supports, Student Assistance Program (SAP), prevention services, early intervention, education advocate, Youth Ambassador Program (YAP), Crisis, school based treatment & supports, social media outreach, awareness events, Y/MHFA, culturally competent-strength based programs
- Needs: prevention services, outpatient services (MH and D&A), access to treatment, LGBTQ+ services & supports, continuity of care, transportation, social outlets, housing, respite, skills groups

Please identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special or underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning from state hospitals**
N/A – Beaver County does not have any state hospital beds
 - Strengths:
 - Needs:
- **Individuals with co-occurring mental health/substance use disorder**
 - Strengths: COD capable providers, access to treatment, awareness events, case management, faith based supports, AA/NA, Certified Recovery Specialists
 - Needs: access to treatment, collaboration, housing, transportation, trauma focused treatment

- **Criminal justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for individuals involved with the criminal justice system to include diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths: access to probation and courthouse, behavioral health diversion options, collaboration, case management, mental health treatment options in the jail, faith based supports, employment supports, MHFA
 - Needs: safe/affordable housing, trauma focused treatment, transportation, prevention/early intervention
- **Veterans**
 - Strengths: Supportive Services for Veteran Families (SSVF) program, access to courthouse/veteran's court, VA, employment supports, MHFA
 - Needs: SSVF, transportation, housing & supports, access to PH, MH and D&A treatment, trauma focused treatment, community outreach, culturally competent-strength based programs
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - Strengths: efforts to increase awareness/decrease stigma, opportunities for training/education, PRISM support group, BC SOC website, Y/MHFA
 - Needs: access to support groups and social outlets, efforts to increase awareness/decrease stigma, opportunities for training/education, trauma focused treatment, community outreach, social media outreach, culturally competent-strength based programs, transportation
- **Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)**
 - Strengths: Mentors (ROOTS, TRAILS), BC SOC website, opportunities for training/education
 - Needs: more ESL classes, bi-lingual services/providers, employment/training, support groups, leaders/staff to reflect population, trauma focused treatment, culturally

competent-strength based programs, community outreach, social media outreach, access to treatment.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, Acquired Brain Injury, Fetal Alcohol Spectrum Disorders)
 - Strengths: collaboration, identify/address barriers, share resources
 - Needs: collaboration, housing/housing supports

Cultural and Linguistic Competence (CLC) Training

☒ Yes

Beaver County Behavioral Health (BCBH) offers Cultural and Linguistic Competence (CLC) Training. As part of the ongoing System of Care (SOC) development, a special emphasis was placed on the SOC leadership to assist in planning and operationalizing CLC activity within county human service agencies and contract providers. As a result, a Human Services Work Group, made up of representatives from agencies housed in the County Human Service Building, including adult probation, children and youth services, office on aging and BCBH was initiated to begin training, planning and development of a CLC Plan. Our original CLC plan was developed, adopted and implemented during the 2017-2018 fiscal year. The plan has been updated for the 2019-2020 fiscal year.

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Beaver County has started a ZeroSuicide initiative that will be launched on September 11, 2019 with a viewing of *Suicide: The Ripple Effect* along with speaker Kevin Hines who will share his story of hope, healing and recovery. Additional screenings of *Suicide: The Ripple Effect* will continue to show throughout the county to support this initiative.

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with Serious Mental Illness (SMI)?

☒ Yes ☐ No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

☒ Yes ☐ No

If yes to the questions above, in a sentence or two, please describe the collaboration.

BCRC provides supported employment which is currently grant funded. BCBH has collaborative relationships with both OVR and CareerLink.

c) Supportive Housing:

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

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

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

SUPPORTIVE HOUSING ACTIVITY includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 18-19 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year, FY18-19, is not expected until next year's planning documents.)**

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

Keystone House	Reinvestment	0	0	1	1	1	15 years		2013
PHARE Project	CDBG	0	0	0	0	0	20 years		2014
	ACT 137	0	0	0	0	0	20		2014
	Reinvestment	0	0	0	0	1	20		2014
	Private Developer Capital	0	0	0	0	0	0		2014
	PHARE Funds	0	0	0	0	0	20		2014
Notes:	Both projects were renovated in 2013 and therefore no funds were disbursed from FY18-19 or projected for FY19-20.								

2. Bridge Rental Subsidy Program for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
	Reinvestment	30,306	30,000	5	7	5	435	5	Reinvestment
	HUD CoC	\$654,466	\$812,474	Estimated: 77 households	Estimated: 84 households	77	\$700	11 households	HUD CoC
Notes:	The CARL Program is a HUD CoC funded voucher program for which we provide match for the Supports. When listing the total number of individuals served, that would include spouses/partners and children within the household.								

3. Master Leasing (ML) Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average Subsidy Amount in FY 17-18	Year Project first started
N/A									
Notes:									

4. Housing Clearinghouse for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
	HSBG	30550	40847	23	31			0.4	2009
Notes:									

5. Housing Support Services for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type	Total \$ Amount for FY 17-18	Projected \$ Amount for	Actual or Estimated Number	Projected Number to be Served			Number of Staff FTEs in FY 17-18	Year Project first

	(include grants, federal, state & local sources)		FY 19-20	Served in FY 17-18	in FY 19-20				started
PSH	HSBG	866,730	594,559	64	44			6	2009
CRS HSC	HSBG	117,729	61,270	51	45			.6	2009
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
	Reinvestment	13289		38	50			350	
	HSBG	6,500							
Notes:	BCBH has always had a Diversion & Supports Fund, we added housing contingencies when we developed our PSH Plan in 2007.								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other .									
Project Name (include type of project such as PBOA, FWL,	*Funding Sources by Type (include grants, federal,	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated	Projected Number to be Served in FY			Year Project first started	

CRR Conversion, etc.)	state & local sources)			Number Served in FY 17-18	19-20			
Notes:	N/A							

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

Based on the strengths and needs reported above in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 19-20 at current funding levels. For **each** transformation priority, please provide:

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

1. Increase Suicide Awareness

Narrative including action steps: Increase suicide awareness over time. Identify baseline number of providers with a suicide awareness plan/program or a minimum of three hours of suicide awareness training/year. Plan a kickoff event for the ZeroSuicide Initiative highlighting Kevin Hines “The Ripple Effect” and work with providers via a workgroup on following the Zero Suicide Toolkit. Measure progress annually.

Timeline: August 2019 and annually

Fiscal and Other Resources: Blended/Grant Funds

Tracking Mechanism: survey-self report, ZeroSuicide tools

2. Increase staff recruitment and retention in our provider network.

Narrative including action steps: Gather baseline data via a survey asking for current number of vacancies by level of education/experience and methods of recruitment. Re-measure annually. Identify career fairs/opportunities in the community and at local schools in order to target certain audiences.

Timeline: Baseline then annually

Fiscal and Other Resources: no additional cost

Tracking Mechanism: survey-self report

3. Increase Behavioral Health and Physical Health Integration for Complex Cases

Narrative including action steps: Gather baseline data (number of people with ICPs) from Single Point of Accountability (SPA) providers based on Beacon Health Options' (BHO) list cross walked with eSP. Each provider will identify members that meet BHO's criteria. Each SPA will develop an ICP with 5% of those identified.

Timeline: Baseline then quarterly

Fiscal and Other Resources: No additional cost

Tracking Mechanism: Quarterly reports at SPA meetings and BH-MCO ICP reports

4. Increase Criminal Justice and Behavioral Health Collaboration

Narrative including action steps: Beaver County has identified the need to increase collaboration and education between the criminal justice system and behavioral health. By providing cross-system trainings the goal is to increase diversions for behavioral health consumers at all points of the Sequential Intercept Model. Define collaborative programs such as ESU. Define and identify Multi-system Trainings. Introduce CIT in Year 2.

Timeline: Baseline and annual.

Year 1 – train 150 BH/CJ staff

Year 2 – train a minimum of 200 BH/CJ staff

Annually – evaluate training needs

Fiscal and Other Resources: Blended funding streams

Tracking Mechanism: TBD - number of trainings offered or number of times a training is offered; Training evaluations and surveys.

5. Improve Discharge Dispositions for Youth in Residential Treatment Facilities (RTF)

Narrative including action steps: About seven youth and three pending youth in an RTF are identified as not having the resources required to develop a disposition plan, which in turn delays discharge. In order to reduce the average length of stay for these individuals we need to define the resources they had pre-admission and during treatment by answering the following questions for the identified youth:

- How long discharge is delayed due to lack of resources?
- How many agencies are involved?
- How many inpatient hospitalization stays did this youth have prior to RTF admission?
- How many and what other service were tried prior to RTF admission?
- Did the youth and family have access to Evidenced Based Practices (EBP)?

- Are creative methods of planning being utilized such as Family Finding, Blended Perspective and Family Group Decision Making?

Timeline: baseline and (TBD) routine check on reduction in length of stay

Fiscal and Other Resources: Blended funding streams

Tracking Mechanism: BH-MCO reports

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measure s fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	75	TMACT DDCT	County, BH-MCO & AHCI	Annually	Y	Y	
Supportive Housing	N							
Supported Employment	Y		SAMHSA Toolkit	Agency County	Annually	Y		Grant funded
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y			Agency County	Annually	N		MRT – grant funded
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	12	P/R	Agency & BH-MCO	Q6 months	Yes	Yes	HealthChoices
Functional Family Therapy	N							
Family Psycho-Education	Y	10	Evaluation Forms		End of each class	No	NO	

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	649	
Compeer	Y	4	
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	56	
CPS Services for Transition Age Youth	Y	1	
CPS Services for Older Adults	Y	8	
Other Funded Certified Peer Specialist- Total**	Y	15	
CPS Services for Transition Age Youth	Y	0	
CPS Services for Older Adults	Y		
Dialectical Behavioral Therapy	N		
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	Y	71	
High Fidelity Wrap Around/Joint Planning Team	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	69	
Self-Directed Care	N		
Supported Education	Y	23	Grant funded
Treatment of Depression in Older Adults	Y		
Consumer Operated Services	Y	282	Drop-in Center
Parent Child Interaction Therapy	Y		Laughlin Center
Sanctuary	Y		Glade Run
Trauma Focused Cognitive Behavioral Therapy	N		
Eye Movement Desensitization And Reprocessing (EMDR)	Y		PHN and Private Practice
First Episode Psychosis Coordinated Specialty Care	Y	3	Glade Run (CHR-P grant)
Other (Specify) – Mental Health First Aid (Youth & Adult)	Y		Grant & County funded
Seeking Safety, MRT	Y		Available in the County Jail

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

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

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

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as:

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

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

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

Total Number of CPSs Employed	24
Number Full Time (30 hours or more)	6
Number Part Time (Under 30 hours)	18

INTELLECTUAL DISABILITY/AUTISM SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability/autism (ID/A) live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

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

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and/or autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

Beaver County Behavioral Health's goal into FY 2019/20, is focusing on Person Centered Approach in planning service outcomes for individuals with an intellectual disability. Educational forums to both AE's and SCO's have been occurring by ODP with this focus when developing outcomes with the ISP's for our participants. Beaver County has begun to discuss this with our provider network holding training sessions with both providers and SCO as requested and needed.

Beaver County Behavioral Health contracts a provider to complete all intakes who receives referrals from all sources to obtain necessary information to determine Intellectual Disability/ Autism Level of Care and meet eligibility criteria for referral to one of our Support Coordination Entities. The SCO will complete PUNS (to determine need criteria: *Emergency, Critical or Planning*) and conduct with the individual and relevant others as part of their team, an Individual Service Plan, which is to focus on what needs and strengths the consumer has, to develop person centered outcomes to accomplish those areas.

If service needs exist, requests are made to AE to determine funding availability to meet those needs. If emergent needs exist, which are having the consumer be homeless or at health/safety risk, our office uses the base funds available to secure safety for the consumer due to the emergent nature of the situation (temporary respite).

Individuals Served

	<i>Estimated Individuals served in FY 18-19</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 19-20</i>	<i>Percent of total Individuals Served</i>
Small Group Employment	8	1%	10	1%
Job Coaching	5	1%	7	1%
Community Participation Support	23	3%	33	4%
Base Funded Supports Coordination	260	30%	286	33%
Residential (6400)/unlicensed	27	3%	26	3%
Life sharing (6500)/unlicensed	2	>1%	3	>1%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	155	18%	175	20%

Small Group Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

In keeping with Governor Tom Wolf’s Executive Order, Beaver County embraces the “Employment First” philosophy. As part of this philosophy, Beaver County Behavioral Health ensures the first consideration and preferred outcome for individuals enrolled or enrolling in ODP’s waiver programs should be competitive integrated employment if applicable.

More education and training, at earlier stages in life, are necessary for individuals and their families to embrace Employment First as a philosophy and to dispel the fear of losing benefits due to employment income(s). In support of this, BCBH intends to provide training opportunities for individuals, families and providers through Social Security, Benefits Counselors, Medical Assistance and other venues in the coming year.

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

- **Total # of Youth and Young Adults Receiving Supported Employment Through Base Funding**
 - Total unduplicated number of youth and young adults served by base funded employment services - 7
 - Number of youth and young adults that receive base funded employment services with a job paying at least minimum wage - 7
 - Number of youth and young adults that receive base funded employment service working 20 hours or more a week - 7
 - Number of youth and young adults that receive base funded employment services, who received base funded employment project funding in the previous year - 6
- **Age Breakdown of Youth and Young Adults Who Received Funded Supported Employment at the Time of Their Entry Into the Employment Program**
 - Age 16 and below - 0
 - Age 17 through 21 - 0
 - Age 22 through 26 - 0
 - Age 27 and older - 7

BCRC WIN Services provides ongoing supports to 43 individuals who have worked this year. Two individuals lost employment (one of choice) but 41 have continued to work competitively. We will continue to increase those numbers as they move through the OVR process.

While the County is following ODP's recommended practices to promote employment outcomes, stakeholders agree that adults going to 2380 facilities needed to be brought into the employment picture, too. The group agrees to recommend that ISP practices to promote employment be expanded to people in non-vocational programs.

Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.

This service is expected to result in the participant developing and sustaining a range of valued social roles and relationships; building natural supports; increasing independence; increasing potential for employment; and experiencing meaningful community participation and inclusion.

Community Participation Supports are designed as an umbrella service which includes:

- Support related to pre-vocational skill development in Community Locations and Community Hubs (non-facility)
- Support related to community inclusion activities in Community Locations and Community Hubs (non-facility)
- Support related to pre-vocational skill development in 2390 Vocational Facilities

- Support related to community participation in 2380 Adult Training Facilities

The following represents ODP principles concerning employment for people supported by ODP:

- All working age people with disabilities can and should work.
- Competitive employment in the general workforce is the first and preferred post education outcome.
- Paid work is an essential part of having control over the life you want.
- Everyone deserves to establish career goals and aspirations, earn a living wage and be valued for their contributions.
- Employment leads to new competencies, and open doors to new relationships and social opportunities.
- Achieving employment and community inclusive outcomes are cornerstones of ODP policies, principles and practices.

The Support Coordination Units that support Beaver County Behavioral Health clients will be encouraged to have conversations with families and individuals when a request for a new service or at minimum annually, to explore natural supports. This has always been Beaver County's practice.

With our system's focus to complete more person-centered outcomes, this would be a more natural way to first expend what supports would normally be there or to access in the community to fulfill a person directed outcome. This would overall be meeting ODP's overall mission of individuals with a developmental disability to have an "Everyday Life" as anyone else in the community.

For Waiting List individuals, in conjunction with the Waiver Capacity management (WCM) Committee, Beaver County Behavioral Health AE determines who has greatest need, based on PUNS, to be addressed by either residential, day program or in-home support services. Prior to ODP requests for waiver expansions, when emergency needs arise, SC submits a base funding requests to the Beaver County AE/ WCM Committee for consideration of available block/base funds to address the immediate issue. When ODP requests lists for Waiting List Initiatives for additional waiver capacities to AE's, those consumers with Emergency Needs are listed first to the Office of Developmental Programs for consideration.

The Beaver County AE Employment Point Person will attend local Employment Coalition meetings on a quarterly basis. The coalition consists of various individuals who represent a cross section of our community. Coalition objectives are to help network, be aware of various resources and opportunities for our clients and share our knowledge. Members will explore ways for individuals to obtain community integrated employment which will then be incorporated into their ISPs for person centered planning. Employment related training and other sources will be offered to the SCOs and families to attend, to obtain employment related information for individuals. The Beaver County AE Employment Point Person then shares any information from Employment Coalition Meetings with the Support Coordination Entities that will better

assist them to be able to augment community integration supports and community integrated employment for the individuals they serve.

Supports Coordination:

Beaver County Behavioral Health has contracted with 2 additional SCOs, now offering our clients their choice of 3 different Supports Coordination Organizations.

BCBH program staff will continue to meet on a regular basis and as needed, including attendance at individual support team meetings to support the organizations to engage individuals and families in the conversation to explore natural supports available within the community. This will include insight and involvement in the developmental/approval of individual support plans that maximize community integration and Community Integrated Employment utilizing the new service definitions from the Office of Developmental Programs. We will continue to work with the SCO units regarding the PUNs to determine the level of individual needs to effectively plan for individuals on the waiting lists and will consider each respective guideline established by the Office of Developmental Programs for areas of expansion, including graduate and aging caregiver initiatives, as well as any expansion within the existing and new waivers.

Lifesharing and Supported Living:

Beaver County currently has 2 clients who participate in the Lifesharing Program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available. BCBH's appointed Lifesharing point person attends the regional Lifesharing meetings and trainings. The Supports Coordinator is expected to discuss Lifesharing options with persons and their families as part of the ISP Planning Process and/or before a new residential service is authorized. This discussion is expected to occur when a person and family begin to consider the need of locating a new home for the person and when a person, who is living in another type of residential service (such as ICF/ID or community home), may be interested in considering Lifesharing options. This discussion is expected to include:

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

- An opportunity to address the person's/family's questions/concerns

Opportunities for the person and family to discuss Lifesharing with practitioners, including provider agency representatives and Lifesharers, as well as family members of people in Lifesharing arrangements.

Cross Systems Communications and Training:

BCBH will continue to utilize available Base funds towards provider needs with system demands to the enhancement of services provided to participants, including those with multiple needs. We continue to work collaboratively with multiple systems to meet regularly with system stakeholders to continue efforts of quality management to enhance services. We continue to work with ODP and Support Coordination Units (SCO), providers, local agencies and school districts to engage school age individuals and their families.

The Western Region Positive Practices Committee was established in April of 2012 with stakeholder attendance from across Western Pennsylvania to discuss the challenges facing our system and the people we serve related to Dual Diagnosis, and continues to this day. The statewide mission statement and the goals of the state and BCBH for those that have a dual diagnosis are to improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental disabilities, as well as mental health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives, and Recovery through a DHS and multi-system stakeholder collaboration. BCBH also has an internal mechanism to review cases in which individuals are receiving services from both mental health and ID.

Committee activities have focused around psychiatric hospitalizations occurring for individuals, not only in residential settings, but also for people with ID living in other settings. In order to keep on top of what is transpiring, we want to identify individuals, as soon as possible, in order to help meet their needs. This assists communication with Mental Health peers also, so we are clear on what is materializing. This project is also meant as a Quality Management project related to Positive Practices Committee activities across the region. If our actions as a support system are effective, it should be reflected in a reduction in numbers of psychiatric hospitalizations or other positive outcomes.

Emergency Supports:

All persons involved in the Beaver County Behavioral Health Case Management programs will have access to these services 24-hours a day, seven days a week. In order to meet this objective, individuals receiving Supports Coordination will be provided a letter explaining how to reach the program during both standard and non-standard work hours. All three Supports Coordination Entities include in the crisis section of each person's ISP, how to access Supports Coordination during non-standard working hours.

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

Block grant funding is used to assure the health and safety of individuals in the least restrictive setting and to address emergency situations until other resources or natural supports can be established. The Beaver County Administrative Entity (AE) does maintain reserved funds through the prior year's Retained Revenue of the Block Grant for any emergency supports necessary. If no waiver capacity is available and the person needing support can be served with base funds, this is Beaver County's first method. The approach is to keep funds available for emergency situations throughout the fiscal year. Program Compliance Officers in both Mental Health and Intellectual Disabilities Programs work closely with the Fiscal Officer when requesting funds for emergency needs.

The ISP Team must determine that there are no natural or local resources to address the emergency.

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

In addition to funds available through the ID funding stream (block grant) Beaver County Behavioral Health contracts with a local provider to operate a Family Services System (FSS) program. Achieva operates this program on behalf of the county. The funds are to be used for emergency and respite situations, primarily.

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

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

Step Two - After the AE has gathered as much information as possible, the designated person in the AE contacts the Waiver Capacity Manager. During business hours, the AE would contact the Regional Waiver Capacity Manager at his or her office. Outside normal business hours, the AE would page the Waiver Capacity Manager who is on-call. The AE and Waiver Capacity Manager will

review the situation of the individual experiencing the unanticipated emergency. They will determine whether the support needs of the individual are expected to be long-term or short-term, if the individual is known to the AE, and if eligibility for waiver services has been established. If during the conversation between the AE and the Waiver Capacity Manager, the Waiver Capacity Manager determines that the situation does not meet the definition of an unanticipated emergency, the Waiver Capacity Manager may work with the AE to explore other options to address the individual's needs.

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

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

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

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

- The first scenario occurs when the eligibility process has not been completed, but the individual is likely to be eligible based on gathered information.

During this 15-day period, the AE must pursue the determination of eligibility. ODP realizes that the confirmation of waiver eligibility cannot be made without partnership with the County Assistance Offices. ODP will be working with the Office of Income Maintenance on this issue.

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

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

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

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

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

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

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community on the Lifecourse Framework. The PA Family Network will be providing parents who are person centered thinking trainers.

Describe how the county will utilize the trainers with individuals, families, providers, and county staff.

- Beaver, Butler, Armstrong/Indiana, and Lawrence County Intellectual Disabilities programs have become one of the Regional Collaboratives described in the Community of Practice and Lifecourse Framework informational materials. We continue to work with ODP and to offer educational sessions for individuals and families regarding Early Intervention transition to pre-school, the transition process for students with ID/A, community living for individuals with ID/A, and building social capital for individuals with ID/A. We plan to use ODP, the PA Family Network as well as other available trainers to provide information to individuals and families on utilizing the Lifecourse Tools to live their vision of a “good life”.
- Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services, such as supports coordination, transportation, employment, respite, in home and community habilitation, community participation supports, residential habilitation and behavioral supports. Unallocated funds could be used to assure an individual’s health and safety in the least restrictive setting or to address emergency situations.

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

- The county will utilize Person Centered Thinking trainers to help individuals, families, providers, and county staff gain skills in order to utilize person-centered thinking resources and techniques. Training sessions will be scheduled as needed. It is expected that participants in the training will develop skills to create more meaningful Individual Support Plans to help persons with intellectual disabilities obtain an Everyday Life.

Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.

- Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. The HCQU strives to ensure individuals with Intellectual and Developmental Disabilities receive the highest quality healthcare in order to enable them to enjoy life to its fullest potential. To support this outcome the HCQU provides physical and behavioral health related training topics to Beaver County Behavioral

Health's service delivery systems and support staff so that they can better assist persons with ID/A; support healthcare professionals and support those who work with the ID/A community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs; and collect and analyze health-related data to identify and support health-related issues.

Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

- Beaver County continues to work with the HCQU on a regular and as needed basis. A HCQU Nurse is a member of our Beaver County Quality Management Committee.
- A quarterly training syllabus is designed and provided by the HCQU to all Beaver County Providers on an ongoing and continuous basis. The trainings are developed as outcomes to the identified findings and best practices.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:
 - Selected Chatham University to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q) as of July 1, 2019.
 - Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.
 - Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
 - Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;
 - Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
 - Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
 - Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements.

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

- Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral

Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.

- ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 19/20 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who have effective means of communication, including augmentative devices.

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

- Beaver County will support providers by continuing to explore their inclination and abilities to support individuals with behavioral health challenges. Beaver County has a DDTT (Dually Diagnosed Treatment Team). The DDTT is a wide-ranging team to support to providers serving individuals who are dually diagnosed. Many Beaver County providers attend ODP's quarterly Positive Practices meetings to obtain information and training on dually diagnosed indicators.
- The county will support local providers to increase their competency and capacity to support individual with higher levels of need by utilizing the HCQU for trainings in the areas of aging and physical health, and encouraging participation. Behavioral health trainings are regularly provided within the mental health system. ID/A providers will be informed of the available trainings and encouraged to attend.

How can ODP assist the county's support efforts of local providers?

- ODP can assist Beaver County by making available in depth training on communication, and fostering provider expansion of respite services, as there are very few options for providers of service in this area.

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.

- Beaver County Behavioral Health tracks Individuals identified as "at-risk" and questions meant to guide the provider agencies in responding to this inquiry. The Response Form, along with the At-Risk List Action Plan template is used to respond to the Western Regional Office of Developmental Programs (WRO) and Beaver AE/County. Beaver AE/County works with the provider agencies that support the individuals identified to develop action plans.

- WRO reviews incident management data through the Risk Management Committee. The individuals are identified as “at-risk” by using the criteria presented below.

Individuals At-Risk Criteria

The Western Region has identified four groups of at-risk individuals. Please see the criteria below:

	<u>Behavioral Health</u>	<u>Physical Health</u>	<u>Abuse, Neglect and Exploitation</u>	<u>Restraints</u>
Criteria:	At least 2 incidents in 2 categories in 6 months.	Total of 6> incidents in 6 months	Total of 6> incidents in 6 months	Total of 15 >in 6 months
Categories:	<ul style="list-style-type: none"> • Psychiatric Hospitalizations • ER Visits – Psychiatric • ER Visits – Behavioral • Law Enforcement – Crisis Intervention • Suicide Attempts • Missing Persons 	<ul style="list-style-type: none"> • Reportable Disease • Hospitalizations (Psychiatric) • ER Visits (Psychiatric and Behavioral) • Injuries Beyond First Aid 	<ul style="list-style-type: none"> • Rights Violation • Abuse • Individual to Individual Abuse • Neglect • Law Enforcement (Individual Victim of Crime) • Misuse of Funds 	<ul style="list-style-type: none"> • Restraints

- The county will establish a Provider Risk Screening process to identify potential systemic issues that place the health and welfare of individuals at risk or affect the Provider’s ability to continue to operate. The purpose of the risk screening process is to identify problems that require intervention to prevent a crisis.

Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

- The county uses Incident Management (IM) data to complete quarterly trend analysis of incident categories at our local Quality Management Meetings. If trends are identified in any area, the committee brainstorms potential reasons for increase and develops an action plan to address the issue. Strategies implemented will be evaluated on an ongoing basis to determine their effectiveness. Should there be an

increase in an area where an action plan already exists, the committee will re-evaluate the plan and determine if additional action items are necessary.

- Individual risk factors are addressed during ISP process. Once the ISP is submitted, the AE authorizer assures that services identified in the ISP are supported by the information in the plan and applicable to meet the needs of the individual, as well as their health and safety in the least restrictive way. If the AE reviewer recognizes additional risks or risk factors, the AE reviewer will communicate that information to the team and request revisions to the ISP.

How can ODP assist the county in interacting with stakeholders in relation to risk management activities?

- ODP can be of assistance by making Risk Management training mandatory for all providers within our system.

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

- Beaver County has an arrangement with Cornerstone Housing Support Center that aids individuals with intellectual disabilities seeking housing. This agency has assisted individuals with a dual diagnosis of Mental Health and intellectual disability to locate housing in a timely manner.

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

- The county will engage providers in the development of an Emergency Preparedness Plan by adding this as an agenda item at an upcoming Beaver County Quality Management Meeting. By holding discussion in this group providers will be able to collaborate with each other, as well as the AE in the development of their individual plans.

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

Protocols required by the Administrative Entity Operating Agreement include:

- Delegated functions
- Safeguarding ID/A waiver records
- Access to ID/A waiver records
- Waiver residential vacancy management

- Reserved capacity for nursing/rehab/hospital stays
- Unanticipated emergencies
- Incident Management
- Provider risk screening process
- Human rights committee
- Individuals not eligible for ID/A waivers
- Safeguarding records of LOC evaluations
- PUNS appropriate category of need
- ID/A waivers services are initiated 45 days of enrollment
- Quality review if a random sample of auto approval ISP's
- Review, approval, authorization of ISP's
- Employment First Act (Employment Coalition)
- Validate prospective waiver participants are provided fair hearing information
- IM4Q

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

The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:

- Selected Chatham University to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q).
- Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.
- Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
- Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;

- Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
- Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
- Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements;
- Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and
- Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.

ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 19/20 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.

Participant Directed Services (PDS):

BCBH offers PDS services to every person applying for services. We present the information in service application packets and during ISP meetings, thus ensuring individuals always have this choice available. The provider of AWC services for Beaver County is Beaver County Rehabilitation Center (BCRC). For the 2018/19 fiscal year there have been very little barriers with this service and much success with our individuals. The provider of Vendor Fiscal services for Beaver County is PALCO, who serves 3 people and will continue for 2019/20 fiscal year.

Each agency provides training for Beaver County individuals, families, guardians, and providers. They also have one on one meeting if necessary.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

Describe how the county will enable these individuals to return to the community.

Beaver County Behavioral Health partners with Merakey to provide a Dual Diagnosis Treatment Team (DDT). The DDTT is a recovery-oriented approach to supporting individuals who are diagnosed with serious and persistent mental illness and a

developmental disability. This program offers a team approach to service coordination and treatment for individuals with have encountered challenges with more traditional treatment settings. Staff, the individuals and other supports work together using person-centered, recovery services to promote the principles of everyday lives with individuals, family members and the community.

Where are services provided?

Services are provided where the individual is at the time of need and may include the home, a local community setting such as a coffee shop, work place or the Merakey office.

Who provides DDTT services?

- Psychiatrist
- Registered Nurse
- Pharmacist Consultant
- Program Director
- Behavioral Specialist
- Recovery Coordinator

DDTT members provide treatment, rehabilitation, and support services that are needed to assist participants to become as independent as possible within their home community. DDTT services are individually tailored with the vast majority of clinical interventions being provided in the participant's home or community. Working together, the team provides participants with a comprehensive integrated program of psychosocial rehabilitation services in areas such as:

- Basic needs (e.g., food, housing, medical care) through referral and care coordination with local community agencies.
- Understanding their illness
- Symptom/medication management
- Self-care
- Activities of daily living
- Social and interpersonal relationships,
- Structuring time
- Employment
- Developing a network of community supports/linkages to maintain participants in the least restrictive environment.

The DDTT program has a high staff-to-participant ratio. DDTT staff are available to the participants weekdays, evenings, weekends and holidays, in addition to 24-hour 7 days per week on-call services.

Who is eligible for services?

Health Choices-eligible adults (18 years and older) who meet the following criteria:

- Present with an Intellectual Disability as defined in the DSM V

- Present with a Mental Health Diagnosis as defined in the DSM V
- Be at risk for losing their current community placement/or are unable to move into a desired community placement which may be the result of :
 - Multiple Behavioral Health Unit Admissions in the last 12 months
 - State Hospital Admission
 - State Center Admission
 - Any placement in a criminal detention center
- Multiple interactions with the criminal justice system (i.e. police calls, arrests, citations, etc.)
- Multiple behavioral health inpatient admissions/or multiple behavioral health emergency room presentations within the last year
- Utilized and exhausted lower level of care
- Reside in Washington, Beaver, Butler, or Lawrence counties a. With Beacon Health Options Eligibility

HOMELESS ASSISTANCE

Bridge Housing

- Due to the small budget for this program, this service is not provided through this funding source. However, bridge housing programs are available to eligible individuals/family through other resources in the County.

Case Management

- The case management activities include counseling through a crisis helpline and case management as essential services in permanent supportive housing and emergency shelter. Homeless case management is essential to the mission of the County's Continuum of Care (CoC) and is funded as a response to an increasing need in homeless services as evidenced by the annual Countywide Point-in-Time Surveys and a decrease in affordable housing. The County's CoCs work cooperatively utilizing a new Coordinated Entry process that is operated by The Cornerstone of Beaver County (TCBC) and in partnership with Homeless Management Information System (HMIS). This "real time" process enables the County to properly and efficiently place individuals/families in housing crisis.
- The County requires quarterly activity reports from each of the subrecipient provider agencies. The County also conducts on-site monitoring of each subrecipient. Information is also entered in to the County's HMIS.
- Other than the new employment of the Coordinated Entry process, there are no significant changes in this area of the HAP.

Rental Assistance

- Rental Assistance is provided in the form of first month's rent, security deposits, utility payments and arrearages. This "homeless prevention" funding is utilized as a supplement to the HEARTH "homeless prevention and rapid re-housing" rental assistance to fill the gaps created by HEARTH eligibility and funding constraints. The County also competitively applies for PHARE funds through the Pennsylvania Housing Finance Agency.
- All information concerning entry, services and exit are contained in the County's HMIS. In addition, the County requires quarterly activity reports from each of the subrecipient agencies. The County also conducts on-site monitoring of each subrecipient. This component is an integral part of the County's Continuum of Care. Also, efficacy is measured by the Point-in-Time process, as well as the system performance outcome report and programs' annual progress reports, with the annual goal of seeing less people homeless on a given day.
- We will continue to refine the County's Coordinated Entry process to assure that households are linked to the best fit resource, in the timeliest manner.

Emergency Shelter

- Emergency shelter funding is used to pay the cost of emergency nights in hotels/motels. This program provides emergency, temporary shelter for individuals and families who are waiting to be placed in bridge or permanent housing.
- The HAP emergency funding is managed through The Cornerstone of Beaver County. As a member of the County's Continuum of Care, this agency provides collaboration and support for emergency housing to individuals through a referral process or to individuals and families who seek help directly. All information is tracked through the HMIS. In addition, the County requires yearly activity reports from each of the subrecipient agencies.
- Through the ESG fund, continuing this year is The Cornerstone of Beaver County as a manager of the hotel/motel vouchers. The County's Continuum of Care, through HAP as well as other resources continues to provide emergency housing for victims of sudden disaster, such as fires, flooding and other weather related issues that render a dwelling uninhabitable. Typically, when disaster strikes, the American Red Cross steps in and provides assistance that is expected to cover 3 days of immediate need. The Continuum has found that most people who are experiencing a sudden housing crisis have not secured permanent, affordable and safe housing in that short period of time.

Other Housing Supports

- Supportive activities are in the form of bus tickets and food gift cards that are provided to human services agencies that assist individuals faced with housing crises. The bus tickets give the clients an opportunity to access appointments needed to assure housing placement. The gift cards are used for essential purchases at local food stores and discount department stores. These resources are extremely beneficial to those in housing crisis. We find that these resources are exhausted more rapidly than the need.
- The subrecipient agency that manages the bus tickets and food gift cards must maintain a detailed list that tracks the distribution.
- Although not a change, but vital to the continuation of our efforts, the HAP provides supplemental funding to existing homeless programs administered through the Community Development Program of Beaver County, the umbrella agency for the Community Services Program. These programs include the Emergency Solutions Grant Program that the County receives through the federal government as an entitlement and from state awards through a competitive process and the HUD Continuum of Care effort for which the County, through the Community Development Program, is the collaborative applicant. The County also utilizes its Affordable Housing Fund Program (Act 137) and a portion of its allocation of Community Services Block Grant Program funds to support homeless efforts.

The Housing and Homeless Coalition of Beaver County is a collaborative group that includes, but is not limited to housing partners, health providers, food security resources, mainstream resources, formerly homeless individuals and members of the community. This group also serves as the County's Continuum of Care for homeless activities funded through HUD's Supportive Housing Programs. This collaborative group continues to identify, and fill, gaps in the provision of services for the homeless and works to address other housing needs for low income persons and families.

Additionally, as mentioned under case management and rental assistance, a government mandated Point-in-Time Homeless Survey is conducted annually in Beaver County, as well as the rest of the country, during the last 10 days of January. A group of volunteers go out and canvas areas where they may find homeless persons, searching under bridges, along railroad tracks, and in abandoned houses. In addition, every person in Beaver County who is staying in a homeless shelter or a transitional housing program bed is counted. This information is used to give the County a snapshot of what homelessness looks like on a single night. We use this information for planning and fund seeking.

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

- The Beaver County Homeless Management Information System (HMIS) is a comprehensive, confidential electronic database that collects important information

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

- In an effort to engage in the most efficient and comprehensive tracking and reporting system, the County is now utilizing the PA State HMIS. This program is fully scalable, designed with the newest software development tools, and built on and currently incorporates the most recent HUD universal data standards. The enhanced HMIS, coupled with a refined assessment strategy, has enabled the County's Continuum of Care to have a full, real-time understanding of the needs of the homeless and strengthens the efforts to reduce the number of homeless and near-homeless in our County.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

The Department of Health has designated Single County Authorities (SCAs) across the state to be responsible for administration, planning, and funding of publicly funded drug and alcohol abuse prevention and treatment services in their local area. In Beaver County, the administrative structure chosen by the Beaver County Commissioners to administer drug and alcohol programs and services is the Advisory Council option. In this option, the SCA is part of BCBH and reports to the BCBH Administrator, who is also the Mental Health/Intellectual Disabilities Administrator. The BCBH Administrator reports directly to the Beaver County Commissioners. The BCBH Administrator is responsible for oversight of the SCA. The Advisory Council participates in oversight of the SCA.

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

- ✓ Review and evaluation of services.
- ✓ Development of an annual drug and alcohol treatment plan.
- ✓ Review of the drug and alcohol plan.

- ✓ Recommendation and approval of projects and services, including contracts and budgetary issues.
- ✓ Review of the performance of all agencies funded.
- ✓ Assistance with the implementation of guidelines, rules and regulations.
- ✓ Review of by-laws governing the manner in which business is conducted.
- ✓ Preparation of an Annual Report to the Local Authority and the Department on programmatic activities.
- ✓ Development of a full continuum of accessible services.

DUTIES

- Ensure that a full range of quality alcohol, tobacco and other drug prevention, intervention, treatment and ancillary services are available to support the substance user/abuser and/or their families moving toward recovery by entering into an agreement with at least one provider for each service activity in the full continuum of substance abuse service delivery:
 - Medically Monitored Detoxification - adult
 - Medically Managed Detoxification - adult
 - Medically Monitored Residential Rehabilitation - adult, adolescent, and women with children
 - Medically Managed Residential Rehabilitation - adult
 - Halfway House - adult
 - Partial Hospitalization - adult
 - Outpatient to include Intensive Outpatient - adult and adolescent
- Screen all clients to ascertain if emergent care is needed in the following areas:
 - Detoxification
 - Prenatal Care
 - Perinatal Care
 - Psychiatric Care
- Conduct Level of Care Assessments of clients to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information.
- Ensure that providers, which serve an injection drug using population, shall give preference to treatment as follows:
 - Pregnant injection drug users
 - Pregnant substance users
 - Injection drug users
 - Overdose survivors
 - Veterans
 - All others
- Increase community recognition of alcohol and tobacco as drugs.
- Coordinate with other state and local agencies to improve cross-system collaboration, whenever possible.

- Work within Beaver County Behavioral Health (BCBH) and the Beaver County service system to develop one infrastructure to identify and treat co-occurring substance use and mental health disorders.
- Improve coordination with other systems of care, i.e. physical health, mental health, aging, schools, criminal justice, Children and Youth Services, etc.
- Maintain a management information system capable of generating accurate and timely reports, demographic data, and information to assess emerging trends within the county.
- Assess and evaluate the impact of the delivery of services.
- Promote ongoing training and credentialing of drug and alcohol field staff.
- Identify risk factors in the community in an effort to build resiliency among youth and reduce risks associated with substance abuse through awareness, education, recognition and knowledge.
- Partner with higher educational institutions to bring research to practice and to promote workforce development.
- Assist in building youth-led advocacy and other grassroots advocacy efforts to promote drug and alcohol program and tobacco program awareness, assistance, and leadership.

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	0	N/A
Non-Hospital Rehab Services	0	N/A
Medication Assisted Treatment	0	N/A
Halfway House Services	0	N/A
Partial Hospitalization	0	N/A
Outpatient	0	N/A

- There were no wait times based on availability of beds if clients entry into treatment may have been delayed on occasion due to client choice

**Use average weekly wait time

- 2. Overdose Survivors' Data:** Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to SCA Case management by ED	# Refused Treatment	# of Deaths from Overdoses

602	11	4	2016 – 102 2017 – 82 2018 - 41
-----	----	---	--------------------------------------

In 2018 first responders saved over 600 lives, this includes over 100 by police and fire departments. The SCA is in partnership with our in county hospital since October 2017 to provide services to overdose survivors. The SCA case management unit receives after referrals from various departments in the hospital some afterhours. A case manager assess the individual at the hospital where possible or contacts the person following discharge in an attempt to provide services.

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

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	N/A
Inpatient Hospital Rehab	1	0	N/A
Inpatient Non-Hospital Detox	8	0	N/A
Inpatient Non-Hospital Rehab	11	0	Women With Children
Partial Hospitalization	1	0	N/A
Intensive Outpatient	2	1	N/A
Outpatient	5	3	N/A
Halfway House	5	0	Women with Children

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

In November of 2016, Beaver County was the first County in Southwest Pennsylvania to have an overdose death, as a result of Carfentanil – the medication intended to tranquilize elephants – but lethal if consumed/touched by humans. The emergence of this drug, in addition to dealers now providing/supplying those addicted with pure

Fentanyl, is potentially lethal for them, as well as Officers, First Responders, EMT's who may come in contact with it as well as family members, children and in general the unsuspecting individuals in the lives of the abuser or dealer.

The SCA, with the support the Drug Abuse Coalition, is dedicated to providing education, research, support, etc. to help combat this issue.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

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)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Women with Children**
- **Overdose survivors**
- **County's identified priority populations**

Target Populations

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

Older Adults (ages 60 and above)

Treatment Services:

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

Prevention Services:

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

Needs:

- Continued education regarding prescription drugs and potential abuse.

Adults (ages 18 and above)

Treatment Services:

- Detox (Hospital and Non-Hospital)

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

Prevention Services:

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

Needs:

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

Transition-Age Youth (ages 18 to 26)

Treatment Services:

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

Prevention Services:

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

Needs:

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

Adolescents (under age 18)

Treatment Services:

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

In addition to the services above the SCA has partnered with a new Residential Treatment provider who began accepting clients in January 2019. The provider offers Detox and Non-hospital Inpatient Treatment. This adds 39 new treatment beds for Beaver County.

Prevention Services:

- Drug & Alcohol awareness education through Evidence-Based Curriculum, such as All Stars, Too Good for Drugs, Too Good for Violence, Peacemakers, Positive Action, etc. Student Assistance Programs are available in all school districts.
- Programs are provided to reach both teens and parents/guardians: Reality Tour® – an innovative parent and child drug prevention program. It consists of an evening for children age 10+, who must be accompanied by a parent/guardian. This 3 hour interactive program gives families the tools needed to reduce the risk of substance abuse. This award winning program has been recognized locally, nationally, and internationally.
- Community Forum – The Community Form began in 2017 to reach parents and professionals regarding current drug trends in Beaver County as well as listen to their ideas and concerns regarding the face of drug abuse in Beaver County. The focus of the 2019 forum was E-Cigarettes and Vaping.

Needs:

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Treatment Services:

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

Prevention Services:

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

Criminal Justice Involved Individuals

The SCA works with our local probation office on the Drug and Alcohol Treatment-Based Restrictive Intermediate Punishment (RIP) grant, which includes Levels 3 and 4 offenders, who are statutorily eligible for RIP.

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

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

Women with Children

Treatment Services:

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

Prevention Services:

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.
- Case management staff works diligently to connect identified women with children to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

Needs:

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

Overdose Survivors

Treatment Services:

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House

- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group/Outpatient Individual

Drug Diversion Program (If applicable)

- In lieu of jail time, client may enter and must complete the jail diversion program.

Prevention Services:

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

Needs:

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

Veterans

Treatment Services:

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

Prevention Services:

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.
- Case management staff works diligently to connect identified veterans to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

Needs:

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

Racial/Ethnic/Linguistic minorities

Provider organizations make an effort to hire staff from the local community, who have personal experience with the race, ethnicity, gender, age, and socioeconomic composition of the population of focus. Providers, families, and peers across the County have access to Cultural and Linguistic Competency (CLC) training. Beaver

County has established a countywide CLC committee. Membership includes the Board of Commissioners and leaders in local business, as well as behavioral health providers. BCBH recently sponsored a training on the culture of poverty.

Needs:

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

Recovery-Oriented Services

Describe the current recovery support services including CRS services available in the county, including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc.).

CRS services are offered in conjunction with one of our outpatient providers.

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

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

5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

The Beaver County SCA and the Beaver County District Attorney are the local Centralized Coordinating Entities (CCEs) purchasing, tracking and distributing Naloxone throughout the county since May 2016.

The SCA holds a standing order and purchases and distributes Naloxone to social service organizations, local EMS and first responders, and the community at large. The SCA has trained staff at: the Beaver County Jail, Beaver County Adult and Juvenile Probation offices, The Beaver County Corners Office, Children and Youth Services, Presley Ridge, Beaver County Career Link, and family members of Beaver County SCA clients who are at risk of opioid overdose and death. The SCA has distributed Narcan

to the social service organizations that have participated in trainings, and to three County QRS/Fire Department Teams, and three police departments. In addition, the SCA continues to supply all school nurses with Narcan. The SCA and District Attorney work very closely together to track the inventory and meet the demands of those in need of Narcan. To date the SCA has purchased over 700 units of Narcan and has distributed approximately 300 of those units.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	As needed	12
Provider Network	4	25

All SCA staff have been trained. Professionals from external agencies are placed into slots as they become available through DDAP.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

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

Adult Services: Please provide the following:

Program Name: Transportation

Description of Services: Provides public transportation to low income adults to and from employment and social services

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Adult Services: Please provide the following:

Program Name: Counseling

Description of Services: Provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions

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

Adult Services: Please provide the following:

Program Name: Home Delivered Meals

Description of Services: Provides delivery of nutrition services to consumers to reduce the risk of malnutrition

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Aging Services: Please provide the following:

Program Name: Home Support

Description of Services: Home Support services includes, but are not limited to: laundry, housekeeping, prepare meals, grocery shopping and errands in order for individuals to remain independent and in their own home

Service Category: Home Support - Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc.

Children and Youth Services: Please provide the following:

Program Name: Case Management

Description of Services: This service provides mentors who provide a positive influence in order to reduce the incidence of and/or prevent a host of counterproductive risky behaviors. These activities include: interviews and child safety training with child and parent, STEM programming, recreational activities, surveys, monthly contacts with parents and child.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

Generic Services: Please provide the following:

Program Name: Homemaker

Description of Services: Provides basic activities of daily living for severely disabled individuals and semi-skilled home maintenance tasks with the goal to avoid institutional care of living a sub-standard lifestyle. This service involves light housekeeping to keep the client's environment clean and safe.

Activities include: vacuuming, mopping floors, sweeping floors, dusting, sanitizing toilet, sinks, tub and shower, emptying trash, taking recycling to curbside, linen changes, laundry, shopping and errands, meal preparation, washing dishes for clients who cannot do so.

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

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

☒ Adult ☐ Aging ☐ CYS ☐ SUD ☒ MH ☒ ID ☐ HAP

Program Name: Chore

Description of Services: This service provides short-term heavy home maintenance such as removing debris and clutter, organizing and improving hoarding situations and removing trash to collection points on the home site. It also includes deep cleaning, emergency shopping for clients with severe disabilities when the individual is unable to perform the tasks or has no one available, capable or willing to provide help.

Service Category: Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.

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

☒ Adult ☐ Aging ☐ CYS ☐ SUD ☒ MH ☒ ID ☐ HAP

Program Name:

Description of Services:

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

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

☐ Adult ☐ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Specialized Services: Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Community Wellness Advocate

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

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

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

to pay a portion of the coordinator's salary and payroll taxes and not direct service expenses. Those served in the in Interagency Coordination are from the Adult, Aging, Mental Health, Intellectual Disabilities and Homeless populations.

Other HSDF Expenditures – Non-Block Grant Counties Only

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

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	N/A
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

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

Appendix C-1

Proposed Budget and Service Recipients

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	17		\$ 255,000		\$ 11,118	
Administrative Management	2,100		\$ 209,697		\$ 9,143	
Administrator's Office			\$ 772,166	\$ 153,000	\$ 33,666	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	100		\$ 249,100		\$ 10,861	
Community Residential Services	230		\$ 1,663,988	\$ 36,475	\$ 72,550	
Community Services	850		\$ 503,788		\$ 21,965	
Consumer-Driven Services						
Emergency Services	500		\$ 86,000	\$ 27,000	\$ 3,750	
Facility Based Vocational Rehabilitation	21		\$ 426,700		\$ 18,604	
Family Based Mental Health Services	200		\$ 45,000		\$ 1,962	
Family Support Services	50		\$ 297,400		\$ 12,967	
Housing Support Services	200		\$ 1,539,150		\$ 67,107	
Mental Health Crisis Intervention	440		\$ 375,152		\$ 16,357	
Other						
Outpatient	380		\$ 362,000	\$ 38,000	\$ 15,783	
Partial Hospitalization						
Peer Support Services	20		\$ 21,709		\$ 947	
Psychiatric Inpatient Hospitalization	30		\$ 40,000		\$ 1,744	
Psychiatric Rehabilitation	15		\$ 93,000		\$ 4,055	
Social Rehabilitation Services	70		\$ 396,603		\$ 17,292	
Targeted Case Management	760		\$ 428,000	\$ 2,000	\$ 18,661	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	5,983		\$ 7,764,453	\$ 256,475	\$ 338,532	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 614,366	\$ 8,527	\$ 40,795	
Case Management	286		\$ 169,500	\$ 1,380,000	\$ 7,391	
Community-Based Services	225		\$ 820,620		\$ 35,779	
Community Residential Services	22		\$ 1,239,200		\$ 54,029	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	533		\$ 2,843,686	\$ 1,388,527	\$ 137,994	\$ -

HOMELESS ASSISTANCE SERVICES

Bridge Housing	-					
Case Management	684		\$ 102,117			
Rental Assistance	228		\$ 30,000			
Emergency Shelter	215		\$ 15,250			
Innovative Supportive Housing Services	600		\$ 5,000			
Administration			\$ 5,799			
TOTAL HOMELESS ASSISTANCE SERVICES	1,727		\$ 158,166		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	96		\$ 158,300			
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,200		\$ 8,625			
Recovery Support Services						
Administration			\$ 29,231			
TOTAL SUBSTANCE USE DISORDER SERVICES	1,296		\$ 196,156	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	400		\$ 156,800			
Aging Services	60		\$ 6,000			
Children and Youth Services						
Generic Services	60		\$ 119,900			
Specialized Services	130		\$ 11,900			
Interagency Coordination			\$ 8,000			
Administration			\$ 1,800			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	650		\$ 304,400		\$ -	\$ -
GRAND TOTAL	10,189	\$ -	\$ 11,266,861	\$ 1,645,002	\$ 476,526	\$ -

Appendix D

Stakeholder Outreach

HSBG Stakeholder Outreach 18/19

- 82 responses were received
- The survey was both online via www.BC-systemofcare.com website, social media, survey link and in hard copy
- Shared with as many stakeholder groups as possible
- Provided assistance to anyone who needed help

Stakeholder Groups	
MHA: Phoenix Center	Faith-Based Communities: ROOTS
Warmline	TRAILS
Speakers' Bureau	Tiger Pause
MHA Board	UnCommon Ground
MHA Staff	Aliquippa Impact
Beaver County Children & Youth Services	Direct Service Unit staff and consumers
Beaver County Office on Aging	SOC Steering Committee
Senior Center at the Mall	SOC Change Agents
CRS residential staff and residents	The Cornerstone
Public Housing/Housing Authority	The Women's Center
Youth Ambassadors & Schools	The Prevention Network
ARC Human Services	Human Services Forum
BCBH Staff	Certified Peer Specialist Group
MH/MR Advisory Board	Gateway
SCORES Coalition	Salvation Army
BCRC/Aurora	Adult MH Providers
NAMI	Children Providers
C/FST staff and Advisory Board	ID Providers
MH Provider Meeting	Early Intervention
Family/Youth Voice Coalition	D&A Providers
Natural Supports	Community Development
D&A Advisory Council	Local Businesses
Community Supports	Forensic Partners
Consumers/Parents	Housing Providers
Family Members	Legislators
LGBTQ Support Group - PRISM	Housing & Homeless Coalition
Friendship Ridge LTSR	Franklin Center
Family Group Decision Making Advisory Board	Single Point of Accountability Workgroup
Local colleges	15 School Districts (personnel, students, & families)

This is what was said:

<u>What are we doing well?</u>	
Person Centered Youth Ambassador Program (YAP) SOC website Collaboration Education to raise awareness Youth Mentors Family Group Decision Making PRISM – LGBTQ support Maintaining a person- natural setting Sr. Center at the Mall BC Office on Aging Meals on Wheels Famers Market Vouchers Rent Rebate MHA programs Case Management Choices Cornerstone Recovery & Supports BCRC/Aurora The Cornerstone Careerlink/OVR BC CYS Family, Youth, Consumer Voice	Early Intervention/Early Headstart/Headstart D&A programs- AA/NA Meetings Collaboration with jail/courts reduced fair bus passes Access to probation and court house NHS MH supports in the jail Veteran's Court VA Center in Monaca PERSAD PGH Aids Task Force Project HOPE Cultural & Linguistic Competency BHRS/FBMHS Education Advocate Project Star/Roots Utility Assistance Trainings/MHFA Recovery Coordinators/Peer Support Crisis
<u>What can we improve upon?</u>	
Housing/Placement based on need(s)/ Shelters/safe & affordable housing Respite/24/7 Peer Respite Transportation ACT 53 education for schools/parents Insurance/Medicare education COD capable DBT Therapy Early intervention for MH and D&A MH/D&A prevention staff recruitment/retainment easier access/simplify referral process discharge planning/transition Transition from child to adult system More Psychiatrists Transition Age services PTSD support	Community Centers/Social Outlets/Camp Prevention/crisis response Continuity of Care Childcare Marketing/Awareness/Outreach/linkage Funding Collaboration/communication Employment/training/apprenticeships School based services Support/transition from treatment to life Recovery/Peer Navigator Consumer Run Programs VA peers Peer employment LGBTQ training/awareness/peer More ESL classes Bi-lingual providers

Trauma sensitive providers Long term care options	Leadership/staff reflect population served Training
--	--

Appendix E

Public Hearing Notice

To: Lee Samangy, Beaver Co. Times **From:** Terri Cordes

Fax#: 724-775-7212 **Pages:** 1

Phone: 724-775-3200, Ext. 124 **Date:** 06/07/19

Re: Stakeholder's Meetings

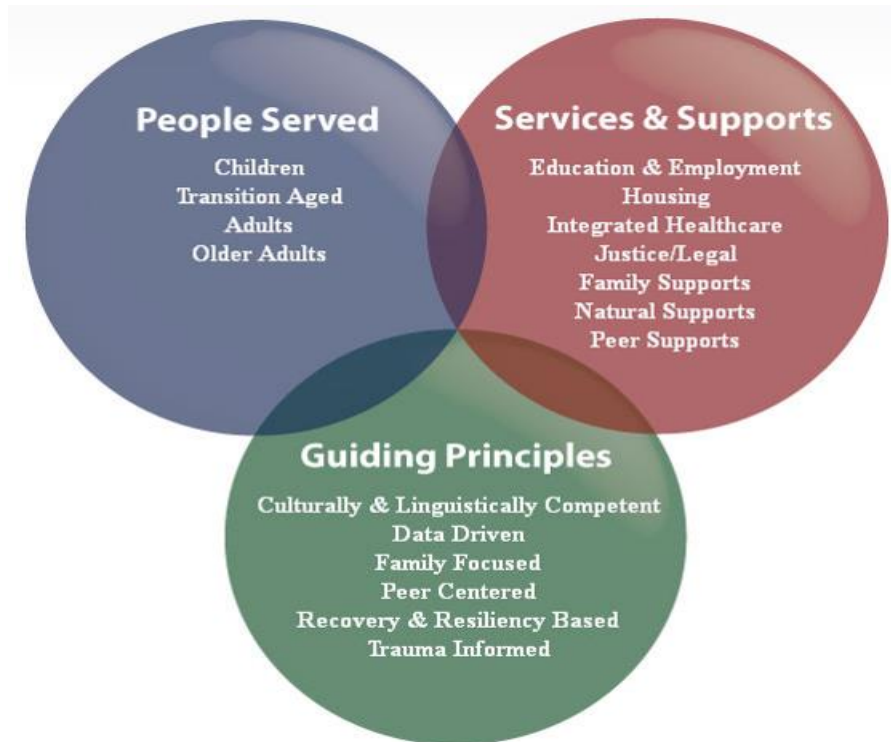
☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply**

We would like to place the following Public Hearing Notice in the Beaver County Times on Friday, June 28th, Sunday, June 29th and Monday, July 1st.

Two Planning meetings will be held as follows:
Thursday, July 11, 2019 from 1:00-3:30 at Center at the Mall, Beaver Valley Mall
AND
Friday, July 12, 2019 from 1:30-3:30 at the Mental Health Association, Rochester, PA

All interested consumers, families and providers are encouraged to attend.

Beaver County System of Care



Public Hearing & Stakeholder Meetings

July 11th
Senior Center
at the Mall, 1-3

and

July 12th
Mental Health
Association, 1-3

Welcome

System of Care Steering Committee

Recovery and Resiliency

Speaker - Kailyn Boring
MHA Speaker (Krista or Chad)
Video - Diversion
Video - Dear Mind

Human Services Block Grant

Behavioral Health and Developmental Services - Gerard Mike
Office on Aging
Community Development – Cathy Smith

Survey Outreach

Stephanie Santoro
It's not too late to give us your feedback:

<https://www.surveymonkey.com/r/BCHSBG-2019>

If you would like more information about what was presented today,
please contact Stephanie Santoro at SSantoro@ahci.org

Appendix F

Summary of Public Hearing

**Beaver County Human Service Block Grant Annual Plan
Stakeholder / Public Hearing
SENIOR CENTER AT THE MALL
July 11, 2019 1pm – 3:30pm
NOTES**

- Amanda Wyant, (Staunton Clinic Supervisor / Chair of BCBH System of Care Steering Committee), opened the meeting, welcoming all attendees, detailing the meeting agenda.
- Gerard Mike, (Beaver County Behavioral Health Administrator), asked for audience introductions in the room. He then profiled the Block Grant concept and detailed the flexibility of the different funding streams that it provides for. He noted that CYS is no longer a participant of the Block Grant monies. Mr. Mike explained the differences between Block Grant counties and joinder funded counties. He gave an overview off the Beaver County's priorities and sited specific efforts being undertaken. Addressing the Opioid Crisis and collaboration between the Beaver County Rehabilitation Center and the court system were two examples that were chronicled. Mr. Mike described the efforts of the Intellectual Disability department with respect to the waiver system, and how respective funds serve individuals and their families. He emphasized the fact that the Block Grant funding system can more readily provide for the increase in multi- faceted complex cases. Questions were taken from the audience.
- Cathy Smith, (Beaver County Community Development), explained the homeless assistance program and the various agencies that are funded through it. Priorities and strategies were described as well as current efforts to re-establish a new site for the men's shelter. The various supports available to the homeless population in Beaver County were described. Ms. Smith commented on how difficult it is to address the needs of families that are homeless. Questions were taken from the audience.
- Angela Gentile, (Beaver County Office on Aging), stood in for Linda Hall (BCOA Director), and presented the services funded by their agency. Current priorities were discussed. Changes to their past programming was discussed. Their Health and Wellness Programs and Grand Parenting programs were was chronicled. The various senior centers were identified by location in the county. Ms. Gentile described how hoarding has become a focus issue in the county's senior population and detailed some of the difficulties encountered when addressing it. Questions were taken from the audience.
- Kailyn Boring provided her personal recovery story, describing it as "a long road", starting down a bad path at age 14. She candidly chronicled her drug use, rehabilitation efforts, various jail experiences, psychiatric in-patient stays, and faulty personal relationships, on her way to a better life. She has been clean now for two years. She now has two jobs, a significant other and her four children back in her life. She attributed many supporting her along the way, as the reason she has been successful. She concluded with, "I just want to help others now".

- Chad Morgan provided his personal recovery story, beginning with his Bipolar Depression diagnosis in 2015. He spoke of six hospitalizations with drug and alcohol problems for over 25 years. He noted that he has a two degrees and began volunteering at the Mental Health Association and the Salvation Army. He stated that “volunteering is what got me sober”. He is now instrumental in the MHA jail program that helps others re-enter society.
- Bonnie Palmieri (Allegheny Health Choices) , provided introductory comments regarding two videos that were shown: 1) Beaver Falls MDJ Diversion Program and 2) Dear Mind.
- Stephanie Santoro (Allegheny Health Choices), explained how to provide feedback to Beaver County Behavioral Health through electronic survey and hard copy. The meeting was adjourned.

07/11/19 – Center at the Mall

[illegible]

**Beaver County Human Service Block Grant Annual Plan
Stakeholder / Public Hearing
MENTAL HEALTH ASSOCIATION OF BEAVER COUNTY
July 12, 2019 1 - 3:30
NOTES**

- Marie Krechowski, (Mental Health Association), opened the meeting, welcoming all attendees, and detailing the agenda.
- Krista Boring presented her recovery story chronicling her struggles from onset to present. She spoke of how depression/ anxiety led to self- harm as a coping behavior. She described how she stayed away from doctors through high school and college. Her future was promising until June 6, 2007. She was hit by a drunk driver resulting in severe injuries. She began to experience panic attacks. She was given medication for her physical pain and became addicted. That turned into a decade of spiraling down. A suicide attempt and hospitalizations followed. Four times in jail moved her to seek rehabilitation, and she began to regain her life back. A D/A counselor was connected and employment sought. OVR became involved and collaboration with the Mental Health Association gave her new ways to cope with life. She closed describing how her life is now dedicated to helping others, in the Beaver County jail system and at the MHA.
- Gerard Mike, (Beaver County Behavioral Health Administrator), chronicled the inception and current status of the Human Services Block Grant and how it pertains to Beaver County. He spoke of the state budget being held flat for the past 12 years and how the Block Grant enables our county to meet individuals with the flexibility of funding and consequently serving their needs better. Various programs were profiled. The county planning process was explained and the Block Grant funding concept versus joinder county funding was compared. Mr. Mike described the integration and collaboration of Drug and Alcohol, Intellectual Disability, and Mental Health Services relative to the Block Grant Funding. The collaboration with the criminal justice system was described, noting programs that address treatment in lieu of incarceration. Grant funding and how it integrates into Beaver County's system of care was described. Mr. Mike emphasized the opportunity for the public to respond to the perceived needs of the county and how to do that. Questions and comments were taken from the audience.
- Angela Gentile, (Beaver County Office on Aging), stood in for Linda Hall (BCOA Director), and presented the services funded by their agency. Current priorities were discussed. Noted was the "Grandparent Program", 55 or older caring for children under 18. She described how technology has enhanced their assessment capabilities. The Home Safe Program, the Older Protective Services Program, the Garden Program, and the Healthy Eating Program were described. The various senior centers across the county were identified. Questions were taken from the audience.

- Cathy Smith, (Beaver County Community Development), detailed how her agency utilizes the Block Grant funding allocation, with a focus on ending homelessness through stable housing. The various programs were identified. She commented on how there is a push to increase emergency shelter capacity. Questions were taken from the audience.
- Bonnie Palmieri, (Allegheny Health Choices), provided introductory remarks regarding two recovery videos that were shown: 1) Beaver Falls MDJ Diversion Program and 2) Dear Mind.
- Stephanie Santoro, (Allegheny Health Choices), explained how to provide feedback to Beaver County Behavioral Health through electronic survey or hard copy. The meeting was adjourned.

**Public Hearing Meeting
Sign-In Sheet
07/12/19 – Mental Health Association**

Name	Affiliation	Email/Contact	Check box to receive email
Jack Wallace	BCBH	jwallace@bcbh.org	<input type="checkbox"/>
Marie Knechowski	MHA	mknechowski@mhabc.org	<input type="checkbox"/>
Krista Boring	M.H.A.	krb5092@gmail.com	<input type="checkbox"/>
Joanne Koehler	MHA	jkoehler@mhabc.org	<input type="checkbox"/>
Stephanie Santoro	AHCI	ssantoro@ahci.org	<input type="checkbox"/>
Patricia Miller	BCRC	pmiller@brc.net	<input type="checkbox"/>
Cathy Smith	CDP	csmith@beavercountypa.gov	<input type="checkbox"/>
Angela Gentile	Beaver Co. Office on Aging	agentile@bcoa.us	<input type="checkbox"/>
Larry Berger	Mental Key	larry.berger@mentkey.org	<input checked="" type="checkbox"/>
Laurin Tomayko	Mental Key	laurin.tomayko@mentkey.org	<input checked="" type="checkbox"/>
Geord Mila	BCBH	gmila@bcbh.org	<input type="checkbox"/>
Jane Klaus	Beacon	Suzanne.Klaus@beaconhealthphoton.com	<input checked="" type="checkbox"/>
Courtney Dawson	UPMC Beaver Creek	dawsonc@upmc.edu	<input type="checkbox"/>
Bonnie Palmieri	AHCI	bpalmieri@AHCI.org	<input type="checkbox"/>
Michael Shea	Presskey	rshea@presskeyinc.org	<input checked="" type="checkbox"/>
Norah Miller	Crossroads	norahmillerconsulting@crossroads.com	<input type="checkbox"/>
Frederick Hardei	US Dept of VA	Frederick.Hardei@VA.GOV	<input checked="" type="checkbox"/>
Kate Lowery	BCBH	klowery@bcbh.org	<input type="checkbox"/>
Analy McLaughlin	TCBC	amclaughlin@conestogabeaer	<input type="checkbox"/>
Rose Marie Smith	MHA	rsmith@mhabc.org	<input checked="" type="checkbox"/>
Rehney Brown	BCRC	rbrown@brc.net	<input checked="" type="checkbox"/>
Maureen Hawk	BCRC	mhawk@brc.net	<input checked="" type="checkbox"/>
Cindy Straub	MHA	cstraub@mhabc.org	<input checked="" type="checkbox"/>
Elvira Mayors	BCBH	emayors@bcbh.org	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Appendix G

Adult Mental Health Existing Services

**FY 2019 BEAVER COUNTY PLAN
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Treatment	Adult Adult SMI COD Adult	<p><u>Outpatient Psychiatric</u> (Limited/7)</p> <ul style="list-style-type: none"> Primary Health Network: Beaver Falls – Aliquippa, Rochester Glade Run Lutheran Services BCBH: Direct Service Unit - Courthouse - Beaver County Jail Catholic Charities Community Alternatives 	Human Services Block Grant Client fees HealthChoices
	SMI Adult Adult SMI	<p><u>Inpatient Psychiatric</u>-(32/1)</p> <ul style="list-style-type: none"> Heritage Valley Health Systems-Beaver 1000 Dutch Ridge Road, Beaver 	Health Choices MA FFS MH FFS
	Adult SMI	<p><u>Assertive Community Treatment</u> (64/1)</p> <ul style="list-style-type: none"> F/ACT - Merakey 	Health Choices
	Adult SMI / ID	<p><u>Dual Diagnosis Treatment Team</u> (Limited / 1)</p> <ul style="list-style-type: none"> Merakey 	HealthChoices Human Services Block Grant
	Adult SMI	<p>MH/MR Scripts...(Limited/1)</p> <ul style="list-style-type: none"> Primary Health Network, Rochester <p>Pharmacy Program...(UL/1)</p> <ul style="list-style-type: none"> Primary Health Network , Rochester 	Human Services Block Grant Human Services Block Grant
	Adult SMI	<p>Regional LTSR(16/1)</p> <ul style="list-style-type: none"> Brighton Rehabilitation and Wellness Center LTSR 246 Friendship Circle, Beaver, 15009 	Health Choices Human Services Block Grant
		<p>Merakey LTSR...(14/1)</p> <ul style="list-style-type: none"> 148 Theodore Drive Chippewa Twp. 15010 <p>Mobile Medications (None)</p>	Health Choices Human Services Block Grant
Crisis Intervention	Adult Adult SMI	<p><u>Crisis Intervention</u> (phone , walk-in, mobile) (UL/1)</p> <ul style="list-style-type: none"> UPMC / WPIC, 176 Rochester, PA 15074. 	Health Choices Human Services Block Grant
	Adult Adult SMI	<p>Crisis Residential (None)</p>	

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Case Management	Adult SMI or COD	Blended Case Management (Limited/5) <ul style="list-style-type: none"> Beaver County Behavioral Health Direct Services Unit (BCBH DSU) Glade Run Staunton Clinic – ICM/BCM Merakey Cornerstone Recovery and Supports, Inc. – BCM / Housing Supports 	Health Choices Human Services Block Grant Grants
	D&A Adult	D&A Case Coordination ...(Limited) <ul style="list-style-type: none"> BCBH-Single County Authority (SCA) D&A Resource Coordination Merakey 	Health Choices Human Services Block Grant
	Adult	Admin. Case ManagementUL/2) <ul style="list-style-type: none"> BCBH-DSU Primary Health Network 	Human Services Block Grant
Rehabilitation	Adult SMI Adult	<u>Community Employment & Employment Related Services</u> Vocational Evaluation (UL/1) Vocational Training(74/1) <ul style="list-style-type: none"> Beaver County Rehabilitation Center (BCRC) 	Human Services Block Grant Client Fees
	Adult	Supportive Employment (33/1) <ul style="list-style-type: none"> Beaver County Rehabilitation Center 	Human Services Block Grant Client Fees Grants
	Adult SMI Adult	<u>Community Residential Rehabilitation</u> <ul style="list-style-type: none"> Cornerstone Recovery and Supports Full Care CRR (12/1) 1300 9 th Avenue , Beaver Falls, PA 15010 Partial Care CRR (8/1) 1120 5 th Avenue, Beaver Falls, PA 15010 Partial Care CRR (8/1) 101 Brighton Avenue, Rochester, PA 15074	Human Services Block Grant Client Fees
	Adults Adults MH	Personal Care Respite Services (2/1) <ul style="list-style-type: none"> Smith's Personal Care Home 300 Pine St., Beaver Falls 	Human Services Block Grant
	Adults Adult SMI	Respite (Limited) <ul style="list-style-type: none"> BCBH authorized 	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	Adults SMI	<u>Psychiatric Rehabilitation</u> <ul style="list-style-type: none"> BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services	Health Choices Human Services Block Grant
	Adult SMI Adult	<ul style="list-style-type: none"> Glade Run Lutheran Services Mobile	HealthChoices Human Services Block Grant Grants
	Adult SMI	<u>Certified Peer Specialist</u> (Limited/2) <ul style="list-style-type: none"> BCRC-Aurora MHA 	Health Choices Grants
	All Adults Older Adults	<u>Social Rehabilitation</u> Personal Care Home Re-socialization (UL/1) <ul style="list-style-type: none"> Mental Health Association (MHA) 	Human Services Block Grant
		Drop-In Center Enhancement - Friendship Room.....(UL/1) <ul style="list-style-type: none"> MHA Clubhouse (None)	Human Services Block Grant
Rights Protection	All Adults	Ombudsman.....(UL/1) <ul style="list-style-type: none"> MHA 	Health Choices
	All Adults	Community Advocate.....(UL/1) <ul style="list-style-type: none"> MHA 	Human Services Block Grant
	All Adults	Consumer/Family Satisfaction Team.....(UL/1) <ul style="list-style-type: none"> MHA 	Health Choices Human Services Block Grant
	Families	Parent/Child Advocate (400/1) <ul style="list-style-type: none"> MHA 	Human Services Block Grant
Basic Supports	Families	<u>Housing Supports</u> Family/Caregiver Respite (Limited/1) <ul style="list-style-type: none"> BCRC 	Human Services Block Grant
	Adult Adult SMI	Supportive Housing <ul style="list-style-type: none"> Cornerstone Recovery and Supports 285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1)	Client Fees Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		1201 Beaver Road, Ambridge, PA , 15003 (3/1)	Client Fees Human Services Block Grant
		1400 Duss Ave, Apt#2, Ambridge, PA 15003 (3/1)	Client Fees Human Services Block Grant
		1001 Fourth Ave, Apts 5 & 6, Freedom, PA 15042 (4/1)	Client Fees Human Services Block Grant
		101 Brighton Ave., Rochester, PA 15074 (6/1)	Client Fees Human Services Block Grant
		528 4 th Ave., Apts 3, 4, & 5, New Brighton, PA 15066 (2/1)	Client Fees Human Services Block Grant
		1610 4 th Ave, New Brighton, PA 15066 (2/1)	Client Fees Human Services Block Grant
		1008 7 th Ave, Apt 10G, Beaver Falls, PA 15010 (2/1)	Client Fees Human Services Block Grant
		110 Morado Dwelling, Beaver Falls, PA 15010 (3/1)	Client Fees Human Services Block Grant
	SMI Adults	<ul style="list-style-type: none"> ARC Human Services, Inc. 403 Morado Dwellings, Beaver Falls, PA 15010 (3/1) 	Client Fees Human Services Block Grant
	Adult Co-occurring	1113 6 th Ave , Beaver Falls, PA, 15010 Apt A Minimal supervision (3/1) Apt B Full supervision (3/1)	Client Fees Human Services Block Grant
	MH Adults	Permanent Supported Housing Coordinator (Limited/1)	
		<ul style="list-style-type: none"> Cornerstone Recovery and Supports 	Human Services Block Grant
	Adult SMI	Released Offenders Housing / Homeless <ul style="list-style-type: none"> Cornerstone Recovery and Supports Stone Harbour (12/1) 1001 4th St Freedom , PA 15042 	Human Services Block Grant HUD
	MH Adults	In-Home Support Services....(Limited/1) <ul style="list-style-type: none"> Crossroads-Homemaker/Home Health 	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	MH/COD Adults	Financial Assistance Representative Payee....(180/1) ▪ MHA	Human Services Block Grant
	MH Adults	Diversion / Contingency Fund...(UL/1) ▪ MHA	Human Services Block Grant
		Guardianship None	Human Services Block Grant
	MH/COD Adults	Transportation (Limited/2) ▪ Beaver County Transit Authority	Human Services Block Grant
	MH Adults Adults	Meals on Wheels (Limited/1) ▪ Lutheran Services	Human Services Block Grant
Self-Help	All Adults	Phoenix Drop-In Center... (UL/1) ▪ MHA	Human Services Block Grant
	Families	NAMI Southwest (UL/1)	Human Services Block Grant
	All Adult	CSP Committee (UL/1)	Human Services Block Grant
	Families	Beaver Co. NAMI (UL/1)	Human Services Block Grant
	All Adults	WARMLINE (UL/1) ▪ MHA	Human Services Block Grant
	All Adults	COMPEER (Limited/1) ▪ MHA	Human Services Block Grant
	All Adults	Peer Mentors (UL/1) ▪ MHA	Human Services Block Grant
Wellness/ Prevention	All Adults	Wellness/Recovery Program (100/1) ▪ MHA	Human Services Block Grant
	All Adults Families	Recovery Coordinator ▪ AHCI, Inc	Human Services Block Grant
		Family Coordinator ▪ The Prevention Network	Grants

Appendix I

Child/Adolescent Mental Health Existing Services

Child / Adolescent / Early Intervention Services

FY 2019 BEAVER COUNTY PLAN

ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Family Based Services	Child / Adolescent	<p>Glade Run Lutheran Services 1008 7th Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p> <p>Southwood Family Based Mental Health Services 342 Creek Road Canonsburg, PA 15317 (724) 338-4080 Fax (724) 514-7942 (50/1)</p> <p>Wesley Spectrum Services 221 Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)</p> <p>Pressley Ridge 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p> <p>Unity 1001 S Leechburg Hill Road Leechburg, PA 15656 724-845-2978 1-866-771-4488 FAX 724-845-0923</p>	<p>Health Choices HSBG Grant</p> <p>Health Choices</p> <p>Health Choices</p> <p>Health Choices HSBG</p> <p>Health Choices</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Behavioral Health Rehabilitation Services	Child / Adolescent	<p>Family Behavioral Resources 150 Pleasant Drive, Suite 10 Aliquippa, PA 15001 (724) 775-1362 FAX (724) 775-3793</p> <p>Glade Run Lutheran Services 1008 7th Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818</p> <p>Family & Child Development Center Wesley Spectrum Services 221 Penn Avenue Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227</p> <p>Western PA Psych. Care 1607 3rd Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666</p> <p>Cranberry Psychiatric Services Mental Health Solutions 2671 Darlington Road Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033</p>	<p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p>
Psychiatric Services	Child / Adolescent	<p>Beaver County Behavioral Health 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)</p> <p>BCBH Satellite Site: Merakey (formally known as NHS) Beaver County Court House 810 3rd Street, Beaver, PA 15009</p> <p>Primary Health Network 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p>HV-Sewickley Staunton Clinic 720 Blackburn Road Sewickley, PA 15143</p>	<p>Health Choices MA HSBG</p> <p>Health Choices MA 3rd party Insurance</p> <p>Health Choices MA HSBG 3rd party Insurance</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	Glade Run 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816	Health Choices MA 3 rd party Insurance
		Primary Health Network, Beaver Falls 1302 7 th Avenue Beaver Falls, PA 15010 724-843-0314	Health Choices MA 3 rd party Insurance
		Primary Health Network, Aliquippa 99 Autumn Street Aliquippa, PA 15001 724-857-3570	Health Choices MA 3 rd party Insurance
		Community Alternatives 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)	Health Choices MA 3 rd party Insurance
		Human Services Center 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)	Health Choices MA 3 rd party Insurance
		Western PA Psych. Care 1607 3 rd Street Beaver, PA 15009 724-728-8411 (Unlimited)	Health Choices MA 3 rd party Insurance
		Watson Institute 301 Camp Meeting Road #8773 Sewickley, PA 15143 412-741-1800	Health Choices MA 3 rd party Insurance
		Belmont Pines Hospital 615 Churchill – Hubbard Road Youngstown, Ohio 44505 Phone: 330-759-2700 (102/1)	Health Choices MA 3 rd party Insurance
		Western Psychiatric Institute and Clinic 3811 O'Hara Street Pittsburgh, PA 2593 412-624-2100 1-877-624-4100 <ul style="list-style-type: none"> ▪ Child / Adolescent unit (29) ▪ John Merck unit (10) ▪ Bipolar unit (9) 	Health Choices MA 3 rd party Insurance

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	Southwood Psychiatric Hospital (412) 257- 2290 or (888) 907-5437 Fax (412) 257-0374 2575 Boyce Plaza Road Pittsburgh, PA 15241 (50/1)	Health Choices MA 3 rd party Insurance
		Clarion Psychiatric Hospital 2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)	Health Choices MA 3 rd party Insurance
		Sharon Regional Health System 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)	Health Choices MA 3 rd party Insurance
		Heritage Valley Health System 1000 Dutch Ridge Road Beaver , PA 15009 (724) 773-4525 (32/1) age 18 and above	MA ITF Waiver EI Base
		Achieva /COMPRO 4007 Gibsonia Road Gibsonia, PA 15044 724-443-1141	MA ITF Waiver EI Base
		Rehab Links P.O. Box 343 Delmont, PA 15626 888-546-5751	MA ITF Waiver EI Base
		TEIS Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347	MA ITF Waiver EI Base
		Beaver County Behavioral Health Direct Service Unit Case Management 1070 Eighth Avenue, Beaver Falls, PA 15010 (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)	MA ITF Waiver EI Base
		Integrated Care Corporation 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683 (Unlimited)	MA ITF Waiver EI Base
		Pediatric Therapy Professionals 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814	MA ITF Waiver EI Base

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Residential Treatment Facilities	Child / Adolescent	<p>(Unlimited)</p> <p>Positive Steps 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333</p> <p>Tiny Tots Child Development 393 Adams Street Rochester, PA 15061. (724) 774-2677</p> <p>Western PA School for the Deaf (Hearing Services Only) 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261</p> <p>Community Care Connection 114 Skyline Drive Butler, PA 16004 (724) 283-3198</p> <p>MHY Family Services 521 Route 228 Mars, PA 16046 Phone: 724-625-3141 Fax: 724-625-2226</p> <ul style="list-style-type: none"> ▪ Male unit (12/1) ▪ Diversion and Acute Stabilization unit (24/1) <p>Southwood Hospital: Treatment Facility 311 Station Street Bridgeville, PA 15017 (412) 257-2290</p> <ul style="list-style-type: none"> ▪ I.D. Dually Diagnosed RTF (40/1) ▪ Sexually Maladaptive Behavior RTF (27/1) <p>The Bradley Center 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)</p> <p>Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800 423- 5666 or 330 759-2700 (56/1)</p> <p>Kids Count Inc. Community- Based Residential Treatment Facility 317 W Jefferson Street, Butler PA 16001 724 284-0076</p> <ul style="list-style-type: none"> ▪ 317 W Jefferson Street, Butler, PA 	<p>MA ITF Waiver EI Base</p> <p>MA ITF Waiver EI Base</p> <p>MA ITF Waiver EI Base</p> <p>MA ITF Waiver EI Base</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
School Based Outpatient	Child / Adolescent	16001 (male 8/1) <ul style="list-style-type: none">564 W New Castle, Pa 16001 (male / female 8/1) Harborcreek Youth Services (78/1) 5712 Iroquois Avenue, Harborcreek, PA 16421 (814) 899-7664 <ul style="list-style-type: none">St Joseph House (10/1)Conway House (16/1)Wagner House (16/1)Columbus House(16/1)Liberty House (10/1)26th Street House (10/1) Beacon Light-Bradford 800 East Main St., Bradford, PA 16701 Fox Run Center 67670 Traco Drive St. Clairsville, OH 43950 Phone: 740-695-2131 Toll Free: 800-245-2131 Sara Reed Children's Center Main Campus 2445 West 34 th Street Erie, PA 16506 814-838-1954 (Phone) 814-835-2196 (Fax)	Health Choices MA
		Ambridge 4 buildings - WPPC 901 Duss Ave Ambridge, PA 15003 724-266-2833	Health Choices
		Aliquippa High School – WPPC 100 Harding Ave Aliquippa, PA 15001 724-857-7515	Health Choices
		Aliquippa Elementary – WPPC 800 21 st Street Aliquippa, PA 15001 724-857-7500	Health Choices
		Big Beaver Falls Middle School – Glade Run 1601 8 th Ave	Health Choices

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		Beaver Falls, PA 15010 724-846-5470	
		Big Beaver Falls High School – Glade Run 1701 8 th Ave Beaver Falls, PA 15010 724-843-7470	Health Choices
		Blackhawk High School – Glade Run 500 Blackhawk Rd Beaver Falls, PA 15010 724-846-9600	Health Choices
		Blackhawk Middle School – Glade Run 402 Shenango Rd Beaver Falls, PA 15010 724-843-1700	Health Choices
		Blackhawk Intermediate School – Glade Run Northwestern Primary School 635 Shenango Rd Beaver Falls, PA 15010 724-843-5050	Health Choices
		Patterson Primary School – Glade Run 701 Darlington Rd Beaver Falls, PA 15010 724-843-1268	Health Choices
		Beaver School District – Private Practitioner Gypsy Glen Road Beaver, PA 15009 724-774-0250	Health Choices
		Central Valley Todd Lane Elementary – Glade Run 113 Todd Lane Monaca, PA 15061 724775-1050	Health Choices
		Central Valley Center Grange Primary School – Glade Run 225 Center Grange Rd Aliquippa, PA 15001 724-775-8201	Health Choices
		Freedom School District – Family Behavioral Resources 1702 School Street Freedom, PA 15042 724-775-5464	Health Choices
		Midland School District – 173 7 th Street	Health Choices

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Blended Case Management		Midland, PA 15059 724-643-8650	
		New Brighton High School – WPPC 3202 43 rd Street New Brighton, PA 15066 724-846-1050	Health Choices
		New Brighton Elementary School – WPPC 3200 43 rd St New Brighton, PA 15066 724-846-1050	Health Choices
		Riverside School District – WPPC 318 Country Club Drive Ellwood City, PA 16117 724-758-7512	Health Choices
		Rochester School District – WPPC 540 Reno Street Rochester, PA 15074 724-775-7500	Health Choices
		South Side School District - WPPC 4949 State Route 151 Hookstown, PA 15050 724-573-9581	Health Choices
		Western Beaver School District – Family Behavioral Resources 343 Ridgemont Drive Midland, PA 15059 724-643-9310	Health Choices
	Age 3+	Beaver County Behavioral Health 1070 8 th Ave Beaver Falls, PA 15010 724-891-2827	Health Choices Base
	Age 16+	Merakey (formally known as NHS) 260 Ohio River Blvd, PA 15005 724-869-2023	Health Choices Base
	Child/Adolescent	Glade Run Lutheran Services 1008 7 th Ave #210 Beaver Falls, PA 15010 724-843-0816	Health Choices Base
	Age 5+	Staunton Clinic 111 Hazel Lane #300 Sewickley, PA 15143 412-749-7330	Health Choices Base

