

**BEAVER COUNTY**  
**HUMAN SERVICES PLAN**  
**2021-2022**

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## **Appendix A**

**Assurance of Compliance  
Board of Commissioners Signature Page**

Appendix A  
Fiscal Year 2021-2022


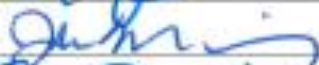

COUNTY HUMAN SERVICES PLAN

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 49 (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

Signature(s)	Please Print Name(s)	
	Daniel C. C. Jr.	Date: 07/14/21
	JACK MANNING	Date: 07/14/21
	Tony Amadio	Date: 07/14/21

## **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. Due to the public hearings being virtual this year, copies of the survey were dropped off and picked up at the drop-in center and other partner agencies.

3. Please list the advisory boards that participated 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.

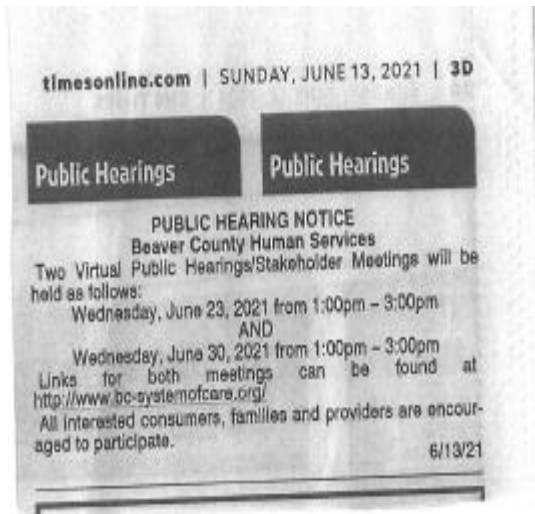
BCOA also has a strong commitment to providing the least restrictive community-based services. BCOA provides Nursing Home Transition services, home modifications, and in-home care, so that older Beaver County Citizens can reside at home while receiving the care they need. Older adults and persons with 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 describe any substantial programmatic and 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 adapt services to meet consumer needs and safety by establishing telehealth services. The County has also continued to strengthen relationships with first responders including additional training and a co-response model.

## **PART II: PUBLIC HEARING NOTICE**

Two virtual public hearings were held as part of the Human Services Block Grant planning process. Virtual hearings were held due to the safety guidelines surrounding COVID-19. The hearings occurred Wednesday, June 23, 2020 and Wednesday, June 30, 2020 both were scheduled from 1:00pm – 3:00pm. Proof of publication in the Beaver County Times is attached. A copy of the sign-in sheet and a summary from the 6/23/2020 public hearings is followed by the documents from the 6/30/2020 meeting.





## June 23, 2021 Public Hearing

### Attendance:

Dawn Mueseler – Beacon  
Diane Flick – PHN  
Maggie Caesar – Glade Run  
Jamie Hinkle – Beacon  
Marcelle Scott – CRS  
Courtney Rainey – UPMC Crisis  
Matt Koren – AHCI  
Jill Perry – JP Counseling / LUK grant  
Matt Eckley – PHN  
Danielle Rombach – BCBH  
Sheila Bell – BCRC  
Tracy Berger – Consumer  
Benjamin DiNardo  
Kathy Shepard – Family member  
Lisa McCoy - BCBH  
Susan Keppen - BCBH  
Susan Smith – BCRC

### In person:

Kim Hall  
Jen Boeringer  
Stephanie Santoro  
Elisia Majors  
Gerard Mike  
Angela Gentile  
Marlene Landrum  
Dina Ciabattone  
Jack Wallace  
Melissa Coakley  
Matt Stahoviak

Sign-In Sheet  
Stakeholder's Meeting conducted by Beaver County Behavioral Health  
06/23/2021

NAME		AGENCY
Jack Wallace	on site	BCBH
Lisa Mayes	"	BCBH
Ken Hall	"	ETC
Jen Boering	"	ETC
Stephanie Santoro	"	AHCI
Melissa Conkley	"	BCRC
Matt Koren	"	AHCI
Angela Gentile	"	BCBA
MATTHEW STAMOVICH	"	BCBH
OK	"	BCBH
Marlene Landrum	"	CDP
Dina Ciabattini	"	CCL Coordinator

stakeholder mtg 6-23-2021  
electronic attendance

chat.txt

13:04:04 From Dawn Mueseler : Dawn Mueseler-Beacon  
13:04:13 From Diane Flick : Diane Flick- Primary Health Network  
13:04:19 From Maggie Caesar : Maggie Caesar from Glade Run Lutheran Services  
13:04:37 From Jamie Hinkle : Jamie Hinkle - Beacon  
13:05:00 From Marcelle Scott : Marcelle Scott, Cornerstone Recovery and Supports  
13:05:10 From Courtney Dawson-Rainey : Courtney Rainey, UPMC Beaver Crisis  
13:05:12 From Matt Koren : Matt Koren - AHCI  
13:05:14 From Jill Perry : Jill Perry, JP Counseling/LUK Grant Coordinator  
13:06:38 From Matt Eckley : Matt Eckley - Primary Health Network  
13:16:29 From Danielle Rombach : Danielle Rombach - BCBH  
13:25:00 From Sheila Bell : Sheila Bell - BCBH  
13:25:37 From Sheila Bell : oops - new to Beaver county - BCRC :-)

## **Notes**

### **Public Hearing / Stakeholder Meeting – conducted virtually from Beaver County Behavioral Health office**

**June 23, 2021 @ 1 pm**

- Melissa Coakley, Beaver County Rehabilitation Center / Beaver County Steering Committee Co-Chair, facilitated the virtual meeting with welcoming comments and a summary of the agenda.
  - Elsie Majors, BCBH MH Specialist, profiled Beaver County's resiliency and recovery during the Covid – 19 pandemic.
  - A video regarding Mental Health Awareness Month was shown. Slides of the various events that had taken place were included.
  - A video regarding the Dear Mind program was shown profiling activities underway that address mental illness in the youth population.
  - A re-entry video was shown demonstrating a return to stability.
  - A video was shown, narrated by Detective Patrick Young, explaining the collaboration between criminal justice and the mental health system that accomplishes a mitigating approach to accountability and treatment.
  - Gerard Mike, BCBH administrator, commented on Beaver County Behavioral Health's efforts to meet the challenges posed by the Covid-19 pandemic. He noted that coming out of the pandemic, staffing patterns at all levels of service, seems to be an arising concern.
  - Elsie Majors, BCBH MH Specialist, gave details of The Zero Suicide Initiative and the associated programs, profiling efforts underway pertaining to awareness, prevention, and resources.
  - Gerard Mike, BCBH administrator, profiled the highlights; Zero Suicide Initiative, Collaboration with Law Enforcement / Criminal Justice, and Service Development.
  - Danielle Rombach, BCBH administration, gave specific insight into the collaboration between the courts, the Beaver County Jail, and the various law enforcement entities, demonstrating their joint commitment to serving the mental health consumer.
  - Gerard Mike, BCBH administrator, profiled the highlights with respect to the county Drug and Alcohol programs and Intellectual Disability programs, as noted in the power point presentation.
-

- Angela Gentile, Beaver County Office on Aging, presented highlights from her agency during the past year, noting how the challenges of the Covid -19 pandemic changed the face of service delivery in their office. Most activities were accomplished without contact. Survey information was shared and Older Adults were found to increase their utilization of technology. Their Care Giver Support and Ombudsman programs were described relative to the Covid - 19 pandemic protocols, noted to remain effective. Health and Wellness programs were somewhat constrained during the pandemic. Senior Center activities were closed but are now re-opening.
  - Marlene Landrum and Dina Ciabattoni, Beaver County Community Development, commented on their agencies efforts during the past year. Marlene described the various efforts undertaken to mitigate homelessness, and the adjustments made during the pandemic. Special funding received from BCBH and other agencies was extremely helpful. The continuum of care and the collaboration of agencies, as it relates to homelessness, was detailed, which included the Emergency Housing program, the Coordinated Entry program, and the Housing and Homeless Coalition. Dina Ciabattoni described the frequent use of hotels during the pandemic. She described the development of a new men's emergency shelter that is expected to be up and running by 2022. Statistical analysis was profiled, but limited due to the Covid -19 pandemic. Analysis was accomplished via surveys without contact. In January 20, 2021 the National point in time survey indicated 2 people (1 households) were living in place not meant for human habitation in Beaver County. 444 people were living in a supportive housing program for people who are homeless. Over the last year, homelessness was reduced by a mean length of 11 days.
  - Stephanie Santoro, AHCI, provided details on how to access the System of Care Outreach Survey. Links to the survey and contact information was provided in the power point presentation. The results of the survey are utilized to develop and improve future programing.
  - A question and answer period was provided. There were no questions.
  - Melissa Coakley adjourned the meeting with final comments, advertising the next meeting that will take place virtually as well, on June 30 from 1pm to 3pm.
-

*Meeting 6-30-2021*

meeting\_saved\_chat.txt

13:02:18 From Ashley McLaughlin to Everyone:  
Ashley McLaughlin- The Cornerstone of Beaver County

13:02:20 From Rachelle Shea to Everyone:  
Rachelle Shea- Pressley Ridge

13:02:23 From Angela Masciantonio to Everyone:  
Angela Masciantonio- The Prevention Network

13:02:37 From Matt Koren to Everyone:  
Matt Koren - BCBH/AHCI

13:02:40 From Marissa Barr to Everyone:  
Marissa Barr- Catholic Charities

13:02:41 From Megan Day to Everyone:  
Megan Day, The Prevention Network

13:02:41 From Suzanne Klaus to Everyone:  
Sue Klaus - Beacon Health Options

13:02:56 From Beverly Sullivan to Everyone:  
Beverly Sullivan -- Dear Mind

13:02:58 From Traci Hughes to Everyone:  
Traci Hughes BCRC

13:03:29 From Shon Owens to Everyone:  
Shon D. Owens Sr. Franklin Center of Beaver County

13:05:19 From Herta Madder to Everyone:  
Herta Madder, BCBH

13:05:33 From Jeff DeSantis to Everyone:  
Jeff DeSantis, RHD

13:05:53 From Kris McCafferty to Everyone:  
Kris McCafferty - Juvenile Services Division

13:06:08 From Chris Duncan to Everyone:  
Chris Duncan, OMHSAS

13:06:12 From Mandy Wagner to Everyone:  
Mandy Wagner BCCYS

13:07:03 From Lispet Dowdell to Everyone:  
Lispet Dowdell-Franklin Center of Beaver County

13:07:11 From Annamarie Perretta Rosepink to Everyone:  
Annamarie Perretta Rosepink, Consumer Family Satisfaction Team

13:07:33 From Bonnie Palmieri to Everyone:  
Bonnie Palmieri AHCI

13:08:12 From Jessica Rusak to Everyone:  
Jessica Rusak, BCRC

13:10:56 From Jack Manning to Everyone:  
Beaver County Commissioner Jack Manning

13:31:43 From Kimberly Hall to Everyone:  
Elisia Majors emajors@bcbh.org

13:41:42 From Kimberly Hall to Everyone:  
Please make sure to sign into the chat with your name and agency.

13:41:45 From Kimberly Hall to Everyone:  
Thank you!

meeting\_saved\_chat.txt

13:43:08 From Benjamin DiNardo to Everyone:

Ben DiNardo / Tom Kaminsky - Community Development Program of Beaver County

13:47:48 From Kim Walker to Everyone:

Kim Walker, Clear Choices, LLC. Rochester kwalker@innrecovery.com

13:54:59 From Kimberly Hall to Everyone:

Email addresses for Elisia Majors emajors@bcbh.org and Kate Lowery

klowery@bcbh.org

14:27:51 From Abby Opal to Everyone:

Abby Opal - MHA

14:27:56 From Lisa McCoy to Everyone:

Lisa McCoy BCBH

14:28:07 From Amy Fenn to Everyone:

Hi Amy Fenn from Pressley Ridge

14:29:27 From Jack Manning to Everyone:

Great work and presentations by all. Heartfelt appreciation each of you!

14:30:14 From ANDRE WEST to Everyone:

Andre West and Michelle Bales Brighton Rehab LTSR

14:30:32 From Kim Walker to Everyone:

Thank you all for your hard work and dedication to helping the residents of Beaver

County!

### Sign-In Sheet

Stakeholder's Meeting conducted by Beaver County Behavioral Health  
06/30/2021

NAME		AGENCY
Jack Wallace		BCBH
Elisia Majors		BCBH
Kim Hall		ETC
Semler Free-ja		ETC
Marie Timpane		TCBC
Davidson		BCBH
At		AHLI
Angela Gentile		BCOA
Danish		BCBH
Marlene Landrum		CDP
Dina Ciabattini		CoC Coordinator

## Notes

### Public Hearing / Stakeholder Meeting – conducted virtually from Beaver County Behavioral Health office

June 30, 2021 @ 1 pm

- Marie Timpano, Director of The Cornerstone of Beaver County / Beaver County Steering Committee Co-Chair, facilitated the virtual meeting with welcoming comments and a summary of the agenda. She introduced key participants and Beaver County government leadership.
  - Elisia Majors, BCBH MH Specialist, profiled Beaver County's resiliency and recovery during the Covid – 19 pandemic and introduced the four videos to follow.
  - A video regarding Mental Health Awareness Month was shown. Various slides were included in the presentation depicting the many ways that Beaver County raised mental health awareness.
  - A video, "Dear Mind", was shown demonstrating how grant funding has been utilized in identifying mental illness in Beaver County's youth population.
  - A video chronicling re-entry and what it means was shown. Various perspectives were expressed indicating the strong collaboration between criminal justice system and the system of care as individuals are returned to community stability.
  - A video was shown, facilitated by Detective, Patrick Young, detailing the collaboration between criminal justice, the community, and Beaver County Behavioral Health.
  - Elisia Majors, BCBH Mental Health Specialist, introduced the next four speakers.
  - Gerard Mike, BCBH administrator, described the services that are currently provided through the Human Services Block Grant. He described its history and evolution to date. Its funding flexibility is a primary benefit, now at 100% utilization.
  - Elisia Majors, BCBH Mental Health Specialist, chronicled the "Zero Suicide Initiative" now underway in Beaver County. The system of care website was referenced to access valuable resources.
  - Gerard Mike, BCBH administrator, commented on the Youth Ambassador Program and how effective it has become in our school systems relative to identifying needs and facilitating service delivery. Gerard spoke of the collaboration between criminal justice and the Behavioral
-

Health System and their primary goal: "How to introduce treatment versus incarceration and punishment".

- Kate Lichius, Beaver County's Single County Authority for Drug and Alcohol, spoke of the modified service delivery during the Covid-19 pandemic. The compliment of drug and alcohol case management has now been expanded. Overdose statistics were introduced in real time, noting 62 lives lost during 2020. The Beaver County Narcan program was described. The collaborative efforts in place between Heritage Valley Health System and the Criminal Justice System were profiled, emphasizing specific local law enforcement entities.
  - Gerard Mike, BCBH administrator, profiled the highlights with respect to the Intellectual Disability programs in the county. The guiding principle of the program remains the "everyday life document". Gerard also commented on the ongoing development of the incident management program relative to the state Office of Developmental Programs.
  - Angela Gentile, Beaver County Office on Aging, presented highlights from her agency that occurred during the past year. The Covid-19 pandemic changed the way service delivery was accomplished. Events and face to face contacts had to be cancelled or modified, substituted with phone and electronic contact. Their four year plan survey was accomplished through mail or telephone. The responses were significant nevertheless, identifying the most needed / requested services. The technical assistance that is now in place for older adults was profiled. The BCOA's utilization of their U –Tube channel was described. Ms. Gentile noted that their Protection and Abuse program had been contracted out for the past three years but will now be brought back to within their office structure. The Ombudsman program was managed through telephone interviews during the pandemic. The isolation program was increased as a result of the Covid-19 pandemic. It is noted that the senior centers will be resuming a return to normalcy with the introduction of customary programming during the month of July.
  - Marlene Landrum, Beaver County Community Development, described how the covid-19 pandemic affected homelessness in Beaver County. The various funding contributors to her agency were identified. The power point presentation was referenced, describing the various resources designed to mitigate homelessness in Beaver County. The Continuum of Care system and its collaboration were described relative to addressing homelessness. The coordinated entry system was briefly profiled. A men's shelter is scheduled to be opened by January 2022.
  - Dina Ciabattoni, Beaver County Community Development, made reference to the power point presentation and the need to correct a future meeting date. Personal Protection supplies were mentioned as available at the Community Development office. The eviction moratorium was noted as extended until the end of July and is not expected to be extended any further. Ms. Ciabattoni detailed the Coordinated Entry System as it prioritizes individuals for housing. Homelessness in Beaver County was expressed statistically, noting the annual point in time survey. 444 individuals were noted to have been served. A new position, funded through their agency, will search out homelessness, attempting to identify and assist homeless individuals in the county.
-



A satellite office is established at the Ambridge police department. The hotel program was noted to be very effective in assisting homeless individuals during the covid-19 pandemic. Over the last year, homelessness was reduced by a mean length of 11 days.

- Stephanie Santoro, AHCI, provided details on how to access the System of Care Outreach Survey. Links to the survey and contact information was also provided in the power point presentation. The results of the survey are utilized to develop and improve future programing.
  - A question and answer period was provided. There were no questions; however County Commissioner, Jack Manning, did extend a special thanks to all involved with the meetings as well as all those responsible for delivering the various county services.
  - Marie Timpano adjourned the meeting with closing remarks, thanking all for their participation.
-

### **PART III: CROSS-COLLABORATION OF SERVICES**

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

#### **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, Job Training of Beaver County, and Career Link 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. In addition the the transportation services offered by the BCTA, Beaver County, the Mental Health Association, and Beacon Health Options recently collaborated to develop a transporation program for both treatment and non-treatment needs. Transportation is able to be provided

to individuals who are beginning or continuing their journey to wellness. Examples include but are not limited to: appointments, support meetings, connection to resources, and vocational supports. 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. Beaver County recently applied for grant funding to add peer support staff to the county's mobile crisis services. For further details about peer employment services in Beaver County, please refer to the peer employment section.

Last year, Beaver County Behavioral Health expanded a Mobile Psychiatric Rehabilitation provider's services to include a site based program. 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 also expanded an existing psychiatric rehabilitation program to serve youth and young adults. The population of focus includes, but is not limited to individuals 14-21 years of age. The program provides support in home and in a community-based setting.

### **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 2007 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**

The discussion in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, and other funding.

#### **a) Program Highlights:** (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

- In order to improve member's attendance at follow-up appointments after being discharged from an inpatient hospital setting, Beaver County Behavioral Health (BCBH) continued our partnership with Heritage Valley Beaver and the Warmline operated by the Mental Health Association (MHA) of Beaver County. Members sign a release of information at the hospital allowing the Warmline to call them and remind them of their upcoming appointments. This process continues to be well received. We will be expanding upon this process soon by implementing Caring Contact Cards in early 2021.
- In an ongoing effort to support and further engage individuals into needed services, BCBH partnered with Staunton Clinic Edgeworth and Heritage Valley Beaver to educate members on Certified Peer Support Services, various outpatient services, and community resources from the peer perspective. Staunton Clinic Edgeworth's Certified Peer Support Specialist will routinely go to the inpatient unit to provide outreach and engagement with the goal of increasing outpatient follow up and linkage to needed services.
- In line with our ongoing goal of diverting psychiatric hospitalizations and providing members with other resources in the event they do not meet criteria for hospitalization, resource folders continue to be distributed to the Emergency Department at Heritage Valley Beaver and the psychiatric inpatient unit. Both departments provide a resource folder to individuals as they are being discharged so they are aware of and have reference to available services that will aid them in remaining in a less restrictive setting with appropriate community supports.
- The Zero Suicide Initiative remains a focus and priority in Beaver County. During 2020, the Beaver County Zero Suicide Team Leaders met regularly through a virtual platform. The group focused on increasing awareness efforts throughout the county. The group accomplished this by hosting screenings of *Suicide: The Ripple Effect*, creating and distributing resource materials, hosting trainings, and updating our website.
- On September 10, World Suicide Prevention Day, Beaver County Zero Suicide Team Leaders held our town hall event with over 115 people in attendance. Our event included a virtual vendor fair, with 26 different providers participating via video. The video was added to the Beaver County System of Care website as an ongoing resource to others.
- Also, during the month of September, Beaver County Zero Suicide Team Leaders partnered with over 55 local business, churches, food pantries, and providers to distribute 15,000 resource cards. The resource cards provide information on the warning signs of suicide and available resources for help.
- The Beaver County Youth Ambassadors Program developed 3 infomercials educating their peers on the warning signs of mental illness and suicide, racial and ethnic disparities in mental health, and the importance of self-care. The videos were shared on our social media accounts, system of care website, and our YouTube channel.

- Beaver County also held our annual recovery art show, ArtAbility 2020 virtually this year. Artists submitted photos of their artwork, which were displayed on our Beaver County System of Care website.
- BCBH D&A Program sponsored the 7<sup>th</sup> Annual Town Hall Meeting on November 6<sup>th</sup>. 183 people attend the virtual event. The Drug Abuse Coalition created a “Thank You” video for providers. This debuted at the Town Hall Meeting and was shared on social media.
- Beaver County Behavioral Health is proud to say we continue to work on building our network and developing new partnerships. Most recently we have partnered with the Police Academy to offer Mental Health First Aid and Trauma Informed Care to their curriculum, along with Narcan training and distribution.
- Through a reinvestment plan, we worked with Health Choices providers to make sure they have the PPE, sanitizing products and technology needed to safely continue providing services to our consumers.
- Utilizing reinvestment funds, BCBH has worked with Beaver County Crisis to move locations, increase staffing and increase service hours. Crisis is now located in the Human Services Building on the first floor. There has been an increase in the availability and use of mobile crisis hours. Additional changes are still to come once fully staffed.
- Beaver County Behavioral Health was the recipient of 3 new DOJ/OJJDP grants. Grants focus on Re-Entry, Keeping Families Connected for incarcerated parents/care givers and their child(ren) and Value Based Purchasing.
- The SCA received SOR grant funding to support individuals and their families who are homeless and have an opioid and/or stimulant use disorder. This will be implemented in partnership with The Cornerstone of Beaver County.

**b) Strengths and Needs by Populations:** (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: Senior Center, Life Beaver County, BC Office on Aging, Meals on Wheels, Representative Payee Program, Farmers Market Vouchers, Foodbank, Mental Health First Aid
  - Needs: Housing, respite, insurance education and support, Community outreach nurse, trauma focused treatment, culturally competent/strengths based services
- **Adults (ages 18 to 59)**
  - Strengths: C/FST, Collaboration, CPS, Warmline, Drop In Center, Representative Payee, Trainings, Mental Health First Aid, SOC website
  - Needs: access to treatment, transportation, respite, psychiatrists, community centers/socialization
- **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: CYS, C/FST, SOC Website, Crisis, Warmline, Representative Payee, Case Management, Outpatient services, CPS, Youth Ambassador Program (YAP), social media outreach, annual art show, MHFA, efforts to reduce stigma
  - Needs: Education, Employment, Transportation, Housing, Education Advocate, Transition from child serving system to adult, Respite, physical health programs, access to treatment
- **Children (under age 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), respite services, 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: BHRS, FBMHS, case management, SAP, prevention services, youth/peer/family supports, early intervention/Headstart, Education Advocate, Youth Ambassador Program, school based treatment, social media outreach.
    - Needs: outpatient services, access to treatment, trauma focused treatment, community centers/social, transportation, respite

Please identify the strengths and needs of the county/jointer 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**
  - Strengths: In 2008, Beaver County was one of five to join efforts to eliminate Mayview State Hospital and support members in the community.
  - Needs:
- **Individuals with co-occurring mental health/substance use disorder**
  - Strengths: access to treatment, COD capable providers, SOC website, outpatient treatment.
  - Needs: COD capable providers, access to treatment, collaboration, housing, access to rehabilitation, trauma focused treatment, AA/NA support meetings
- **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 including 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 the courthouse, behavioral health diversion options, collaboration among services, case management, mental health supports in the jail, CPS, CRS, MHFA
  - Needs: safe, affordable, supportive housing, trauma focused treatment, transportation

- **Veterans**

- Strengths: Supportive Services for Veterans' families (SSVF), Veterans Affairs (VA), access to treatment, employment, careerlink, OVR, SOC website
- Needs: Transportation, trauma focused treatment

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

- Strengths: opportunities for trainings and education, SOC website, culturally competent/strength based programs, CPS/CRS, efforts to increase awareness/decrease stigma, access to support groups/social outlets, youth/peer/recovery/family supports and coordination.
- Needs: access to support groups/social outlets, efforts to increase awareness/decrease stigma, culturally competent/strength based programs, trauma focused treatment, social media outreach, community outreach

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

- Strengths: Culteral & Linguistic Competency Committee, mentors at Deliverance Ministries and TRAILS, community outreach, social media outreach, SOC website, opportunities for training and education.
- Needs: bi-lingual service providers, leaders/staff to reflect population served, 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: Central Outreach
- Needs: trauma focused treatment based programs, community outreach, social media outreach, access to treatment, support groups

**c) Strengths and Needs by Service Type:**

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

☒ Yes    ☐ No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY21-22. (Limit of 1 page)

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 yearly since it's inception. A CLC curriculum for students was also piloted at a local high school with the plan to expand the program to additional school districts.

**Are there any additional Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?**

☒ Yes    ☐ No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY21-22. (Limit of 1 page)

In collaboration with Beacon Health Options, BCBH will be examining racial disparities and how this effects the health of residents. With each SAMHSA grant the County is awarded a racial disparities statement must be submitted. Services are then able to be focused on populations identified as being in need or high risk.

**Does the county currently have any suicide prevention initiatives?**

☒ Yes    ☐ No

Beaver County has started a ZeroSuicide initiative that was 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. Our Team Leaders meet monthly to continue to utilize the ZeroSuicide toolkit to keep providers and partner agencies accountable and making progress with this initiative. Other activities through the ZeroSuicide initiative included a yard sign project to increase awareness and resources. In September of 2020 the task force held their first Town Hall. The task force has also partnered with other agencies to provide trainings to professionals and all members of the community free of charge. The Beaver County Commissioners also signed a proclamation in 2020 for an annual Light the Way Campaign to help reduce stigma, initiate conversations about mental health and show support for individuals diagnosed with a mental illness. In 2021, another proclamation was signed making May Mental Health Awareness Month. Beaver County is also a partner of Pennsylvania's Garrett Lee Smith grant.

**Employment First**

The *PA Act 36 of 2018 The Employment First Act* requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law. For further information on the Employment First Act 36 of 2018, see the [Employment-First-Act-three-year-plan.pdf](#).

1. Please provide the name and contact information for your county employment point of contact.

Name: Elisia Majors

Email address: [emajors@bcbh.org](mailto:emajors@bcbh.org)

2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):  
☒ Yes ☐ No
3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	County Response	Notes
Total Number Served	60	
# served ages 14 up to 21	0	
# served ages 21 up to 65	60	
# of male individuals served	17	
# of females individuals served	43	
# of non-binary individuals served	0	
Non-Hispanic White	45	
Hispanic and Latino (of any race)	0	
Black or African American	14	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	1	
# of individuals served who have more than one disability	39	
# of individuals served who have more than one disability	39	
# working part-time (30 hrs. or less per wk.)	8	
# working full-time (over 30 hrs. per wk.)	6	
Lowest earned wage	\$7.25	
Highest earned wage	\$24.00	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	3	

## 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 the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

**SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year's planning documents.)*

<b>1. Capital Projects for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>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).</b>									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 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			2014
	Reinvestment	0	0	0	0	1			2014
	Private Developer Capital	0	0	0	0	0	0		2014
	PHARE Funds	0	0	0	0	0	20 years		2014
Totals		0	0	1	1	2			
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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
	Reinvestment	\$22,062	\$25,000	6	7	6	\$342	3	2009
The CARL Program	HUD CoC	\$1,058,097	\$1,058,097	HSS: 163 People: 366	HSS: 135 People: 256	163	\$736	HSS: 45 People: 110	2013
Totals		\$1,080,159	\$1,083,097						
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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
N/A									
Totals									
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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
	HSBG	\$40,847	\$35,000	6	18			0.4	2009
Totals									
Notes:									

5. Housing Support Services (HSS) 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 or services needed to assist individuals in sustaining their housing after move-in.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
PSH	HSBG	\$730,645	\$750,000	111	100			6	2009
CRS HSC	HSBG	\$61,270	\$89,500	44	50			0.6	2009
Totals									
Notes:									



<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Average Contingency Amount per person	Year Project first started
	Reinvestment	\$15,750	\$21,000	33	23			230	2007
	HSBG	\$6,500	\$7,000						
Totals									
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.				
<p><b>Project Based Operating Assistance (PBOA)</b> is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b>.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
N/A								
Totals								
Notes:								

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

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
  - a. Priority 1
  - b. Priority 2
  - c. Priority 3

**1. Increase Suicide Awareness**

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

In response to this priority area, in 2019 Beaver County adopted the Zero Suicide Initiative. The Zero Suicide model is a seven step approach to transforming and improving a system approach to suicide awareness and prevention. It challenges the Beaver County System of Care to:

- Create a county wide culture change around suicide awareness and prevention,
- Train our community and work force,
- Better identify individuals at risk,
- Get the individuals at risk engaged into appropriate levels of care and to treat them with evidenced based practices,
- Follow up with those individuals and to ensure proper linkage has occurred, and
- Improve policies and procedures to address suicide awareness and prevention

Significant progress was made in this transformation priority area during FY 19-20, including the following activities:

- 8/23/2019 – 1<sup>st</sup> Zero Suicide Team Leader meeting
  - over 30 in attendance
  - over 100 identified as Team Leaders throughout Beaver County
  - Representation from veterans, local businesses, churches, colleges, schools, MH providers, and D&A providers
- 9/11/2019 – Kickoff event – 251 attendees
  - 42% of the surveyed audience never had any type of suicide awareness training prior to that night
- 11/01/2019 - Zero Suicide Page added to the Beaver County System of Care website  
<http://www.bc-systemofcare.org/zero-suicide/>
- 3/2020 – Baseline - Surveyed partners asking if they use a formal suicide assessment tool and have an existing requirement for suicide awareness training.
  - Of 13 responses, 5 (39%) had an existing assessment tool; and 4 (31%) had an existing training requirement
- 3/2020 – Zero Suicide Marketing Workgroup convened. Developed targeted marketing strategies for the following:
  - At risk populations: rural, elderly, youth, minorities
  - “Light the Way” campaign in May 2020
  - Care Contacts with those leaving inpatient settings

In FY20-21, Beaver County continued to increase suicide awareness by:

- Conducting monthly taskforce meetings
- Conducting outreach to new cross system partners; recruiting 7 new members
- Conducting quarterly marketing meetings
- Providing 12 trainings, such as QPR (Question, Persuade, and Refer), Mental Health First Aid, Safety Planning for the Mental Health Professional, and Suicide Prevention in the Workplace, resulting in 491 of Beaver County community being trained.
- Conducting a town hall event with 150 people registered
- Developing and distributing resource cards to educate community members on the warning signs of suicide and crisis resources.
  - 20,000 resource cards were distributed throughout the county at provider offices, restaurants, schools, churches, food pantries, vaccination clinics, etc.
- Developing and distributing over 800 yard signs designed by Beaver County residents and youth. Yard signs provided inspirational messaging and crucial crisis resources.
- Surveying System of Care partners to determine current use of screening tools, assessment tools, and training needs.
  - Of 17 responses, 8 (47%) had an existing suicide screening or assessment tool. An 8% increase from the previous year; and 4 (25%) out of 16 had an existing training requirement. A 6% decrease from the previous year.

#### **Timeline:**

FY 21-22: The County will continue to measure progress by using the following action steps and measures to increase suicide awareness and prevention and evaluate training needs:

- Conduct monthly Zero Suicide Team Leader Meetings
- Conduct quarterly Zero Suicide Marketing Workgroup meetings
- Produce a minimum of 2 marketing items to be distributed throughout the county
- Conduct quarterly monitoring calls.
- Conduct an annual System of Care suicide awareness event for the Zero Suicide initiative
- Offer a minimum of 2 Suicide Awareness/Prevention trainings

By September 2021:

- Beaver County Zero Suicide Team Leaders will collaborate with the D&A Coalition to develop a community outreach and education plan.

By March 2023:

Increase the number of partners using a formal assessment tool by 30%

**Fiscal and Other Resources:** Blended/Grant Funds

**Tracking Mechanism:** Survey - self report, Zero Suicide tools, number of trainings offered or number of times a training is offered; Training evaluations and surveys.

## **2. Increase Behavioral Health and Physical Health Integration for Complex Cases**

☒ Continuing from prior year ☐ New Priority

Since this initiative began in 2018, in conjunction with Beacon Health Options, Beaver County has met targeted benchmarks each quarter for the number of ICPs to be developed based on identified members. Beaver County began collaboration to address the need for Integrated Care Plans (ICPs) for members at the Direct Service Unit (DSU) with Beacon Health Options and Gateway Health Plan. Once the shared membership was identified, the MCOs looked at those members who are stratified

or meets their internal criteria for an ICP. Beacon and Gateway have regularly scheduled MCO collaboration planning calls. Care Managers from both MCOs use data and stratification reports to identify members who could benefit from the collaboration. In March 2020, as part of this initiative, Gateway Health Plan joint rounding process with Beacon Health Options and Beaver County Behavioral Health started to discuss shared members and to address their identified needs more efficiently. ICP report submissions are based on a calendar year, not a fiscal year.

Timeline:

- **Calendar Year 2019:**
  - 158 ICPs were completed out of the 135 required, exceeding our goal.
  - **March 2020** monthly joint rounding meetings with BCBH DSU, Gateway and Beacon started
  - **March to June of 2020**, 36 Beaver County members were identified and ICPs were completed (this is with all PH MCOs)
- **First 2 quarters of the 2020 calendar year**
  - 81 out of the 135 required ICPs have been completed so far this calendar year.
- **Quarters 3 & 4 for 2020 calendar year action steps:**
  - BCBH will continue to work with the PH and BH MCOs to ensure the remaining 54 ICPs are completed.
  - Another BCM provider will begin doing joint rounds with BCBH, Beacon and Gateway.
- **Calendar Year 2020**
  - 144 ICP's were completed out of the 135 required, exceeding our goal.
  - Monthly joint rounding meetings with BCBH DSU, Gateway, and Beacon continued to occur.
  - In June 2021, BCBH, Beacon and Gateway, met with Staunton Clinic to expand the joint rounding process.
  - By September 2021, Staunton Clinic, BCBH, Beacon, and Gateway will have the monthly rounding process established and hold regular meetings.

Fiscal and Other Resources: No additional cost

Tracking Mechanism: Quarterly reports and  
BH-MCO ICP; meetings occur quarterly with BCBH and BH-MCO to review the reports

### 3. Increase Criminal Justice and Behavioral Health Collaboration

☒ Continuing from prior year ☐ New Priority

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

During the 2019-2020 fiscal year, Beaver County offered multiple trainings to increase collaboration and education between law enforcement and behavioral health. The trainings included Adult & Youth Mental Health First Aid, Cultural Linguistic Competency, Critical Incident Stress Management, Crisis Negotiation, Advanced Crisis Negotiation, and Current Drug Trends, resulting in 244 staff members from the behavioral health and law enforcement communities being trained. Of the 244 staff members trained, 149 were behavioral health and 95 were criminal justice staff. It should be noted that a law enforcement officer was also trained as an instructor for Adult & Youth Mental Health First Aid. He will be instrumental as we continue to collaborate and educate criminal justice staff. Beaver County also completed Mental Health First Aid training with the Emergency Services Unit, which includes representation from all police departments in Beaver County. During the 2019-2020 fiscal year, Beaver County exceeded its goal despite several trainings being cancelled and/or postponed due to COVID-19.

During the 2020-2021 fiscal year, Beaver County offered multiple trainings to increase collaboration and education between the criminal justice system and behavioral health.

- The trainings included Mental Health First Aid, QPR (Question, Persuade, and Refer), Cultural Linguistic Competency, Critical Incident Stress Management, De-escalation, Human Trafficking, Motivational Interviewing, Trauma Informed Care, Crisis Negotiation Training, Suicidal Subjects, and two town hall events (Zero Suicide Town Hall, and Drug and Alcohol Town Hall) resulting in 706 staff members from the behavioral health and criminal justice communities being trained.
  - Of the 706 staff members trained, 614 were behavioral health/social services and 92 were criminal justice staff.
- In addition to these trainings, Beaver County also offered a 10 part Co-occurring Disorder series training, resulting in 6 members of the criminal justice system being trained.
- 40 Members of the Beaver County Bar Association were trained on the various Diversion Programs and Mental Health and Substance Use Disorders.
- 134 people attended Suicide Prevention in the Workplace training, including representation from Juvenile Services, Adult Probation, Jail Staff, District Courts, Sheriff's Department, and the Orphan's Court.
- Mental Health First Aid, Trauma Informed Care, and Narcan trainings have all been added to the Beaver County Police Academy's curriculum.
- In August 2020, 4 staff attended a virtual CIT conference.

Timeline for the FY21-22:

August 2021: Additional staff will attend the Advanced Crisis Negotiation Training

August 2021: Additional staff will attend the CIT Conference

November 2021: Critical Incident Stress Management Training will be held in county to expand the number of peers on the team.

By March 2022: Two mental health awareness trainings will be offered to law enforcement.

Fiscal and Other Resources: Blended funding streams

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

### e) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

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 checked="" type="checkbox"/> Grant
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 checked="" type="checkbox"/> Grant
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 checked="" type="checkbox"/> Grant
BHRS for Children and Adolescents / IBHS	<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 (EBP) Survey\*:**

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	59	TMACT DDCT	County, BH-MCO & AHCI	Annually	Y	Y	
Supportive Housing	N							
Supported Employment	Y		SAMHSA Toolkit	Agency County	Annually	Y	Y	Grant funded
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y			Agency County	Annually	N	Trainings are offered	MRT – grant funded
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	9	P/R	Agency & BH-MCO	Q6 months	Yes	Yes	HealthChoices
Functional Family Therapy	N							
Family Psycho-Education	Y	4	Evaluation Forms		End of each class	No	No	

\*Please include both county and HealthChoices funded services.

**To access SAMHSA's EBP toolkits visit:**

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>



**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	254	
Compeer	Y	2	
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	37	
CPS Services for Transition Age Youth	Y	2	
CPS Services for Older Adults	Y		
Other Funded Certified Peer Specialist- Total**	Y	8	
CPS Services for Transition Age Youth	Y		
CPS Services for Older Adults	Y		
Dialectical Behavioral Therapy	N		
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	Y	18	
High Fidelity Wrap Around/Joint Planning Team	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	43	
Self-Directed Care	N		
Supported Education	Y	16	Grant funded
Treatment of Depression in Older Adults	Y		
Consumer Operated Services	Y	220	Dron-in Center
Parent Child Interaction Therapy	Y		Laughlin Center
Sanctuary	Y	328	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	17	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 HealthChoices funded services.

\*\*Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

**Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.**  
**<https://www.samhsa.gov/ebp-resource-center>**

**h) Certified Peer Specialist Employment Survey:**

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

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

<b>Total Number of CPSs Employed</b>	<b>18</b>
<b>Number Full Time (30 hours or more)</b>	<b>4</b>
<b>Number Part Time (Under 30 hours)</b>	<b>14</b>

**i) Involuntary Mental Health Treatment**

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
  - ☒ No, chose to opt-out for all of CY2020
  - ☐ Yes, AOT services were provided from \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement
  - ☐ Yes, AOT services were available for all of CY2020
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2020 (check all that apply):
  - ☐ Community psychiatric supportive treatment
  - ☐ ACT
  - ☐ Medications
  - ☐ Individual or group therapy
  - ☐ Peer support services
  - ☐ Financial services
  - ☐ Housing or supervised living arrangements
  - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness

☐ Other, please specify: \_\_\_\_\_

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:
- How many written petitions for AOT services were received during the opt-out period?  
None
  - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?  
None – no petitions were filed

Please complete the following chart with the number served and administrative costs of AOT and IOT. Please complete all cells in the chart. If services are available in your county, but no one has been served in the year, enter 0. If services are not available in your county, enter N/A.

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	0	
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		
Number of AOT modification hearings in CY2020	0	
Number of 180-day extended orders in CY2020	0	
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	0	

### **j) CCRI Data reporting**

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member and a Provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and Subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda, PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim? ☒ Yes ☐ No

**k) Categorical State Funding-FY 20-21 (ONLY to be completed by counties not participating in the Human Services Block Grant)**

**N/A**

**1. Does the county currently receive state funds for Respite services?**

☐ Yes ☐ No ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**2. Does the county currently receive state funds for Consumer Drop-in Centers?**

☐ Yes ☐ No ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?**

☐ Yes ☐ No ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**4. Does the county currently receive state funds to support the Philadelphia State Hospital closure?**

☐ Yes ☐ No ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?**

☐ Yes ☐ No ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**6. Does the county currently receive state funding for the Mayview Children's Unit Closing?**

☐ Yes    ☐ No    ☒ N/A

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)**

**N/A**

<b>State Categorical Funding</b>			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 20-21. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
<b>Program</b>	<b>Funding Received FY 20-21</b>	<b>Funding Expended FY 20-21</b>	<b>Balance of funds</b>
<b>Respite Services</b>			
<b>Consumer Drop in Center</b>			
<b>Direct Service Worker initiative</b>			
<b>Philadelphia State Hospital Closure</b>			
<b>Eastern State School &amp; Hospital</b>			
<b>Mayview Children's Unit Closing</b>			
<b>Student Assistance Program</b>			

## **INTELLECTUAL DISABILITY SERVICES**

The allocated block grant funds will be used to support individuals in supportive services including, but not limited to, supports coordination, residential habilitation, respite, supported employment, Family Support Services, transportation, home and community habilitation, companion, prevocational services, community participation services, behavior support, etc. The remaining unallocated base funds will be used for supporting individuals in emergent situations, protecting their health and welfare to maintain current living or employment situations in the least restrictive environments.

Beaver County Behavioral Health Administrative Entity delegates the intake and eligibility function to Alliance for Non-Profit Resources to complete all intake meetings, complete Lifecourse Tools, make Intellectual Disability/ Autism Level of Care determination and make referral to one of our three Support Coordination Organizations. In FY 2020-21 Beaver County received a total of 116 referrals for eligibility determination, completed 19 intakes meeting level of care criteria. Of those, 3 were eligible Autism Spectrum Disorder only, and the remaining 16 were eligible by Intellectual Disability.

### **Individuals Served**

	<i>Estimated Number of Individuals served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	7	1%	10	1%
Pre-Vocational	9	1%	12	1%
Community participation	32	4%	35	4%
Base-Funded Supports Coordination	217	27%	225	28%
Residential (6400)/unlicensed	23	3%	23	3%
Lifesharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	133	16%	140	16%

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

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.

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.

Below are 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 - 7

**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. We will continue to increase those numbers as they move through the OVR process.

- Please identify changes in the county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.

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. The Quality Management Plan Employment Goal #1 for individuals to have access to employment options. Employment outcomes are discussed as part of every Individual Support Planning (ISP) process, with the identified goal of obtaining employment. The target object is for the number of individuals who are employed will be increased by 20%.

- Please add specifics regarding the Employment Pilot if the county is a participant. – N/A

**Supports Coordination:**



- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.

The AE will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting family's model using the life course tools to link individuals to resources available in the community and plan for them while on the waiting list. This plan year Beaver's local collaborative plans to build a stronger committee among SCO's providers, families, and school districts, employment coalition and the CASSP network.

Trajectory for Beaver to strengthen committee:

- Build System of Care – utilize/update website
  - Participate in Innovation Workgroups
  - Resource Stars to assist SC's with available community resources for families
  - Community Mapping event for increased awareness before the front door and SCO's
  - Continue to build Social Media/ Facebook page: Beaver County CoP
  - Include IM4Q, AE QM/RM and Employment Coalition
  - Cross Systems Trainings: School Districts and Transition Councils
  - Tools used CASSP to guide complex meetings
  - Making connections between employers and individuals w/ disabilities to find competitive employment Connecting families to resources within their communities
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

Beaver County Behavioral Health AE has choice of 3 different Supports Coordination Organizations. BCBH AE will continue to meet with SCO's monthly and as needed, including participation in complex case meetings to help effectively engage teams while on the waiting list. The AE informs SCO's routinely of any new available resources or services that may benefit individuals on the waiting list. Those on the emergency waiting list, are always the top priority of the AE and the waiver capacity committee. Emergency needs are tracked discussed to identify if base funding is needed to secure immediate health and safety while waiting for waiver to become available. A Service Request Process has also been put in place to assist SCO's placing someone on the Emergency Puns submit to the AE Wavier Coordinator the details of the Emergency need, including why Person needs services immediately, and what services/supports will meet their health and welfare needs. This process also assists the AE to assess if Is there a waiver vacancy or if base funding available and necessary to meet the individual's emergent need.

- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

Supports Coordinators provide participants with the ODP developed or approved information, such as consumer guides to self-direct, ODP bulletins on participant direction, ODP established wage ranges, and the ODP approved statewide VF/EA start up packet. SCs provide a basic overview of the participant directed options, and the differences and responsibilities associated with each option. The SC shares the above information during the planning process, annual ISP meetings. Supports Coordinators are responsible for providing each individual with support and assistance in order to make the decision to self-direct all or some of their services and referring the individual to other resources as needed. Participant Directed Services may be discussed when reviewing the individual's needs and completion of the Prioritization of Urgency of Need for Services (PUNS).

## **Lifesharing and Supported Living:**

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.

Beaver County currently has 7 clients who participate in the Lifesharing Program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available. BCBH's 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 should 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
- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.

Barriers to the growth of the Lifesharing program may include lack of 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.

- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.

The Lifesharing point person may be able to increase these opportunities by coordinating provider presentations, offering SC training, and increased outreach to the Local Task Force for Education and Transition Council in order to reach families. Lifesharing is also integrated into our local waiver capacity and complex case planning committee's when reviewing the PUNs and discussing needed supports and services. One of our strengths for overcoming barriers is that our Lifesharing point person has been a life sharer and can offer personal experience and success with the program. The program has increased this past year by 5 participants!

- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

ODP may be able to help expand the program by making the program more appealing for providers in order to increase their willingness to encourage those living within their community homes explore Lifesharing opportunities. They may also consider lessening the requirements for Lifesharers to make it less intrusive and an economic hardship on preparing the physical site. The Western Region has begun to meet every other week to discuss barriers and ideas to expand Lifesharing and Supported Living. Success may result from an initiative, such as a base allocation or waiver capacity

to serve a number of individuals on the emergency waiting list for residential services that would have the time to match and transition successfully.

### **Cross-Systems Communications and Training:**

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multiple needs, especially medical needs.
- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.
- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and families to access community resources, as well as formalized services and supports through ODP.

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 for complex case planning. 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.

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/ autism. This program offers a team approach to service coordination and treatment for individuals who 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. 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. DDTT consists of: 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/Autism 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 Over this past year, a Cross-System Case Collaboration Committee has been developed between Mental Health, Intellectual Disabilities/ Autism, Children & Youth Services, Juvenile Services, Office on Aging to communicate and collaborate to enable individuals and families access community resources, as well as formalized services and supports. During these complex case reviews, all funding and resources, from all systems and the community is researched, to increase the capacity of the committee's ability to support individuals with multiple needs, including medical needs. This has also provided opportunity for cross system training, and partnership.

This year, both the Early Intervention and Intellectual Disability/ Autism Programs will provide training to the School Districts, Local Task Force for Education, and Transition Council on eligibility to support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.

### **Emergency Supports:**

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).

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 and Waiver Capacity Committee 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.

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

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.

- Does the county provide mobile crisis services?
- If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
- Is training available for staff who are part of the mobile crisis team?
- If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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 724-371-8060 or 1-800-400-6180. All clients registered in the programs will have an updated crisis prevention plan available to the on-call team.

Beaver County Crisis Services is the contracted crisis provider for the county. Walk-in, phone and mobile services are all available. Each member of the crisis team is required to complete specific mandatory trainings. The training plan is reviewed and signed for approval yearly by BCBH as a regulatory requirement. Additional trainings are completed as needed or requested.

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

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.

Beaver, Butler, Armstrong/Indiana, and Lawrence County Intellectual Disabilities programs have are a Regional Collaborative in the Community of Practice and Lifecourse Framework. 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".

- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.

We are now utilizing the tools to help guide complex case meetings as well as have implements the Lifecourse philosophy and tools at intake. This plan year Beaver's local collaborative plans to build a stronger committee among SCO's providers, families, and school districts, employment coalition and the CASSP network.

- Please describe the kinds of support the county needs from ODP to accomplish the above.

ODP can continue to integrate Supports Coordinators in order for the tools and the philosophy to connect with individuals and families and be implemented into the system.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.

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.

- Please 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.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

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.
- Please 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, and other reasons.

Beaver County AE will support local 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.

Beaver County AE 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 and are available to mobile crisis teams. ID/A providers will be informed of the available trainings and encouraged to attend.

- Please describe how ODP can 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.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

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>
<b>Criteria:</b>	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
<b>Categories:</b>	<ul style="list-style-type: none"> <li>• Psychiatric Hospitalizations</li> <li>• ER Visits – Psychiatric</li> <li>• ER Visits – Behavioral</li> <li>• Law Enforcement – Crisis Intervention</li> <li>• Suicide Attempts</li> <li>• Missing Persons</li> </ul>	<ul style="list-style-type: none"> <li>• Reportable Disease</li> <li>• Hospitalizations (Psychiatric)</li> <li>• ER Visits (Psychiatric and Behavioral)</li> <li>• Injuries Beyond First Aid</li> </ul>	<ul style="list-style-type: none"> <li>• Rights Violation</li> <li>• Abuse</li> <li>• Individual to Individual Abuse</li> <li>• Neglect</li> <li>• Law Enforcement (Individual Victim of Crime)</li> <li>• Misuse of Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Restraints</li> </ul>

Beaver County uses Incident Management (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 also addressed during ISP (and HRST) review/ authorization process. Once the ISP is submitted, the AE 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.

Beaver county AE utilizes the established 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. The WRO Risk Manager assists the county by facilitating monthly regional meetings for this process.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

Beaver County has an arrangement with Cornerstone Housing Support Center that aids individuals with Intellectual Disabilities/Autism seeking housing. This agency has assisted individuals with a dual diagnosis of Mental Health and Intellectual Disability/Autism to locate housing in a timely manner.

- Please 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.

#### **Participant Directed Services (PDS):**

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCO's, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or increasing self-direction?

Aligning with principles of self-determination, Participant Directed Services (PDS) provide a model whereby individuals have more control over where, when and how some of their services and supports are delivered. Participant Directed Services can provide the person and their family maximum choice, control and autonomy. Participant Directed Services help individuals and/or families:

- Increase their freedom and autonomy
- Access supports that best matches their needs and preferences
- Enhance self-advocacy
- Have increased authority of services and supports
- Take responsibility for services received.

The Vendor Fiscal/Employer Agent (VF/EA) model provides for maximum control by allowing the individual or their family to be the employer of staff who provide support. The Agency with Choice model provides for the joint employment by the individual/family and a provider agency.

The Administrative Entity, Supports Coordination Organizations, Office of Developmental Programs, the VF/EA Financial Management Services (FMS) and the AWC FMS share responsibility of sharing ODP developed or approved information regarding participant directed services.

BCBH provides individuals with information about participant directed services during intake, to waiver applicants at waiver enrollment, and upon request by the individual or ODP.

Supports Coordinators provide participants with the ODP developed or approved information, such as consumer guides to self-direct, ODP bulletins on participant direction, ODP established wage ranges, and the ODP approved statewide VF/EA start up packet. SCs provide a basic overview of the participant directed options, and the differences and responsibilities associated with each option. The SC shares the above information during the planning process, annual ISP meetings. Supports Coordinators are responsible for providing each individual with support and assistance in order to make the decision to self-direct all or some of their services and referring the individual to other resources as needed. Participant Directed Services may be discussed when reviewing the individual's needs and completion of the Prioritization of Urgency of Need for Services (PUNS). MyODP.org is another resource for individuals and families, with information about PDS and other topics.

Over the past fiscal year, BCBH has seen an increase in the number of individuals/families who have chosen the Agency with Choice Model. At this time, we have only 2 individuals who have chosen VF/EA.

The main challenge has been assisting families and individuals in finding, hiring Supports Service Professionals. In addition to utilizing the Lifecourse tools to explore natural supports, BCBH has seen an increase in referrals and authorization of services for Supports Broker Services to assist the individual/family. BCBH also qualified another Supports Broker agency over this Fiscal Year and now have 2 Supports Broker agencies, which provides choice.

BCBH's Agency with choice is Payment Agent Services/BCRC. Monthly meetings are held to review and discuss requests for assistive technology-non medical, home accessibility adaptations, communication devices, etc. The AE has reached out to ODP for guidance, if the need arises, for assistance and clarification. There is also a quarterly AWC Regional meetings, which BCBH, SCOs participate.

Training on participant directed services is a requirement for SCs. In addition, all SCs are required to participate in trainings as provided and required by ODP. Some of these trainings may be directly related to PDS services, such as Supports Broker Services, changes in services related to PDS, as examples.

BCBH AE trainings being considered for SCs, individuals and families: meeting with "VOICE", Supports Broker Agency. Training on the waiver amendments as it relates to In-Home and Community Supports, Assistive Technology and general overview. Payment Agent Services Program Liaison provide training and review of bulletin 00-20-04: Participant-Directed Services: Agency With Choice Financial Management Services Model. Inviting Palco, Vendor Fiscal, to review Vendor Fiscal Model of PDS.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.

If we have individuals and/or families that are interested in less restrictive environments, we will assist them in securing potential funding, while assessing potential natural supports and other resources to transition them back into the community as appropriate and needed. We have 6 individuals currently involved in the closure of Polk State Center, one person has chosen to transfer to Ebensburg State Center. Five individuals are having family meetings and participating in Lifecourse planning for transition.

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

### **Bridge Housing Services:**

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 21-22.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

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:**

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.

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.

- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.

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.

- Please describe any proposed changes to case management services for FY 21-22.

Other than the new employment of the Coordinated Entry process, there are no significant changes in this area of the HAP. The Chief of Ambridge Police Department reached out to The Cornerstone of Beaver County because he recognized the homeless population and the difficulty they have

accessing services due to transportation. As a result TCBC is partnering with Ambridge Police Department to help make accessing services more easily by having a staff member located in the police department on a part-time basis.

### **Rental Assistance:**

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

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.

- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.

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.

- Please describe any proposed changes to rental assistance services for FY 21-22.

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. The Cornerstone of Beaver County has also been exploring other funding sources to be able to serve more individuals/families.

### **Emergency Shelter:**

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.

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.

- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.

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.

- Please describe any proposed changes to emergency shelter services for FY 21-22.

A building was identified to utilize as a men's homeless shelter. Renovations need to be made, but The Cornerstone of Beaver County is hopeful that it will open during this fiscal year.

### **Innovative Supportive Housing Services:**

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

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.

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.

- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.

The subrecipient agency that manages the bus tickets and food gift cards must maintain a detailed list that tracks the distribution.

- Please describe any proposed changes to other housing supports services for FY 21-22.

At this time no changes have been proposed as the County is still rebounding from the additional stressors of COVID-19.

### **Homeless Management Information Systems:**

- Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?

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.

Please provide the following information:

**1. Waiting List Information:**

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	N/A
Medically-Managed Intensive Inpatient Services	0	N/A
Opioid Treatment Services (OTS)	0	N/A
Clinically-Managed, High-Intensity Residential Services	0	N/A
Partial Hospitalization Program (PHP) Services	0	N/A
Outpatient Services	0	N/A
Other (specify)	0	N/A

\*Average weekly number of individuals

\*\*Average weekly wait time

2. **Overdose Survivors' Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2019-2020.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
Based on 911 calls: 763*	17	Primarily hospitals	19

\*These are not unduplicated individuals

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	N/A
4	2	0	N/A
3.7 WM	10	2	N/A
3.7	10	2	N/A
3.5	11	2	Women with Children
3.1	8	2	Women with Children
2.5	7	0	N/A
2.1	9	2	N/A
1	12	4	N/A

4. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any

expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

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

### **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
- MAT
- 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
- MAT
- 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
- MAT
- 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
- MAT
- 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
- MAT
- 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
- MAT
- 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
- MAT

- 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:** Please describe the entities that 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.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

Referral sources / Protocols

- Information received from various departments at the hospital
- Case manager attempts to make phone contact with individual
- Assessment scheduled for Level of care assessment
- Individual referred to TX facility for treatment.

Challenges:

- Having staff on hand at the hospital was not a good use of resources. There was not a specific time to have staff at the hospital to be able to speak with individuals that came in with an SUD.
- Individuals give wrong phone number, message inbox is full, or does not return call(s)
- Individual not interested in pursuing treatment.

**Warm Handoff Data:**

<b># of Individuals Contacted</b>	<b>Multiple attempts were made to reach all 162 individuals 55 individuals responded</b>
<b># of Individuals who Entered Treatment</b>	17
<b># of individuals who have Completed Treatment</b>	9

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

***Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.***

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: Non-emergency Transportation

Description of Services: Provides public transportation to low income adults to and from employment, medical 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 stressors

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.

**Aging Services:** Please provide the following:

Program Name: Meals on Wheels

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.

**Children and Youth Services:** Please provide the following:

Program Name: Big Brothers / Big Sisters

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

**Generic Services:** Please provide the following:

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

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

Program Name: Coordination of Services

Description of Services: Coordination, information & referral, direct services to low-income and underserved individuals through a variety of in-house programs and partnerships. Services are conducted at Franklin Center of Beaver County. Franklin Center and partners follow the fiscal and program requirements set forth by the Department of Health and Human Services and Federal Poverty Guidelines as the standards for eligibility. The majority of the provided services are conducted one-on-one. When conducive, however, workshops and other trainings are conducted in group settings. Criteria for admission and discharge vary according to the individual operating policies of cooperating agencies' tenants. Program and activities sponsored by the Franklin Center are targeted to low-income persons, underserved persons, seniors, dislocated workers, the homeless, those transitioning from welfare to work, youth, and at-risk youth.

**Interagency Coordination:** (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please 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, and other allowable costs).
- 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     **N/A****

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

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

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

***Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).***

## **Appendix C – 1**

### **Proposed Budget and Service Recipients Spreadsheet**

County:	1.	2.	3.	4.	5.	6.
Beaver	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	18		\$ 200,135			
Administrative Management	768		\$ 161,387		\$ 26,922	
Administrator's Office			\$ 881,328		\$ 179,170	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	55		\$ 88,307			
Community Residential Services	60		\$ 1,563,070			
Community Services	1,582		\$ 544,248			
Consumer-Driven Services						
Emergency Services	503		\$ 83,754			
Facility Based Vocational Rehabilitation	33		\$ 516,259			
Family Based Mental Health Services	8		\$ 57,912			
Family Support Services	135		\$ 240,876			
Housing Support Services	83		\$ 1,363,340			
Mental Health Crisis Intervention	436		\$ 342,193			
Other						
Outpatient	437		\$ 230,333		\$ 29,081	
Partial Hospitalization						
Peer Support Services	15		\$ 16,497			
Psychiatric Inpatient Hospitalization	15		\$ 40,000			
Psychiatric Rehabilitation	14		\$ 66,620			
Social Rehabilitation Services	319		\$ 415,978			
Targeted Case Management	474		\$ 370,010		\$ 46,619	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>4,955</b>		<b>\$ 7,182,247</b>	<b>\$ -</b>	<b>\$ 281,792</b>	<b>\$ -</b>
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			\$ 672,208		\$ 200,000	
Case Management	814		\$ 201,263			
Community-Based Services	333		\$ 711,925			
Community Residential Services	121		\$ 1,645,212			
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>1,268</b>		<b>\$ 3,230,608</b>	<b>\$ -</b>	<b>\$ 200,000</b>	<b>\$ -</b>
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	-					
Case Management	1,385		\$ 84,622			
Rental Assistance	279		\$ 20,000			
Emergency Shelter	133		\$ 40,600			
Innovative Supportive Housing Services	1,234		\$ 5,000			
Administration			\$ 7,927			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>3,031</b>		<b>\$ 158,149</b>		<b>\$ -</b>	<b>\$ -</b>
<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	56		\$ 96,211			
Inpatient Hospital	34		\$ 57,445			
Inpatient Non-Hospital	84		\$ 247,267			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	11,059		\$ 152,711			
Recovery Support Services						
Administration			\$ 104,766			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>11,233</b>		<b>\$ 658,400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	199		\$ 137,699			
Aging Services	10		\$ 6,000			
Children and Youth Services						
Generic Services	76		\$ 58,004			
Specialized Services	93		\$ 11,900			
Interagency Coordination			\$ 8,000			
Administration			\$ 1,800			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>378</b>		<b>\$ 223,403</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>20,865</b>	<b>\$ -</b>	<b>\$ 11,452,807</b>	<b>\$ -</b>	<b>\$ 481,792</b>	<b>\$ -</b>

**Appendix D**  
**Adult Mental Health Services**

**FY 2021-22 BEAVER COUNTY PLAN  
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<b>Treatment</b>	<b>Adult</b> <b>Adult SMI</b> <b>COD Adult</b>	<b><u>Outpatient Psychiatric</u></b> (Limited/7) <ul style="list-style-type: none"> <li>Primary Health Network: Beaver Falls – Aliquippa, Rochester</li> <li>Glade Run Lutheran Services</li> <li>Catholic Charities</li> <li>Community Alternatives</li> </ul>	Human Services Block Grant Client fees HealthChoices
	<b>SMI Adult</b> <b>Adult SMI</b>	<b><u>Assertive Community Treatment</u></b> (64/1) <ul style="list-style-type: none"> <li>F/ACT - Merakey</li> </ul>	Health Choices MA FFS MH FFS
	<b>Adult SMI</b>	<b><u>Dual Diagnosis Treatment Team</u></b> (Limited / 1) <ul style="list-style-type: none"> <li>Merakey</li> </ul>	Health Choices HSBG
	<b>Adult SMI / ID</b>	<b>MH/MR Scripts...</b> (Limited/1) <ul style="list-style-type: none"> <li>Primary Health Network, Rochester</li> </ul> <b>Pharmacy Program...</b> (UL/1) <ul style="list-style-type: none"> <li>Primary Health Network , Rochester</li> </ul>	HealthChoices Human Services Block Grant
	<b>Adult SMI</b>	<b>Regional LTSR ....</b> (16/1) <ul style="list-style-type: none"> <li>Brighton Rehabilitation and Wellness Center LTSR 246 Friendship Circle, Beaver, 15009</li> </ul>	Human Services Block Grant
	<b>Adult SMI</b>	<b>Merakey LTSR....</b> (14/1) <ul style="list-style-type: none"> <li>148 Theodore Drive Chippewa Twp. 15010</li> </ul>	Health Choices Human Services Block Grant
		<b>Mobile Medications</b> (None)	
<b>Crisis Intervention</b>	<b>Adult</b> <b>Adult SMI</b>	<b><u>Crisis Intervention</u></b> (phone , walk-in, mobile) (UL/1) <ul style="list-style-type: none"> <li>UPMC / WPIC, 176 Rochester, PA 15074.</li> </ul>	Health Choices Human Services Block Grant
	<b>Adult</b> <b>Adult SMI</b>	<b>Crisis Residential</b> ( None)	
<b>Case Management</b>	<b>Adult SMI or COD</b>	<b>Blended Case Management</b> (Limited/5) <ul style="list-style-type: none"> <li>Beaver County Behavioral Health Direct Services Unit ( BCBH DSU)</li> <li>Glade Run</li> <li>Staunton Clinic – ICM/BCM</li> <li>Merakey</li> </ul>	Health Choices Human Services Block Grant Grants
	<b>D&amp;A Adult</b>	<b>D&amp;A Case Coordination ...</b> (Limited) <ul style="list-style-type: none"> <li>BCBH-Single County Authority (SCA)</li> <li>D&amp;A Resource Coordination</li> <li>Merakey</li> </ul>	Health Choices Human Services Block Grant Grants
	<b>Adult</b>	<b>Admin. Case Management.....</b> UL/2) <ul style="list-style-type: none"> <li>BCBH-DSU</li> <li>Primary Health Network</li> </ul>	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Rehabilitation		<b><u>Community Employment &amp; Employment Related Services</u></b>	
	Adult SMI Adult	<b>Vocational Evaluation</b> (UL/1) <b>Vocational Training.....</b> (74/1) ▪ Beaver County Rehabilitation Center (BCRC)	Human Services Block Grant Client Fees
	Adult	<b>Supportive Employment</b> (33/1) ▪ Beaver County Rehabilitation Center	Human Services Block Grant Client Fees Grants
		<b><u>Housing Supports</u></b>	
		<b><u>Community Residential Rehabilitation</u></b>	
	Adult SMI Adult	▪ Cornerstone Recovery and Supports Full Care CRR (12/1) 1300 9 <sup>th</sup> Avenue , Beaver Falls, PA 15010  Partial Care CRR (8/1) 1120 5 <sup>th</sup> Avenue, Beaver Falls, PA 15010  Partial Care CRR (8/1) 101 Brighton Avenue, Rochester, PA 15074	Human Services Block Grant Client Fees
	Adults Adult SMI	<b>Respite</b> (Limited) ▪ BCBH authorized	Human Services Block Grant
Enrichment		<b><u>Psychiatric Rehabilitation</u></b>	
	Adults SMI	▪ BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services	Health Choices Human Services Block Grant
	Adult SMI Adult	▪ Glade Run Lutheran Services Site-based Mobile	HealthChoices Human Services Block Grant Grants
	Adult SMI	<b><u>Certified Peer Specialist</u></b> (Limited/2) ▪ BCRC-Aurora ▪ MHA	Human Services Block Grant Health Choices Grants
		<b><u>Social Rehabilitation</u></b>	
	All Adults Older Adults	<b>Personal Care Home Re-socialization .....</b> (UL/1) ▪ Mental Health Association (MHA)	Human Services Block Grant
		<b>Drop-In Center Enhancement - Friendship Room.....</b> (UL/1) ▪ MHA	Human Services Block Grant
		<b>Clubhouse</b> (None)	

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<b>Rights Protection</b>	<b>All Adults</b>	<b>Ombudsman.....(UL/1)</b> ▪ MHA	Health Choices
	<b>All Adults</b>	<b>Community Advocate.....(UL/1)</b> ▪ MHA	Human Services Block Grant
	<b>All Adults</b>	<b>Consumer/Family Satisfaction Team.....(UL/1)</b> ▪ MHA	Health Choices Human Services Block Grant
	<b>Families</b>	<b>Parent/Child Advocate</b> ( 400/1) ▪ MHA	Human Services Block Grant
<b>Basic Supports</b>	<b>Families</b>	<b><u>Housing Supports</u></b> <b>Family/Caregiver Respite</b> (Limited/1) ▪ BCRC	Human Services Block Grant
	<b>Adult Adult SMI</b>	<b>Supportive Housing</b> ▪ Cornerstone Recovery and Supports 285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1)  1201 Beaver Road, Ambridge, PA , 15003 (3/1)  1400 Duss Ave, Apt#2, Ambridge, PA 15003 (3/1)  1001 Fourth Ave, Apts 5 & 6, Freedom, PA 15042 (4/1)  101 Brighton Ave., Rochester, PA 15074 (6/1)  528 4 <sup>th</sup> Ave., Apts 3, 4, & 5, New Brighton, PA 15066 (2/1)  1610 4 <sup>th</sup> Ave, New Brighton, PA 15066 (2/1)  1008 7 <sup>th</sup> Ave, Apt 10G, Beaver Falls, PA 15010 (2/1)  110 Morado Dwelling, Beaver Falls, PA 15010 (3/1)	Client Fees Human Services Block Grant  Client Fees Human Services Block Grant Client Fees Human Services Block Grant Client Fees Human Services Block Grant  Client Fees Human Services Block Grant  Client Fees Human Services Block Grant Client Fees Human Services Block Grant
	<b>SMI Adults</b>	▪ ARC Human Services, Inc. 403 Morado Dwellings, Beaver Falls, PA 15010 (3/1)  1113 6 <sup>th</sup> Ave , Beaver Falls, PA, 15010 Apt A Minimal supervision (3/1) Apt B Full supervision (3/1)	Client Fees Human Services Block Grant  Client Fees Human Services Block Grant
	<b>Adults SMI/COD</b>	<b>Permanent Supported Housing Coordinator</b> (Limited/1) ▪ Cornerstone Recovery and Supports	Human Services Block Grant HUD Client Fees



Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<b>Adults COD</b>	<b>Released Offenders Housing / Homeless</b> <ul style="list-style-type: none"> <li>Cornerstone Recovery and Supports Stone Harbour (12/1) 1001 4<sup>th</sup> St Freedom , PA 15042</li> </ul>	Human Services Block Grant
	<b>Adult SMI</b>	<b>In-Home Support Services....(Limited/1)</b> <ul style="list-style-type: none"> <li>Crossroads-Homemaker/Home Health</li> </ul>	Human Services Block Grant
	<b>MH Adults</b>	<b>Financial Assistance</b> <b>Representative Payee....(180/1)</b> <ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant Client Fees
	<b>MH/COD Adults</b>	<b>Diversion / Contingency Fund...(UL/1)</b> <ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant
	<b>MH Adults</b>	<b>Guardianship</b> None	
	<b>MH/COD Adults</b>	<b>Transportation</b> (Limited/2) <ul style="list-style-type: none"> <li>Beaver County Transit Authority</li> </ul>	Human Services Block Grant
	<b>MH Adults Adults</b>	<b>Meals on Wheels</b> (Limited/1) <ul style="list-style-type: none"> <li>Lutheran Services</li> </ul>	Human Services Block Grant
<b>Self-Help</b>	<b>All Adults</b>	<b>Phoenix Drop-In Center...</b> (UL/1) <ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant
	<b>Families</b>	<b>NAMI Southwest</b> (UL/1)	Human Services Block Grant
	<b>All Adult</b>	<b>CSP Committee</b> (UL/1)	Human Services Block Grant
	<b>Families</b>	<b>Beaver Co. NAMI</b> (UL/1)	Human Services Block Grant
	<b>All Adults</b>	<b>WARMLINE</b> (UL/1)	
	<b>All Adults</b>	<ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant
	<b>All Adults</b>	<b>COMPEER</b> (Limited/1) <ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant
<b>Wellness/ Prevention</b>	<b>All Adults</b>	<b>Wellness/Recovery Program</b> (100/1) <ul style="list-style-type: none"> <li>MHA</li> </ul>	Human Services Block Grant
	<b>All Adults Families</b>	<b>Recovery Coordinator</b> <ul style="list-style-type: none"> <li>AHCI, Inc</li> </ul>	Human Services Block Grant

## **Appendix E**

### **Child / Adolescent / Early Intervention Services**

## Child / Adolescent / Early Intervention Services

### FY 2021-22 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><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p> <p><b>Pressley Ridge</b> 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p>	<p>Health Choices HSBG Grant</p> <p>Health Choices HSBG</p>
Psychiatric Services	Child / Adolescent	<p><b>Primary Health Network</b> 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p><b>Primary Health Network, Beaver Falls</b> 1302 7<sup>th</sup> Avenue Beaver Falls, PA 15010 724-843-0314</p> <p><b>Primary Health Network, Aliquippa</b> 99 Autumn Street Aliquippa, PA 15001 724-857-3570</p>	<p>Health Choices / MA HSBG 3<sup>rd</sup> party Insurance Sliding fee schedule</p>
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	<p><b>Achieva /COMPRO</b> 4007 Gibsonia Road Gibsonia, PA 15044 724-443-1141</p> <p><b>Rehab Links</b> P.O. Box 343 Delmont, PA 15626 888-546-5751</p> <p><b>TEIS</b> Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347</p> <p><b>Beaver County Behavioral Health Direct Service Unit Case Management</b> 1070 Eighth Avenue, Beaver Falls, PA 15010 (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)</p>	<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>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p><b>Integrated Care Corporation</b> 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683 (Unlimited)</p> <p><b>Pediatric Therapy Professionals</b> 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814 (Unlimited)</p> <p><b>Positive Steps</b> 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333</p> <p><b>Tiny Tots Child Development</b> 393 Adams Street Rochester, PA 15061. (724) 774-2677</p> <p><b>Western PA School for the Deaf</b> (Hearing Services Only) 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261</p> <p><b>Community Care Connection</b> 114 Skyline Drive Butler, PA 16004 (724) 283-3198</p>	<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>MA ITF Waiver EI Base</p>
<b>Blended Case Management</b>	<p><b>Child/Adolescent/ Transition Age Youth</b></p> <p><b>Age 3+</b></p> <p><b>Age 16+</b></p> <p><b>Child/Adolescent</b></p> <p><b>Age 5+</b></p>	<p><b>Beaver County Behavioral Health</b> 1070 8<sup>th</sup> Ave Beaver Falls, PA 15010 724-891-2827</p> <p><b>Merakey (formally known as NHS)</b> 260 Ohio River Blvd, PA 15005 724-869-2023</p> <p><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Ave #210 Beaver Falls, PA 15010 724-843-0816</p> <p><b>Staunton Clinic</b> 111 Hazel Lane #300 Sewickley, PA 15143 412-749-7330</p>	<p>Health Choices HSBG</p> <p>Health Choices HSBG</p> <p>Health Choices HSBG</p> <p>Health Choices HSBG</p>
<b>Out of Home Crisis Stabilization</b>		<p><b>Pressley Ridge</b> 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281</p>	<p>Health Choices HSBG</p>
<b>Crisis Intervention Services</b>	<b>Child/Youth/ Transition Age Youth</b>	<b>UPMC-Beaver County Crisis</b>	Health Choices

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<b>All ages</b>	1020 8 <sup>th</sup> Ave, Suite 136 Beaver Falls, PA 15010 724-371-8060 800-400-6180	HSBG
	<b>Ages 10 - 24</b>	<b>Pressley Ridge Mobile Crisis</b> 1008 7 <sup>th</sup> Avenue, Suite 101 Beaver Falls, PA 15010 724-843-5320	Health Choices Grants
<b>SAP Coordination/Liaison</b>	<b>Children/Youth/ Transition Age Youth</b>	<b>The Prevention Network</b> 270 Ohio River Blvd. Baden, PA 15005 724-869-3155	HSBG
<b>Advocacy</b>	<b>Children/Youth/ Transition Age Youth</b>	<b>Mental Health Association</b> 105 Brighton Avenue Rochester, PA 15074 724-775-4165	HSBG
<b>Permanent Supportive Housing</b>	<b>Transition Age Youth 18+</b>	<b>Cornerstone Recovery &amp; Supports</b> 1201 Beaver Rd, Ambridge, PA 15003 724-869-2222	HSBG
<b>Mentoring</b>	<b>Children/Youth 6 - 12</b>	<b>Big Brothers/Big Sisters of Beaver County</b> 1475 3rd Avenue New Brighton, PA 15066 724-843-4600	HSBG
<b>Certified Peer Supports</b>	<b>Transition Age Youth 14+</b>	<b>Mental Health Association</b> 105 Brighton Avenue Rochester, PA 15074 724-775-4165	Health Choices HSBG