

**BEAVER COUNTY
HUMAN SERVICES PLAN
2014-2015**

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Appendix A

Assurance of Compliance Board of Commissioners Signature Page

Appendix A
Fiscal Year 2014-2015

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Tony Amadio	Date: 7/2/14
	Joe Spanik	Date: 7/2/14
	Dennis Nichols	Date: 7/2/14

Appendix B

County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

1. The county planning and leadership team process.

The Beaver County Planning Team includes representatives from each of the program areas outlined in the plan and also includes the local Office on Aging. This team met on June 2, 2014 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 Steering Committee that is comprised of individuals who receive services, families, change agents, and providers. This group was included in the stakeholder input and public hearing process. The County Planning Team and the SOC Steering Committee work together on the development of a countywide plan and discuss the expenditure of funds. Over this past year, each human service department director has presented at a Steering Committee meeting.

2. Critical stakeholder participation.

Beaver County has a comprehensive quality management (QM) structure outlined by the Department of Welfare to assure the successful implementation of HealthChoices. In Beaver County, families and peers comprise 51% the QM committee. The committee is facilitated by the County's Administrative Service Organization, Value Behavioral Health, and includes representatives from **mental health, substance abuse services, and intellectual disabilities (ID)**. In addition to measures established by the state, County specific performance outcomes are added each year. Findings from the Family/Consumer Satisfaction Teams, Incident Management reports, and Transformation Priorities are also reviewed by this committee.

Beaver County Behavioral Health also has a Quality Improvement (QI) committee that meets bi-monthly to review data collected that is related to the various areas included in the plan. Several sources of secondary data are used to create reports that are reviewed by the QI committee. Examples include: enrollment rates at each of the Single Points of Accountability (SPAs); reimbursable services received by consumers, including provider; type of service, dosage and cost (HealthChoices claims and County base dollars); fidelity assessments of specific Evidence-Based Programs (EBPs), such as Supported Employment and employment outcomes, housing placement information, implementation of the electronic service plan (eSP), and jail recidivism data.

Further, needs are assessed through discussion groups with consumers and providers are reviewed to identify types of services that are achieving favorable results, the estimated cost, barriers to services, and recommendations for improvement. The information is used to identify what services should be retained in the Human Services Plan and any other additional services that should be incorporated in future plans. Additionally, BCBH has an internal QI committee that meets monthly to assure coordination among mental health, intellectual disabilities, and drug and alcohol.

Service utilization, outcome data, and client satisfaction are considered by each member of the County Planning Team when funds are allocated each year. Priority is given to evidence-based practices that address the County-level measures and transformation priorities.

The **Single County Authority** that administers Drug and Alcohol Services for Beaver County also has a number of methods to obtain stakeholder input. These include, in addition to participating in the quality management meetings, the County Leadership Team and the Steering Committee; the Drug and Alcohol Advisory Council; the Prescription Drug Coalition; the Problem Gambling Prevention Coalition; and the planning committee for FORWARD/U. The **Intellectual Disability** program also participates in the quality management meetings, the County Leadership Team, and the Steering Committee.

Children and Youth uses the following data sources to determine the achievement of benchmarks and outcomes of the programs funded by the Block Grant:

- Hornby Zeller NBB data package
- AFCARS
- AOPC Data Dashboard and PPI data
- Pennsylvania Partnership for Children
- Agency generated year end reports
- Provider outcome reports
- Agency placement and re-entry data

All of the above data is evaluated to determine if the funded programs are achieving positive outcomes. Information is shared with stakeholders at public hearings, stakeholder meetings, steering committee, and meetings with families and transition-age youth. To date, the Special Grant programs have been critical to the agency being able to safely reduce the number of children entering out-of-home placements by allowing the development of an array of services designed to keep families safely together. When children do enter placement, Children and Youth uses programs funded by the block grant to complete thorough assessments and work toward safe and timely reunification. Programs designed to increase family engagement have allowed the agency to develop a much more strength-based orientation that, in turn, increases the family's role and voice in the casework process. Other block grant programs allow the agency to meet its mandate of "Reasonable Efforts" to prevent placement by assisting families to meet their requirements for basic needs, while others enable staff to divert children/families from the CYS system by providing preventative services.

In the **Homeless Assistance Program (HAP)** operated by the Community Development Program, the subrecipient agencies submit quarterly activity reports. These figures are entered into a yearly report submitted by to the Department of Public Welfare. In order to assure program compliance, all participating agencies are monitored annually during a site visit. Tracking and a coordinated assessment process also occur through the utilization of the County's Homeless Management Information Systems (HMIS). In addition, the annual Point-in-Time survey is conducted through the

County's Continuum of Care. This is also used to determine homeless need. The HAP complements the efforts of the County's Emergency Solutions Grant and the Continuum of Care. These efforts are shared with stakeholders through the county's Housing and Homeless Coalition that is comprised of approximately 50 organizations, including representatives from state and local government, private non-profits, and the faith-based community.

Beaver County **Office on Aging** (BCOA) has an Advisory Council which, according to its by-laws, must be at least 60% older citizens of Beaver County. This group meets 10 times a year to offer advocacy, feedback, and support to BCOA programs. The agency also has more than 60 volunteers, who work in Aging programs and provide assistance with planning and service delivery. Approximately 90% of these volunteers are over age 60. The Advisory Council and the volunteers were provided an opportunity to complete the online survey about behavioral health services in Beaver County.

In addition to the two Public Hearings for the Block Grant, one of which was the 2014 System of Care (SOC) Stakeholder meeting, Beaver County staff and the BCBH Recovery Coordinator conducted outreach efforts to engage a broad range of constituents in the planning process. This year, an online survey, using Survey Monkey, was distributed to stakeholders including natural supports, faith-based organizations, the provider community, consumer groups, family members, housing providers, and forensic partners. Information presented was also placed in the "spotlight" of the Beaver County System of Care website. A paper survey was also distributed to consumer and family groups and was available at both public hearings. The survey concentrated on identifying strengths and needs.

3. How the county assures services to its residents are provided in the least restrictive setting.

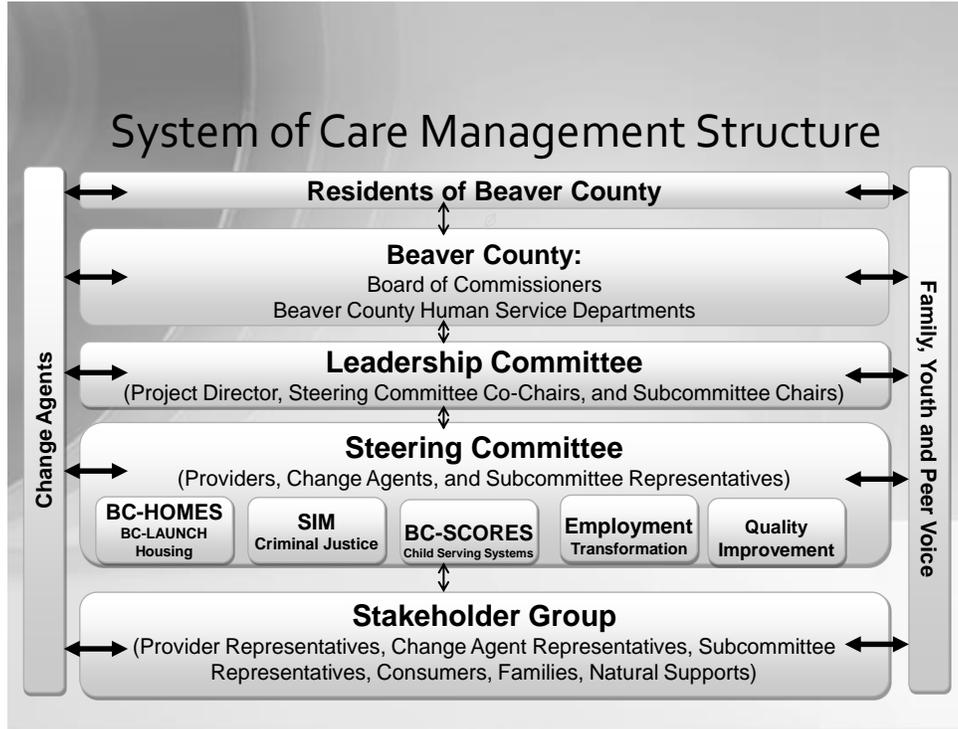
Beaver County, one of only five counties in Pennsylvania operating without access to a state hospital, is committed to serving its residents in the least restrictive setting appropriate to their needs. The county had one person in a state facility since Mayview closed in December 2008. That person was originally in the forensic unit and transferred to civil. Beaver County has just over 20 children/adolescents in residential treatment.

BCCYS is an agency that believes in using a strength-based approach with families and that children have a right to be raised by their family whenever possible. Since 2006, BCCYS has reduced the number of children in out-of-home care by 60%. Its current placement rate is .87/1000 children in the county, the lowest percentage of any fourth class county in Pennsylvania. BCCYS workers are all trained to use solution-focused practice when engaging families. The agency utilizes FGDM for case planning, engagement, establishing permanency, and transition planning. In addition to its Crisis Stabilization Program, BCCYS has developed an Emergency Housing Program to assist families in need of safe, affordable housing.

BCOA also has a strong commitment to community-based services. When asked, very few seniors or disabled adults express a desire to reside in a nursing home. The vast majority prefer to remain in their own home receiving home and community-based services to meet their needs. This is also the least expensive way to assist those adults. Two to three adults can receive home and community-based services for the cost of one person living in a nursing home. 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.

The array of behavioral health services available in Beaver County is outlined in Exhibits G and H. These exhibits include service category, target population, service availability (number of slots and providers), and how allocated funds are utilized in conjunction with other available funding. Estimates of the number of individuals to be funded in each service can be found in Exhibit C.

Beaver County has been building a countywide system of care (SOC) since 2005, when the county received a Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program. The county has been refining its original SOC structure into a more comprehensive countywide effort and has been working with nationally recognized consultants, Drs. Kenneth Minkoff and Christie Cline, to expand their Substance Abuse and Mental Health Services Administration (SAMHSA) best practice Comprehensive, Continuous, Integrated System of Care (CCISC). This effort is currently funded, in part, through a SAMHSA Center for Mental Health Services (CMHS) transformation grant, the primary goals of which mirror the purpose and goal of Pennsylvania's Human Services Block grant. Below is the organizational structure in place to implement the SOC. This process was highlighted as the county's innovative service in the Block Grant application.



4. Substantial programmatic and/or funding changes being made as a result of last year’s outcomes.

While block grant funding has led to greater collaboration among human services departments, increased data sharing, and valued flexibility between previously categorical budget line items, it has not yet resulted in substantial programmatic and/or funding changes.

PART II: PUBLIC HEARING NOTICE

The two required public hearings were held on Monday, June 23, 2014 and Tuesday, June 24, 2014. Tuesday’s event also served as the SOC stakeholder annual meeting. One meeting was held at a senior center located in the Beaver Valley Mall. The other was held at the local community college. Proof of publication of notice can be found in Appendix D. A summary of each hearing can be found in Appendix E.

PART III: WAIVER REQUEST

Beaver County is not requesting a waiver from the minimum expenditure level for any categorical area.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

- **First Annual Stakeholder Meeting**

On September 17, 2013, Beaver County held its first Annual Beaver County System of Care Stakeholder Meeting. Over 75 people attended the event, representing families, peers, provider agencies, and County Departments. The objective of the Stakeholder Meeting was to educate the participants on the System of Care (SOC) service delivery concepts, and to describe how the different pieces work together to aid in accessing quality services. Presentations describing SOC principles were made by the following BCBH Officials (by Departments in the Block Grant):

- BCBH Administration.....Gerard Mike
- Children and Youth ServicesDayna Revay
- Aging Office.....Beverly Sullivan
- Community DevelopmentLisa Signore

Kenneth Minkoff, MD and Christie Cline, MD, MBA, national and international experts from Zia Partners on integrated service development, quality improvement, and systems transformation, joined stakeholders to discuss the implementation of a Comprehensive, Continuous, Integrated System of Care (CCISC).

- **Engagement Specialist**

BCBH and Value Behavioral Health of PA partnered to employ a staff person specifically trained on the eligibility regulations and processes for Medical Assistance. A part-time Engagement Specialist was hired in June 2012 to fill this role. This staff person demonstrates outreach and engagement skills to assist individuals in accessing the resources they need to obtain benefits. This staff person has been able to establish a relationship with the DPW County Assistance Office to expedite enrollment into Medical Assistance/HealthChoices.

The Engagement Specialist has assisted over 100 individuals to access Medical Assistance and HealthChoices benefits. These individuals no longer have the worry of how their behavioral and physical health care will be funded, thus enabling them to better focus on their recovery and wellness. In addition, this initiative has offset County mental health base funding spending, assuring that there will be additional base funding available to assist all who are in need.

- **Behavioral Health Forensic Services in Beaver County**

Beaver County Behavioral Health has been providing services to the forensic population since 2001. Services include outpatient assessment and treatment in the jail, outpatient

assessments at the Regional Booking Center and the courthouse, re-entry services in the jail and the community, vocational services in the jail and the community, an adult mentoring program, and a cohort for children with an incarcerated parent. Behavioral health forensic services in Beaver County are funded through a variety of sources, including the Second Chance Act, the Pennsylvania Commission on Crime and Delinquency, HealthChoices (for some eligible community services), and State base dollars. While the use of multiple funding sources is essential to the county's ability to provide and to sustain a comprehensive system of care, it does offer some unique challenges to program evaluation. Beaver County was, nonetheless, selected to participate in a cross-site evaluation of the Bureau of Justice Assistance (BJA) FY 2011 Second Chance Act (SCA) Adult Offender Re-entry Demonstration Projects (AORDP) sponsored by the National Institute of Justice (NIJ).

The study will cover January 2014 through June 2016. Seven AORDP sites were selected for the evaluation: Solano County, CA; Department of Corrections, CT; Palm Beach County, FL; Boston, MA; Department of Corrections, MN; Hudson County, NJ; and Beaver County, PA. The primary goals of the evaluation are to describe the implementation, sustainability, and effectiveness of each AORDP program at reducing recidivism, substance abuse, and other criminal behaviors – and improving other positive outcomes.

b) Strengths and Unmet Needs:

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

Older Adults (ages 60 and above)

Strengths:

- BCBH works closely with BCOA. BCBH is a Core partner for the BeaverLINK. BeaverLINK is the Aging and Disabilities Resource Collaborative (ADRC) serving Beaver County residents.
- BCBH and BCOA work cooperatively with the Emergency Operation (911) Center to assure information needed for disaster drills is comprehensive and current.
- BCBH and BCOA jointly meet with personal care home providers.
- BCBH and BCOA collaborate on individual cases and have worked well with Protective Services.
- BCOA participates in SOC activities.
- One of the two public hearings is held at a senior center.
- BCBH and BCOA participate collaboratively with the Penn State site of the Geriatric Education Center to review cases with other PA counties via teleconference. Approaches and resources are compared and developed to best address the individual cases being presented.
- BCBH and BCOA collaboratively attend/monitor Beaver County personal care home licensing visits/exits conducted by the PA Bureau of Human Services and Licensing.

Needs:

- More appropriate care options (facilities/nursing homes) for Older Adults deemed in need of nursing care, having mental health diagnoses, and presenting with challenging behaviors. Nursing homes often deny admission due to previous mental health history.
- Accessing transportation that will travel across county lines to close neighboring sites, medical, and other.
- Community safety checks for Older Adults perceived to be especially vulnerable.
- Accessing appropriate Inpatient care.
- Availability of trustworthy respite care.
- Additional chore worker resources to help promote “Aging in Place”.
- Increased access to a benefits counselor, who can help with Social Security and Healthcare questions.

Adults (ages 18 and above)**Strengths:**

- BCBH emphasizes the use of evidence-based practices, such as Assertive Community Treatment, Seeking Safety, and Supported Employment (SE). There is an initiative underway to develop a countywide position on Wellness Action Recovery Plans (WARP).
- BCBH employs a recovery coordinator to increase consumer voice in the SOC.
- BCBH works closely with NAMI.
- BCBH has expanded the number of case management entities (Single Points of Accountability) and has a countywide initiative to assure competency across providers. There is an initiative underway with VBH to establish best practice standards.
- Beaver County is working with VBH and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.
- Beaver County offers Supported Employment and partnered with the Office of Mental Health and Substance Abuse Services to submit a grant to the Substance Abuse and Mental Health Services Administration to enhance and expand this service.

Needs:

- An increased emphasis on employment.
- Continued work on co-occurring mental health and substance abuse treatment.
- Continued efforts to increase physical and behavioral health integration.
- More transportation options.
- More housing options.

Transition-age Youth (ages 18-26)

Strengths:

- BCBH has a work group chaired by the family coordinator and charged with increasing transition-age youth voice in the SOC.
- BCBH contracts with a faith-based organization in Aliquippa to provide life skills, academic support, and pre-vocational training to at-risk youth.
- The Mental Health Matters grant was used to introduce Signs of Suicide (SOS); this is being done in conjunction with the Student Assistance program.
- Aliquippa Impact, a faith-based organization, has been trained in the Transition to Independent Living Process and uses it in their program.
- A transition-age peer to peer group meets monthly. They support each other and build on strengths, such as musical ability, which they share at an annual picnic.
- The Family Focused Recovery Coordinator organizes the annual Children's Mental Health Awareness Day event for Beaver County, which has focused on transition-age youth the past two years.
- BCBH has supported the MCO's Transition-Age Advocacy Group (TAAG) events and has worked to assist with representation from Beaver County. This is a continued effort.
- Beaver County Rehabilitation Center offers vocational support to every school district through CAPs (Creating Alternative Pathways).
- Beaver County has a long standing history of offering blended case management services and has increased the number of case management providers.
- Beaver County is working with VBH and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.

Needs:

- Transportation to appointments, education, employment, supports.
- Case management staff with the skills and training to support a healthy transition to independent living.
- Increased access to mobile crisis.
- Increased housing options.

Children (under 18). Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

Strengths:

- BCBH serves as the Zone Administrator for student assistance program reporting for both drug and alcohol and mental health. BCBH contracts with The Prevention Network to deliver student assistance liaison services in all 14 school districts at the high school/middle school level. All students referred for SAP are screened and, if warranted, referred for further assessment.

- Drug and Alcohol Services of Beaver Valley offers services in all 14 school districts and can provide a co-occurring assessment. Beaver County Behavioral Health Outpatient Assessment Center is available to provide mental health evaluations and drug and alcohol assessments for all students referred through the Student Assistance Program.
- Beaver County Behavioral Health offers both in-home respite and out-of-home crisis stabilization for children and youth with mental health disorders and behavioral health issues.
- Pressley Ridge is the provider for out-of-home crisis stabilization.
- All BCBH child/adolescent staff is trained in the CASSP principles. At all Interagency Service Planning Team meetings, where there is County representation, the CASSP principles are applied.
- Beaver County, through its HealthChoices network with Value Behavioral Health, has a panel of independent evaluators available to assess and prescribe BHRS. An independent evaluator panel serves to reduce conflict of interest for service delivery.
- Beaver County has a long standing history of offering blended case management services and has increased the number of case management providers.
- This summer through HealthChoices, BCBH plans to release two RFP's for School Based MH OP services. The target pilot schools are Aliquippa middle/high school building and Ambridge Highland elementary building. The goals are to have programming in place for the 2014/15 school year.
- BCBH and over 38 exhibitors worked together to provide information, resources, and fun for the youth and families in Beaver County on May 6, 2014. This is an annual event that has grown tremendously over the past 4 years. It has grown to include behavioral health, education, community, and physical health resources.
- Beaver County is working with VBH and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.

Needs:

- Easier access to overnight respite.
- More mentoring and support for youth with special needs (for example: youth with an incarcerated parent).
- Increased access to mobile crisis.
- More of an emphasis on trauma-informed care.
- More school-based services.

Individuals transitioning out of state hospitals

Strengths:

- Since 2008 and the closure of Mayview State Hospital, Beaver County had one person enter a civil state hospital bed and that occurred as the result of a transfer from the forensic unit at Torrance State Hospital.

Needs¹:

- One-on-one respite or stabilization.
- Housing with intense treatment component specific to individuals in the home.
- Wrap-around capacity for up to four months.
- More permanent, specialized housing.
- More housing for maximum of three individuals, who are not acceptable to any other housing provider (e.g., those under Megan's Law).
- Cross-training and clarification of roles (e.g., when to call Blended Case Management [BCM] or when to call Crisis).
- Training in interventions.
- Collaborative treatment planning.
- Locked, permanent housing (LTSRs as permanent housing for some individuals).

Co-occurring Mental Health/Substance Abuse**Strengths:**

- Beaver County has been working since 2001 to develop a system of care welcoming to individuals with a co-occurring mental health and substance use disorder (COD), who are involved in the forensic system.
- Progress is measured through tools found in the Comprehensive, Continuous, Integrated System of Care model developed by Drs. Minkoff and Cline, who work as consultants with BCBH.
- All providers in Beaver County assess for COD.
- BCBH offers the 10 part COD training series every year.

Needs:

- Continued education and training for both provider systems.
- Better transition planning post-Inpatient.
- Increased communication/collaboration among providers.

Justice-involved individuals**Strengths:**

- Since 2001, BCBH has funded COD treatment in the county jail.
- BCBH also provides COD assessments in the courthouse and Global Appraisal of Need (GAIN) screens in the Regional Booking Center.
- Beaver County is one of seven programs selected to participate in a national evaluation of the Second Chance Act (SCA) conducted by the Department of Justice. The aim of the SCA is to reduce recidivism by providing re-entry services in the jail and in the community.
- Beaver County makes contact with State Correctional Institutes, when an individual is identified on the Final Discharge Maximum Expiration (FDME) report. This report

¹ Developed as part of a workgroup comprised of counties that had been served by Mayview State Hospital and facilitated by Allegheny HealthChoices, Inc.

lists inmates receiving active mental health treatment or monitoring, and also contains the maximum sentence date for each inmate.

- BCBH participates in the County's Criminal Justice Advisory Board (CJAB) and helped to complete its strategic plan. The Sequential Intercept Model is part of the comprehensive strategic plan.
- Beaver County has an Assertive Community Treatment team with a strong forensic component.
- Mental Health First Aid training is being offered to local law enforcement, probation/parole, 911 dispatchers, Emergency Medical Services (EMS), and other first responders.
- Vocational services are provided in the jail and there is community follow up. There is a special work release program for women.
- The county has a sponsor program in which two faith-based organizations work with individuals, who mentor released offenders.
- Another faith-based organization offers a Future Anticipated Cohort for youth, who have a parent in the justice system.

Needs:

- The importance of jail-based treatment, as part of forensic services, is well established, but funding for the program is difficult to maintain. It would be helpful if at least the State portion of the Medical Assistance dollar could be used for this purpose,
- Increased housing options are always needed.
- Specialized probation teams.
- Coordination of services and supports to families of offenders, who are in the jail or a State Correctional Institute.
- Increased employment options.

Veterans

Strengths:

- The County has a Veteran's Court. BCBH, through a contract provider, completes assessments for the Veteran's court.
- Veterans also participate in jail-based treatment.
- BCBH has a positive relationship with the veteran's outreach coordinator and clinical staff at the local veteran's outpatient center.

Needs:

- Addiction Treatment and dual diagnosis groups.
- Housing for family members coming from out of town, when individuals are hospitalized.
- Housing for individuals with specific issues: substance abuse, mental health, or sexual offense charges/Megan law registrants.
- Pay individual's rent and utilities for a period of months, until the individual can get on their feet and pay for it themselves.

- Funding from the Veteran’s Administration that will support community options such as case management.

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

Strengths:

- BCBH holds an annual training addressing LGBTQI topics. Specifically, trainings have included: *Working Competently with LGBT (Lesbian, Gay, Bisexual and Transgender) Consumers and Families*; and *Working Competently with LGBT Youth*.

Needs:

- More training would be helpful, especially training focused on transition-age youth.
- Training that includes school personnel and students
- Increased access to specialized providers.

Racial/Ethnic/Linguistic minorities

Strengths:

- Providers, families, and peers across the County have access to Cultural and Linguistic Competency (CLC) training.
- 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.
- 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.

Homeless

Strengths:

- Beaver County continues to support and provide services to **homeless** individuals and families through its Continuum of Care initiatives addressed in the Housing and Urban Development mandate.
- Since the late 1990s, a Housing and Homeless Coalition of [Beaver County](#) (HHCBC), which includes a Homeless Task Force, has met under the leadership of the Beaver County Community Development Office. The HHCBC is comprised of

over 90 members from over 50 agencies and meets monthly to address the need and to provide affordable, sustainable housing with the goal to end homelessness in Beaver County.

Needs:

- Increased outreach to individuals, who are homeless, and assistance in navigating the maze of services and community/natural supports.
- Homeless shelter for women and families.
- Increase in safe, affordable housing stock.
- Housing options for individuals registered as offenders under Megan’s Law.

Mental Health and Intellectual Disabilities (ID)

Strengths:

- Beaver County was the lead county in the development of Community Health Connections, the Health Care Quality Unit (HCQU), located in Butler.
- BCBH participates in the HCQU Management Oversight Committee.
- Through the Community Support Plan process at Mayview, BCBH has been successful in utilizing services and supports from the ID system for individuals, who do not technically qualify for that system, but are benefiting from the approach and the expertise available.
- As part of BCBH’s internal QI process, cases of individuals receiving services from both the mental health and the ID system are reviewed.
- BCBH participates in the Positive Practice Committee described in the ID section of this plan.

Needs:

- Lack of a “Step Down” option when transitioning back into the community from an Inpatient Psychiatric Unit.
- Challenges with medical co-morbidity often overlooked.
- Difficulty with transition from RTF to community, especially when aging out and there is no family support.
- Cost Effective training of Direct Support Professionals to build expertise (so the “whole” person can be supported).

c) Recovery-Oriented Systems Transformation:

The priority of the behavioral health system is to support recovery and resiliency. Below are Beaver County’s **transformation priorities/county level performance indicators.**

- Increase integration of physical and behavioral health.
- Implement a countywide framework of trauma-informed care.
- Increase safe and affordable housing options and housing supports.
- Increase education and employment options for adults and transition-age youth.

- Establish countywide standards for a Single Point of Accountability.
- Develop and sustain a trained, skilled, effective, and productive workforce.
- Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model.
- Increase behavioral health funding support for successful recovery-oriented community support programs.

Brief Summary of each priority

- **Increased integration of physical and behavioral health:** BCBH has been working on this priority as part of the Substance Abuse and Mental Health Services Administration (SAMHSA) funded transformation grant, Project Recovery, and as part of HealthChoices quality improvement efforts. A project is underway to review integration in case management charts and another to increase physical health care within one family-based provider. These activities are funded through HealthChoices, grants, and block grant funding.
- **Implementation of a countywide framework of trauma-informed care:** In 2007 when BCBH received a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD), the County began to offer Seeking Safety, a trauma-informed evidence-based practice (EBP) to individuals in the local jail, who had a history of behavioral health issues and trauma. The County has provided multiple trainings on Seeking Safety and this EBP is now offered in the community, as well as in the jail. Plans are underway to introduce peer guided Seeking Safety. Training is grant funded. Services are billable to HealthChoices and the block grant depending on the client's eligibility.
- **Increase safe and affordable housing options and housing supports:** In 2007, as part of a statewide OMHSAS initiative, BCBH developed and received approval for their permanent supportive housing plan targeted to individuals diagnosed with serious persistent mental illness. The program is designed to assist individuals in accessing and maintaining safe, affordable permanent housing within the community by providing Housing Supports Coordination, funding for Bridge Subsidies until access to Section 8 HCV's is available, and funding to increase available housing stock.
- **Increase education and employment options for adults and transition-age youth:** BCBH is in the process of mapping the development of educational and employment options that have developed over the past several years in order to develop baseline information on options, utilization, and need. The county is especially interested in growing Supported Employment using mobile employment and mobile psych rehab peers. A countywide Employment Transformation committee exists and serves as a subcommittee of the system of care. Supported Employment services are funded through HealthChoices. Other employment resources include the Office of Vocational Rehabilitation, Job Training, and CareerLink. These entities participate in the employment transformation committee.

- **Establish countywide standards for a Single Point of Accountability (SPA):** County SPA providers continue to meet as a group to develop consistent countywide standards and improve client outcomes. An online competency exam for both engagement and crisis response currently exists. VBH is participating in the group to identify best practice expectations. SPAs have also begun to use an electronic Service Plan (eSP). Crisis plans are part of the eSP and both emergency rooms have access to the crisis plans. Development of the eSP is grant funded. SPA services are billed to HealthChoices and the block grant.
- **Develop and sustain a trained, skilled, effective, and productive workforce:** BCBH continues to offer countywide training in evidence-based practices, such as Motivational Interviewing, Seeking Safety, Stages of Change, Wellness Recovery Action Plans (WRAP), and a ten-part COD series. Work is underway to determine if providers have individualized staff training plans. Training is predominately grant funded.
- **Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model:** With funding from a Mental Health and Justice Collaboration Planning grant in 2009, Beaver County was able to use the Sequential Intercept Model as the framework for the ongoing development of services and supports for individuals with a behavioral health diagnosis, who are involved in the justice system. The Beaver County Sequential Intercept Model was highlighted by the Bureau of Justice Assistance and the Council of State Government as a best practice. The SIM plan is part of the overall Criminal Justice Advisory Board Strategic Plan.
- **Increase behavioral health funding support for successful recovery-oriented community support programs:** BCBH continues to monitor spending trends to determine if more resources are going toward recovery-oriented community support programs.

Plan to evaluate priorities

A workgroup is in progress to determine the primary questions to be answered under each priority, to collect historical data, to develop baselines and next steps.

- **Increased integration of physical and behavioral health:** Questions being considered under this priority include the number of consumers who have a Primary Care Physician (PCP), the number who have seen their PCP in the past year, the number reporting a physical health diagnosis.
- **Implementation of a countywide framework of trauma-informed care:** In addition to planning the peer guided Seeking Safety study, the QI workgroup wants to determine if all providers include questions about trauma somewhere in their assessment process.

- **Increase safe and affordable housing options:** The QI workgroup plans to collect historical information about housing capacity and utilization. Attention will also be paid to utilization of housing supports, such as contingency funds and Homemaker Home Health services.
- **Increase peer employment and education options:** Information will be gathered on the type and unitizations of services over the past several years.
- **Establish countywide standards for a Single Point of Accountability:** SPA standards will be finalized, corresponding competencies developed, and work on best practice measures will continue.
- **Advance behavioral health and criminal justice collaboration through implementation of the County’s Sequential Intercept Model:** Activities demonstrating collaboration will be identified and documented over a several year period to demonstrate increased collaboration.
- **Increase behavioral health funding support for successful recovery-oriented community support programs:** Funding trend will be analyzed annually.

INTELLECTUAL DISABILITY SERVICES

BCBH services as the Administrative Entity for the County of Beaver and is the first point of contact for individuals and families seeking information and/or direct services. Services include: intake, assessment, individual support planning, psychiatric evaluation/consultation, treatment planning, and service authorization. Case Management Services include: monitoring, advocacy, service planning, and continuity of care. Types of Case Management include: Early Intervention and Supports Coordination (Targeted Service Management, and Waiver Supports Coordination). Services are financed through both block grant and waiver funds.

- **Early Intervention Services:** The delivery of authorized educational, developmental, therapeutic services to developmentally delayed infants (birth to 3 years) and their families occurs in the natural environment. Early Intervention Services in Beaver County are designed to help families maximize the development potential of infants and toddlers, who are at-risk for or have disabilities. Early Intervention builds upon the natural learning occurring from birth to three years of age. Services are individualized and based on the concerns and priorities of the family, and the needs of the child. Early Intervention programs include activities and services designed to: 1) Facilitate intellectual, emotional, physical, mental, social, and language development. 2) Encourage the participation of the parents in the development and operation of any such programs.
- **Intellectual Disabilities Services:** The Beaver County Intellectual Disability Program coordinates services for adults and children diagnosed with intellectual

disability prior to their reaching the age of 22. Individuals with an Intellectual Disability Diagnosis, who are current residents of Beaver County, are eligible for supports coordination services at no fee. Services available are intake, assessment, individual support planning, psychiatric evaluation/consultation, treatment planning, and service authorization. Services can begin as early as age three with an assigned Supports Coordinator assisting and monitoring all services throughout the individual's involvement in the program. Types of services are: 1) Residential, 2) Adult Day Program, 3) Behavioral Support Services, 4) Vocational Rehabilitation, and 5) Family Support Services.

	Estimated / Actual Individuals served in FY 13/14	Projected Individuals to be served in FY 14/15
Supported Employment	28	26
Sheltered Workshop	68	68
Adult Training Facility	30	30
Base Funded Supports Coordination	425	477
Residential (6400)	26	23
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0

*These number represent Block Grant funded individuals only.

Supported Employment is a way for people to achieve their personal dreams of success, respect, and control. Having a job can be an important part of one's self-identity and value in society. Employment is an essential part of self-determination for many people. Employment is defined as: A job in the community that the person wants and can perform, with or without accommodation and support. The job matches the person's abilities, career goals, aspirations, and pays at least minimum wage. Beaver County participates in the state's Employment Pilot Program. Some Beaver County related statistics from the Employment Pilot Program.

- **Total # of Youth and Young Adults Receiving Supported Employment Funding**
 - Total unduplicated number of youth and young adults served by the pilot project - 13
 - Number of youth and young adults in the pilot with a job paying at least minimum wage - 8
 - Number of youth and young adults in the pilot working 20 hours or more a week - 1
 - Number of youth and young adults in this year's pilot, who received pilot funding in the previous year - 12

- **Age Breakdown of Youth and Young Adults Who Received Pilot Funded Supported Employment at the Time of Their Entry Into the Pilot Program**
 - Age 16 and below - 0
 - Age 17 through 21 - 2
 - Age 22 through 26 - 8
 - Age 27 and older – 3

While the County is following ODP’s recommended practices to promote employment outcomes, stakeholders agree that adults going to 2380 facilities need 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, too. The “How Can They Be Improved” part is the most critical to this discussion, as much would have already been said about weakness and threats through the process.

- ❖ Increase number of individuals moving from non-work to vocational training
- ❖ Increase number of individuals moving from vocational training to employment
- ❖ Increase number of hours individuals work
- ❖ Increase number of employers

Base Funded Supports Coordination – Beaver County is not proposing any changes in the provision of supports coordination. The program will continue to fund transitions from ICF/ID as part of its commitment to the offering services in the least restrictive setting and adhering to a best practice model.

Lifesharing Options is living and sharing life experiences with supportive persons, who form a caring household. Lifesharing is recognized as both a close personal relationship and a place to live. Lifesharers offer individuals the opportunity to be part of a family, and to participate in community life. Lifesharers and individuals are carefully matched, and supported by qualified professionals to achieve the person’s program objectives. Birth families are encouraged to be part of the matching process, and continue to have close relationships with individuals who choose a Lifesharing option. Beaver County currently has 3 clients who participate in the Lifesharing Program. BCBH was approached by 1 client during past fiscal year about entering the Lifesharing program. BCBH will continue to support our individuals in pursuing Lifesharing when residential options become available.

The Supports Coordinator is expected to discuss Lifesharing options with persons and their families as part of the ISP Planning Process and/or before a new residential service is authorized. This discussion is expected to occur when a person and family begin to consider the need of locating a new home for the person and when a person who is living in another type of residential service (such as ICF/ID or community home) may be interested in considering Lifesharing options. This discussion is expected to include:

- ❖ A description of Lifesharing

- ❖ A description of how health, safety, and positive community outcomes are structured into Lifesharing settings through program support and supervision, home studies, training of Lifesharers, and monitoring by Supports Coordination, IM4Q, and licensing
- ❖ A review of the availability of Lifesharing providers in and around the county
- ❖ A review of the services and costs associated with Lifesharing, including Substitute Care
- ❖ A review of the benefits of Lifesharing, including longevity of relationship, permanency, and social integration
- ❖ An opportunity to address the person's/family's questions/concerns
- ❖ Opportunities for the person and family to discuss Lifesharing with practitioners, including provider agency representatives and Lifesharers, as well as family members of people in Lifesharing arrangements.

Cross Systems Communications and Training: 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 DPW and multi-system stakeholder collaboration. BCBH also has an internal mechanism to review cases in which individuals are receiving services from both mental health and ID.

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

Emergency Supports – 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.

Administrative Funding – Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services such as supports coordination, transportation, employment, prevocational services, adult training facilities, respite, community habilitation, and behavioral supports. Unallocated funds could be used to assure an individual's health and safety in the least restrictive setting or to address emergency situations.

Functions performed by the Administrative Entity Operating include:

- maintains client service and financial records
- complies with the waiver capacity management process
- meets needs of the waiver participants
- ensures that waiver applicants are identified accurately in PUNS and enrolled in the waiver process
- monitors compliance with the service delivery preference process
- ensures that the assigned needs are fully addressed
- reviews, approves, and authorizes the ISPs
- conducts an administrative review annually
- develops and updates a written quality management plan, which includes minimum goals and outcomes

HOMELESS ASSISTANCE SERVICES

The Homeless Assistance Program (HAP) makes available a **continuum of services** to persons, who are at risk of becoming homeless or who are currently homeless. The Community Services Program (a designated public community action agency) administers the Program by establishing subcontract agreements with local human services agencies. These agencies provide the necessary supports to homeless or near homeless individuals, including emergency shelter, case management, bridge housing, rental assistance and information and referral, and other related supports.

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 Beaver County Homeless Task Force, a **stakeholder group**, was established in 1998, three years after the County began to receive funding through the Homeless Assistance Program. The group's first objective was to compile a comprehensive and accurate directory of resources for people, who were homeless or at risk of losing their housing. The second objective was to initiate a "homeless helpline" to connect those in need with available services and to help the County begin to more accurately track its efforts.

From there, a comprehensive coalition was formed, which includes, among its diverse membership, formerly homeless individuals and members of the community. Agencies with information about homeless populations are invited to attend and share their

expertise. This collaborative group continues to identify gaps in the provision of services for the homeless and works to address housing needs for low income persons and families.

Additionally, a government mandated Point-in-Time Homeless Survey is conducted annually in Beaver County on the last Wednesday in 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 supportive housing program bed, is counted.

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing		
Case Management	331	220
Rental Assistance	200	180
Emergency Shelter	29	50
Other Housing Supports	91	1100

Bridge Housing

Due to budget decreases, this service is not provided through this funding source. However, bridge housing does exist and is supported by other grants.

Case Management

The case management activities include counseling through a crisis helpline and case management as essential services in bridge housing and an emergency shelter.

Rental Assistance

Rental Assistance is provided in the form of first month’s rent, security deposits, utility payments, and arrearages. This funding is utilized as a supplement to the HEARTH funding rental assistance to fill the gaps created by HEARTH eligibility and funding constraints.

Emergency Shelter

Emergency shelter funding is used for hotels/motels. This program provides emergency, temporary shelter for individuals and families, who are waiting to be placed in bridge or permanent housing.

Other Housing Supports

Supportive activities are in the form of bus tickets 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.

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

Homeless data tracked by community agencies and formerly kept in a simple database maintained at the Beaver County Community Development Program offices gradually grew into the Beaver County Homeless Management Information System. A comprehensive, confidential electronic database 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. 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.

BEAVER COUNTY CHILDREN AND YOUTH SERVICES

Data Sources:

Agency statistical data
Provider year-end reports
Hornby Zeller data
AOPC PPI data
Agency placement and re-entry data
AFCARS
CAPS caseload data

Beaver County Children and Youth Services (BCCYS) is a state mandated, county administered agency that is responsible for the provision of child welfare services in Beaver County. For the past five years the agency has been focusing on safely reducing the number of children in out-of-home care, reducing the number of older children in congregate care settings, reducing the number of children with a permanency goal of APPLA, increasing the number of children placed with family when placement is necessary, increasing our rates of reunification and expanding the available service array to safely maintain children in their own homes. Based on the results of our Quality Service Review in 2012, we have also been focusing on improving our engagement of fathers, establishing a consistent long term view of families and teaming, both within and outside of the agency.

The agency believes in using a strength-based approach with families and that children have a right to be raised by their family whenever that can be done safely. We have attempted to create a continuum of care that focuses on preventing out-of-home placement by using in-home services to mitigate the safety threats to children and increase the protective capacities of caregivers. The agency only utilizes out-of-home care when safety cannot be assured by any combination of in-home services. We have been able to reduce the number of children in placement by 72% over the past eight years. Our current placement rate is .741/1000 for entries into placement and 1.4/1000 for children currently in care. These percentages are the lowest of any fourth class

county. We also use a casework, as opposed to case management, approach to our work with families. Our staff are expected to provide services to families themselves in addition to those provided by contracted/community providers. Staff has been trained to use a solution-focused, strength-based approach with families that encourages them to more fully participate in the process. Over the past three years we have seen families more willing to actively participate in their case plan.

Over the past three years, the agency has concentrated our efforts toward safely reducing placements, reducing re-entry of children back into placement and improving our rates of reunification. As our placement rates have declined, our service array for in-home services has increased. We have found that all of our programming via special grants has had a positive impact on working toward our goals and on the well-being of families. Our reunification rate continues to be below 70% for children in placement 30 days or less and the same is true for children in care for three months. At six months the rate improves to 79% which is higher than other fourth class counties and the western region. Our efforts toward permanency and adoption are also very good. We do need to improve with regard to placement stability. Our data shows that during the first year of placement, we have children experiencing more than two moves.

Sometimes the moves are due to locating a relative for a child or because a child began their placement in shelter. During FY 2014-15 we will be implementing Concurrent Planning and increasing our efforts at Family Finding and should be able to identify permanent resources for children more readily. The agency has also addressed the areas needing improvement that were identified in our 2012 Quality Services Review. With the assistance of the Child Welfare Resource Center, we have an on-going Continuous Quality Improvement Team and Sponsor Group that utilizes the DAPIM model to address concerns and make changes. The areas identified as needing improvement were:

- Engagement of fathers
- Long-term view
- Teaming (both internal and external)

During FY 2013-14 we have been able to finalize our efforts with regard to Long-term view by developing and implementing a safe case closure model. We have expanded our Fatherhood Initiative to address the engagement of fathers and have changed our policy/procedure with regard to casework expectations. We continue to need training for our staff in the area of father engagement but the curriculum has not been available beyond the pilot level this year. To address teaming, we are working on organizational effectiveness with the CWRC which is an ongoing effort. Our next Quality Service Review is scheduled for May 2015.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Children are safely maintained in their own	HZA data shows placement rate of .741 for	Teen Diversion

home whenever possible and appropriate	entries; 1.4 for those in care. Internal Monthly Reviews Pre Placement Meetings Provider year end reports Agency unit year end reports Review of safety plans in effect and terms of plan	FGDM Emergency Housing Bridge To Recovery Reasonable efforts housing costs MST SFW (FDC)
Children have permanency and stability in their living arrangement	Internal placement data (monthly) AOPC PPI/Dashboard data (quarterly) HZA data (2x year)	Teen Diversion FGDM MST All Housing Initiative programs
Children receive appropriate services to meet their educational needs	Review of truancy data gathered internally by truancy program (monthly)	TIP FGDM

Program Name:	Truancy Intervention Program
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the

funding is being discontinued and how the needs of that target population will be met.

The County has developed a truancy program that is collaboration between CYS and Juvenile Probation. The Program is called TIP and is staffed by two CYS caseworkers and one probation officer. The staff attends all truancy hearings held at the nine District Magistrate offices in the county and offers an educational program to the parents/children in lieu of a fine or driver’s license suspension. The educational session is held once a month or more depending upon the need. If the parent/child attends successfully, the District Magistrate dismisses the charge. In FY 2013-14, 331 children were seen at hearings. The staff attends preemptive meetings at the school and work with children/parents to identify service gaps leading to truancy prior to a charge being filed with the Magistrate. This process has been extremely successful and truancy referrals to the Magistrate have been reduced to 23% of the children seen at preemptive meetings. The TIP program, assisted by the Juvenile Court Judge and directors from CYS and Juvenile Probation, has formed the Truancy Protocol Committee. The Committee has successfully engaged all 14 county school districts with the implementation of a countywide definition of truancy, absenteeism and unexcused absences. The remaining area of concern before the committee is with regard to medical excuses. It has been difficult to gain the involvement of a physician on the committee to address this issue and remains an area needing addressed for FY 2014-15. In FY 2013-14, the referrals made to Family Group Decision Making increased for children under 12 y/o experiencing concerns with truancy. We expect this trend to continue for FY 2014-15.

For FY 2013-14, the TIP program held 11 educational classes, saw 676 children at school meetings, 331 children at District Magistrate Hearings and was involved with 13 of 14 school districts. The program staff presented at four statewide conferences presented a webinar via the Child Welfare Resource Center and presented the program specifics to six other counties. The staff also presented at numerous local meetings.

Program statistics and outcomes are kept by program staff and reviewed by administration.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Truant children/family	Truant children/family
# of Referrals	839	838
# Successfully completing program	50% (419)	78% (660)
Cost per year	\$50,374	\$56,759
Per Diem Cost/Program funded amount	N/A	N/A

Name of provider	Beaver County Children and Youth Services and Beaver County Juvenile Probation	Beaver County Children and Youth Services; Beaver County Juvenile Probation
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- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Program was not under spent or under-utilized.

Program Name:	Crisis Stabilization Program (Teen Diversion)
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The Teen Diversion Program was developed three years ago as an attempt to divert youth from being placed into emergency shelter. Agency data showed that once these adolescents were in placement, it was very difficult to reunify them with their caregiver. The agency issued a RFP and Pressley Ridge was chosen as the provider. The program responds to all requests for shelter placement that are received by intake or on-going units within the agency. Program staff respond either immediately or within 24 hours. A face-to-face interview is always held with the family within 24 hours of referral. The program will remain involved with the family for 3 to 4 months. During that time an evaluation is completed and the family is referred to the most appropriate services to meet their on-going needs. The program uses the North Carolina Family Assessment Scale (NCFAS) to measure the family's improvement with regard to skills and well-being.

For FY 2013-14 the program was active with 36 families (68 children), 22 of which were discharged successfully, 10 remain active at this time and 4 refused to complete services. Of the 36 families, 34 were referred by CYS and 2 from JPO. As of 5/31/14,

87% of children referred remained with their family. Data gathered from the NCFAS shows that 86% of families improved their overall skills providing for their children and all scores exceeded the external benchmarks.

The spending for this program exceeds the allocation in the Block Grant and is covered by funding from Act 148.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Adolescents	Adolescents
# of Referrals	34	36
# Successfully completing program	24	22
Cost per year	\$202,370	\$228,015
Per Diem Cost/Program funded amount	\$465.30	\$465.30
Name of provider	Pressley Ridge	Pressley Ridge

Program Name	<ol style="list-style-type: none"> 1. Emergency Housing Program 2. Bridge To Recovery 3. Reasonable Efforts re: housing
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The agency identified a concern with our families experiencing homelessness and their children entering placement as a result. The majority of these families did not immediately qualify for public housing or HUD funding and could not find or afford private housing. We met with our local Housing Authority and arranged to rent an apartment for use on an emergency basis. The apartment was never empty and there

was a waiting list. Over the past 5 years, we have increased our number of emergency houses to eight. We also have one apartment designated for use by Independent Living. To qualify for emergency housing, the family must be a client of the agency. The family is required to pay 1/3 of their income to the agency but if the family leaves the property in good condition, the accumulated payments are returned to them in full. While in housing, the family is required to receive casework services from the agency and other providers deemed necessary in the Family Service Plan. The majority of casework services address barriers that exist to the family securing safe, affordable housing. The family signs a lease agreement that specifies all of the rules/regulations of the property. Our original intent was for families to live in the properties for no more than three months but that has not been possible with many families staying for over a year. We are finding that the majority of our families have felony criminal records, poor payment histories, chronic disabilities that affect their behavior and very low incomes, all of which exclude them from many sources of housing. In 2013-14 the agency had a total of 20 families with 45 children in our properties. Of the families entering our housing, one experienced the placement of two children but the children were later reunified with their parent in another program. We have had concerns this year with regard to damaged properties. Of our eight apartments, three were extremely damaged by the family residing there and required costly repairs.

In addition the Emergency Housing Program, the agency funds, Bridge To Recovery, a transitional housing program for recovering addicts and their children. The provider for the program is the Salvation Army. We have found that 90 to 100% of the parents enrolled in the program are experiencing concerns with co-occurring disorders, not just substance addiction. To qualify for the program, the parent must be clean for 30 days and be a client of the agency. The family may remain in the program for up to one year while involved in treatment. While in the program, families are involved with parenting, relapse prevention groups, wellness programming, AA/NA meetings, social skills training in addition to mental health and addiction treatment. During FY2013-14, the program began to admit parents who were using Methadone for treatment. The Peer Support staff that was added in the previous year has been successful in assisting parents trying to negotiate the various systems they are involved with and making the adjustment to sober living.

During 2013-14 the program served 10 families and 13 children. A client is deemed successful if they leave the program with a year of clean time, still maintain custody of their children and are able to secure alternate housing. The percentage of successful discharges ranges between 45 to 60%.

The last area of service for our Housing Initiative grant is the efforts the agency staff make to keep clients housed. The agency makes extensive efforts to assist families with rent, utilities, repairs, special projects etc. that allow children to remain safely in their parent's home. A review of the number of clients served in FY 2013-14 shows that we assisted 129 families who had 368 children.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS homeless/near homeless	CYS homeless/near homeless
# of Referrals	92	1. 45c 2. 13c 3. 368c
# Successfully completing program	70	1. 43c no plmt 2. 3family, 6c 3. 368c
Cost per year	\$406,142	\$457,609
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	CYS	1. CYS 2. Salvation Army 3. CYS

Program Name	Multi Systemic Therapy
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

MST is a therapeutic intervention that is heavily researched as being effective with adolescents who have been diagnosed with externalizing disorders such as ADHD, conduct disorder and others. The approach has been particularly effective with delinquent youth and their families. The program is used by Beaver County Juvenile Probation to prevent youth from entering placement and to reintegrate them into family/community from placement by addressing the behavioral concerns the youth is experiencing. The provider for the practice is Mars Home for Youth. In FY 2013-14, 28 families were active with the service and 20 families successfully completed. Of the 28 families, three families had their children enter out-of-home care. MST generates data on the model and produces year-end reports that detail their success rates, outcomes and other statistical data.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Adolescent youth	Adolescent youth
# of Referrals	43c	44c
# Successfully completing program	19	20
Cost per year	\$84,845	\$95,597
Per Diem Cost/Program funded amount	\$166.55	\$166.55
Name of provider	Mars Home for Youth	Mars Home for Youth

Program Name	Strength-Based Family Workers (old FDC)
--------------	---

Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

This practice is focused on developing a strength-based skills orientation for those professionals working in social services. The intent is to improve the overall community practice with regard to strength-based services so that there is continuity across all service systems. The credential offered is recognized nationwide and is qualified through Temple University for seven college credits. In 2013-14 the name of the program changed from Family Development Credentialing to Strength-based Family Workers. With the name change came a curriculum change that the trainers and portfolio advisors have had to implement. The current curriculum is more challenging and has had mixed reviews as to whether it was an improvement. In Beaver County we had numerous attendees begin the class but drop out because they could not keep up with the workload.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Social Service Staff	Social Service Staff
# of Referrals	17	20
# Successfully completing program	11	11
Cost per year	\$22,316	\$25,144
Per Diem Cost/Program funded amount	\$600 to \$750/person	\$600 to \$750/person
Name of provider	Beaver County Collaborative Action Network	Beaver County Collaborative Action Network

Program Name	Family Group Decision Making (FGDM)
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

FGDM is an engagement practice that the agency uses in a variety of situations. The practice is introduced to each family accepted for services by the agency. The provider goes to the family's home and explains the practice and what's involved in a meeting so they can decide whether or not they would want to utilize the practice to develop their Family Service Plan. We use the practice for permanency decisions, placement decisions, transition planning for IL youth, the development of Act 101 agreements and for truancy. In FY 2013-14 we began to use the practice prior to case closure to assure that natural supports were available for family members should they begin to experience concerns again. FY 2013-14 was the first full-year that the practice was used to address truancy in children 12 years old and under. We expected all of the school districts to participate, but that was not the case. The staff of our truancy program will continue to encourage the use of the practice for this purpose. The use of FGDM clearly gives families more voice in decisions being made for them and their children and gives them control of the planning practice. The agency has seen the practice reduce the time a case is active with the agency, increase the availability of natural supports, develop an action plan that does not involve CYS (truancy) and engage absent parent's involvement with their children. During the next fiscal year, the agency plans to develop the practice of Family Team Meetings using the same provider.

FGDM is tracked on a statewide database that gathers information from a survey completed by those participating in a meeting. In addition, the agency gathers specific local outcomes from our provider.

The agency had \$171,795 allocated for FGDM in 2013-14. The actual spending for the provider was \$303,000. For 2014-15 we will be allocating \$193,566 from block grant funds and the remainder of the money will be taken from Act 148 Special Grant funding. In the agency's 2014-15 Needs Based Budget, we requested \$247,000 to expand our FGDM program and the funding was approved.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS/JPO families	CYS/JPO/Schools/MH families
# of Referrals	95families/180c	142families/270c
# Successfully completing program	60 families	78 families
Cost per year	\$171,795	\$193,566
Per Diem Cost/Program funded amount	\$3,000 completed conference \$1,000 follow-up conference \$250 unsuccessful conference \$40 for introduction	Same as 13-14
Name of provider		

DRUG AND ALCOHOL SERVICES

This section should describe the entire substance abuse system available to county residents incorporating all supports and services provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

The Department of Health has designated Single County Authorities (SCAs) across the state to be responsible for administration, planning, and funding of publicly funded drug and alcohol abuse prevention and treatment services in their local area.

In Beaver County, the administrative structure chosen by the Beaver County Commissioners to administer drug and alcohol programs and services is the Advisory Council option. In this option, the SCA is part of BCBH and reports to the BCBH Administrator, who is also the Mental Health/Intellectual Disabilities Administrator. The BCBH Administrator reports directly to the Beaver County Commissioners.

The BCBH Administrator is responsible for oversight of the SCA. The Advisory Council participates in oversight of the SCA.

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

- ✓ Review and evaluation of services.
- ✓ Development of an annual drug and alcohol treatment plan.
- ✓ Review of the drug and alcohol plan.
- ✓ Recommendation and approval of projects and services, including contracts and budgetary issues.

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

DUTIES

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

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

Pursue funding opportunities that will expand the availability of prevention/intervention and treatment funds.

1. Information regarding access to services.

Access to Assessment and Treatment Services

Entry points for accessing treatment services in Beaver County are centralized. The Beaver County Single County Authority (SCA) has a case management unit comprised of one case management supervisor and three administrative case managers. Each case manager has completed the required core case management trainings and is available between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday, to provide screening and assessment.

A client's entry into the SCA Case Management and Treatment system generally occurs by telephoning the Beaver County Behavioral Health (BCBH) Drug and Alcohol Program with a request for treatment. Initial referrals come from various entities, including hospitals, the criminal justice system, treatment facilities, Children and Youth Services, managed care organizations, and self-referrals. Individuals seeking to access

residential services, including short and long-term residential or a halfway house, are encouraged to contact the SCA for coordination, monitoring, and referral to an array of specialized treatment facilities and programs under contract with the SCA. Access, however, can occur through our local inpatient provider, Gateway Rehabilitation Center, as well.

Weekend and After Hours Coverage

The SCA contracts with Gateway Rehabilitation Center (GRC) to allow clients with emergent needs to have access to treatment. GRC is available weekdays after 4:30 p.m. and on weekends and holidays to provide this service.

Limitations to Funding

The BCBH Drug and Alcohol Program has the discretion to limit funding for treatment. BCBH Drug and Alcohol Program will limit funding for inpatient treatment episodes to two (2) per fiscal year per client. Exceptions to this policy will be reviewed on a case-by-case basis and must have the approval of the SCA Administrator. Funding for detoxification services is limited to two (2) times per fiscal year per client. The SCA will limit Level of Care Assessments to two (2) per client per fiscal year. An assessment will be good for six (6) months for clients who have not engaged in treatment, or have discontinued treatment and would like to reinstate services.

These limitations do not apply to pregnant women. Clients who previously left a residential treatment facility AMA, SID, or were administratively discharged and are seeking re-admission may be required to wait for a thirty (30) day period. This individual will be required to attend AA/NA meetings and provide documentation of attendance. In the interim, clients may attend outpatient services.

The decision to limit funding of a client's treatment is based on the following factors:

- Previous Treatment progress
- Type of discharge
- Client's current physical and mental condition
- Willingness to follow through with treatment recommendations
- Motivation
- Reason for failure in last course of treatment
- Legal status
- Funding availability

If the client is denied re-admission to treatment, he/she can utilize the Client Grievance and Appeal Procedure.

2. Waiting list issues:

The SCA does not maintain a waiting list for Drug & Alcohol clients. There is a mandate to meet 7-day access. The SCA has a procedure in place in the event they are beyond

the 7-day access. The client is given the option to schedule with a contracted provider, who has appointment slots available within the 7-day access.

3. Coordination with the county human services system:

Collaboration with the BCBH MH/ID, and HealthChoices programs has benefited the SCA tremendously. The SCA works closely with the BCBH HealthChoices program specialist and the provider network to explore the possibility of converting existing programs, not billable to MA, into OMHSAS-approved Supplemental Services billable under HealthChoices and free up base dollars for HC-eligible members.

4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

In an effort to create public awareness around the dangers of prescription drug abuse, Beaver County Behavioral Health Drug and Alcohol Program, in conjunction with Community Health Challenge, has convened a Prescription Drug Abuse Coalition. The Coalition is comprised of: a Federal Drug Enforcement Agent; the Beaver County District Attorney; physicians specializing in addictions, as well as pain management; law enforcement agents; pharmacists; a pharmaceutical manufacturing representative; county behavioral health care professionals; persons in recovery; and substance abuse treatment and prevention providers. The inaugural meeting took place on October 10, 2012 at Beaver County Behavioral Health. The Coalition continues to meet 4 times a year. The group has identified the following action steps:

1. Research best practice models in other states.
2. Support legislation for monitoring and coordination among health professionals at various levels and locations and law enforcement.
3. Provide Education/Awareness for pharmacists/health care workers.
4. Examine potential legal interventions.

In light of the increased overdoses within the region in the past year, the SCA has established the following:

To allow priority access to substance abuse treatment for those being referred by the emergency room/urgent care facilities following an overdose. The SCA has compiled a list of local Drug & Alcohol Assessment and Treatment Facilities. This list is supplied to local Emergency Rooms and Urgent Care Facilities as a resource in securing timely help for those in need of Drug and Alcohol Treatment. The aim is to facilitate the smooth transition from emergency room visits to substance abuse treatment. The list will be updated annually or as new providers are added (whichever occurs first), and an updated list will be provided to all necessary parties.

Target Populations

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

Older Adults (ages 60 and above)

Treatment Services:

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

Prevention Services:

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

Needs:

- Continued education regarding prescription drugs and potential abuse.

Adults (ages 18 and above)

Treatment Services:

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

Prevention Services:

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

Needs:

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

Transition-Age Youth (ages 18 to 26)

Treatment Services:

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

- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

Prevention Services:

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

Needs:

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

Adolescents (under 18)

Treatment Services:

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

Prevention Services:

- Drug & Alcohol awareness education through Evidence-Based Curriculum, such as All Stars, Too Good for Drugs, Second Step, Promoting Alternative Thinking Strategies (PATHS), 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.
 - Forward/U.** – is an interactive choice-coaching program that brings together parents/guardian and teens 13+ (for a day of activities focused on empowering teens to make informed decisions about drugs, alcohol, and other destructive behaviors. This program was started in Beaver County in 2012. The third successful event was recently completed.

Needs:

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

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Treatment Services:

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

Prevention Services:

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

Criminal Justice Involved Individuals

In FY 2010-11, with funding awarded by the Drug and Alcohol Treatment-Based Restrictive Intermediate Punishment (RIP) grant, the SCA expanded the existing PCCD IP project to include 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.

Veterans

Treatment Services:

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

- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

Prevention Services:

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

Case management staff works diligently to connect identified veterans to appropriate service 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

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.

Presently, the SCA is working with the BCBH HealthChoices Reinvestment specialist to develop a reinvestment plan for a Certified Recovery Specialist for MA-eligible adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring, and peer support at all stages of the recovery process. Implementation is anticipated for some time in FY 2014-15.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	157	<u>190</u>
Ageing Services	14	<u>25</u>
Generic Services	73	<u>65</u>
Specialized Services	67	<u>75</u>

Adult Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Public transportation provided for low income adults
\$28,252
No changes

Counseling provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions.
\$14,349
No changes

Home delivered meals provides delivery of nutrition services to consumers to reduce the risk of malnutrition
\$17,557
No changes

Ageing Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Provider's assessments (Occupational Therapist) that will be used as a guide to determine the time of chore services the consumers will need.

\$5,615

No changes

Generic Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Homemaker Home Health Services provides activities of daily living for disabled clients and semi-skilled home maintenance tasks.

\$45,452

No changes

Specialized Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

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

\$11,853

No changes

Big Brothers Big Sisters of Beaver County provides mentoring services to children in the prevention stage of problem treatment.

\$5,169

No changes

Interagency Coordination: Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.

Planning is done using a county-wide needs assessment and Public Hearings with an annual update. In addition, Program directors need to discuss specific cross program issues. Providers participate in this process as well.

In MH/ID, D&A, Office on Aging and OVR, agreements are used for the coordination of services. The Human service effort is coordinated by the Beaver County Behavioral Health Office.

Participation of the categorical program services with other Human Services to the poor and handicapped individuals in a poverty area. It provides for the enhancement of the mobility and accessibility of services from the six 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.

\$7,932

No changes

If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding.

In order to assure the quality of the projects completed using our HSDf resources, every project is inspected to assure that it is completed according to safety standards. Only licensed and insured contractors provide services. Every participant, who receives services, is contacted to determine their satisfaction with the completed project. Participants are asked about the project's effect upon their safety in their home. Outcomes included are improved level of safety and accessibility, fall reduction, and customer satisfaction.

Appendix C-1

Proposed Budget and Service Recipients

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

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	35		97,792			
Administrator's Office			872,647		304,173	
Administrative Management	1,255		300,000			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	25		65,927			
Community Residential Services	70		1,340,370			
Community Services			348,623			
Consumer Driven Services						
Crisis Intervention	95		330,250			21,000
Emergency Services	380		121,850			
Facility Based Vocational Rehab	80		871,776			
Family Based Services	10		49,000			
Family Support Services	145		280,147			
Housing Support	70		1,253,117			
Other						
Outpatient	550		539,150			
Partial Hospitalization	0		0			
Peer Support	2		3,550			
Psychiatric Inpatient Hospitalization	15		120,150			
Psychiatric Rehabilitation	8		58,492			
Social Rehab Services	285		341,043			
Targeted Case Management	125		574,026			
Transitional and Community Integration						
TOTAL MH SERVICES	3,150	7,875,387	7,567,910	0	304,173	21,000

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office			519,191		137,994	
Case Management	104		304,000			
Community Residential Services	23		767,111			
Community Based Services	213		1,070,777			
Other						
TOTAL ID SERVICES	340	2,401,153	2,661,079	0	137,994	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	220		75,080			
Rental Assistance	180		33,000			
Emergency Shelter	50		3,950			
Other Housing Supports	1,100		2,500			
TOTAL HAP SERVICES	1,550	116,530	114,530		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	206	278,956	278,956		35,349	
Promising Practice	36	202,370	202,370		25,645	
Alternatives to Truancy	638	50,375	50,375		6,384	
Housing	426	406,142	406,142		51,467	
TOTAL C & Y SERVICES	1,506	937,843	937,843		118,845	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	227		277,382			
Inpatient Hospital						
Partial Hospitalization	9		7,367			
Outpatient/IOP	117		60,284			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	94		51,680			
Other Intervention						
Prevention	1,378		53,935			
TOTAL DRUG AND ALCOHOL SERVICES	1,825	356,295	450,648		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	190		60,158			
Aging Services	25		5,815			
Generic Services	65		45,452			
Specialized Services	75		17,022			
Children and Youth Services	0					
Interagency Coordination			7,932			
TOTAL HUMAN SERVICES AND SUPPORTS	355		216,542	136,179		0
COUNTY BLOCK GRANT ADMINISTRATION			55,002		0	
GRAND TOTAL	8,791	12,182,043	12,182,043	0	561,012	21,000

Appendix D

Stakeholder Outreach

Stakeholder Groups

Phoenix Drop In Center
Warmline
Speakers Bureau
MHA Board
MHA Staff
Corner Stone Recovery & Supports
Baden Circle of Friends Senior Center
Senior Center at the Mall
Public Housing: Eleanor Roosevelt, Sheffield Towers and Brodhead Manor
King Beaver Senior Housing
Beaver County Office on Aging (BCOA)
BCBH Staff
MH/ID Advisory Board
Project Recovery Distribution Lists
SCORES Council
Aurora Psychiatric Rehabilitation/Beaver County Rehabilitation Center (BCRC)
Value Behavioral Health Quality Council
NAMI
Consumer/Family Satisfaction Team
Community Support Program
Ombudsman
Family Support Group Coalition
Women's Center
Housing & Homeless Coalition
Friendship Ridge LTSR
BC Jail Task Force
D&A Advisory Council
MH Provider Meeting
System of Care Steering Committee
Change Agents
The Cornerstone
Project Recovery Quality Committee
Family Support Network
The Prevention Network
Human Service Forum
Certified Peer Specialists
Quality Service Review Focus Group
Provider/Foster Parent Meeting
Caseworker/Supervisor Focus Group

BCCYS Advisory Board
Fatherhood Group
BCCYS Parents Group
Independent Living Focus Group
Stakeholder Summary – advertised in the <i>BC Times</i>
Public Hearing – advertised in the <i>BC Times</i>
Prescription Drug Coalition
Problem Gambling Prevention Coalition
FORWARD/U. Planning Committee
UnCommon Grounds
Beaver County Early Intervention
Beaver County ID
Life Management Consultants
NHS
Gateway Rehabilitation Center
Family Behavioral Resources
Single Point Accountable
Pressley Ridge
Glade Run Lutheran Services
Primary Health Network
The Prevention Network
Senator Vogel
Local churches
Salvation Army

*all were encouraged to share beyond themselves

2014

Appendix E
Public Hearing Notice

1040 Eighth Avenue, Beaver Falls, PA 15010
Phone: (724) 847-6225
Fax: (724) 847-6229

**Beaver County
Behavioral Health**



Fax

To:	Lisa Lewis, Beaver Co. Times	From:	Terri Cordes
Fax#:	724-775-7212	Pages:	2 (including cover page)
Phone:	724-775-3200, Ext. 124	Date:	06/05/14
Re:	Public Hearing Notice		

PLEASE SEE ATTACHED PUBLIC HEARING NOTICE

PUBLIC HEARING NOTICE

Two public hearings will be held on the Beaver County Human Services Plan.

Monday, 06/23/14 from 2:00-4:00 p.m.

At the

Senior Center at the Beaver Valley Mall

And

Tuesday, 06/24/13 from 9:00-11:00 a.m.

At

Community College of Beaver County
(Learning Resource Room)

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

We would like this ad to run on Sunday, 06/08/14

Please submit the bill to the following address:

Beaver County Behavioral Health
1040 Eighth Avenue, 2nd Floor
Beaver Falls, PA 15010

If you have any questions or concerns, please feel free to call (724) 847-6225.

Appendix F
Summary of Public Hearing

**Beaver County Human Service Block Grant Annual Plan
Public Hearing
Center at The Mall
June 23, 2014 2:00 – 4:00 PM**

NOTES

- The meeting was moderated by Matt Koren of Allegheny HealthChoices, Incorporated.
- Introductions by all audience participants.
- Agenda overview by Matt Koren.
- Recovery story presented/read by Bonnie Palmieri (AHCI) of an anonymous consumer, Priscilla.
- Beaver County System of Care Overview by Matt Koren.
- Gerard Mike, Beaver County Behavioral Health Administrator, presented an overview of the Human Services Block Grant and the agencies involved, which included the funding dynamics, past, present, and presumed future.
- There were questions from the audience regarding the termination of the Partial Therapy Program, Staunton Clinic and the functioning of the Mobile Crisis Unit. Responses provided by Gerard Mike.
- Dayna Revay, Beaver County Children and Youth Services Administrator, presented an overview of her program services and how the Human Services Block Grant is able to augment her programs.
- Beverly Sullivan, Beaver County Office on Aging Administrator, presented an overview of her services and how the Human Services Block Grant is able to augment her services, particularly their Home Safe Home program.
- Lisa Signore, Beaver County Community Development Administrator, presented an overview of her programs: Homeless Assistance Program; Case Management Services; Rental, Utility, and Security Deposit Assistance; Hotel Stays; and Bus Tickets. Lisa Signore explained how the Human Services Block Grant was able to augment her services during the past fiscal year.
- A brief panel discussion with all four county administrators, indicating the collaboration between agencies and the benefits of Block Grant Funding in Beaver County. Bev Sullivan explained how the Block Grant was able to provide additional assistance to Beaver County Seniors in need of safety home improvements. Lisa Signore described a new Housing Authority Program, “CARL”, which will benefit consumers from the CYS and BCBH population base.
- Matt Koren briefly discussed System of Care Transformation Priorities.
- Stephanie Santoro, AHCI, discussed this year’s Stakeholder Outreach, which was done electronically (on line). as well as with hard copies. She also discussed and identified service strengths in Beaver County, as well as the unmet service needs. How to access the survey was explained.
- Matt Koren summarized survey results received to date.
- A final opportunity was presented to the audience for questions and the meeting was adjourned, noting another Public Hearing/Stakeholder Meeting to be held on 6-24-14, 9 a.m. to 11 a.m. at Community College of Beaver County, Learning Resource Room.

**Beaver County Human Service Block Grant Annual Plan
Stakeholder / Public Hearing
Community College of Beaver County
June 24, 2014 / 9:00 – 11:00 AM**

NOTES

- The meeting was moderated by Jill Perry.
- Introductions by all audience participants with overview of the agenda given by Jill Perry.
- Recovery story given by Maggie, mother of four, citing her journey coming out of incarceration.
- Jill Perry discussed the Beaver County System of Care; how the system intersects, the people served, the services and supports, and the guiding principles.
- Jill Perry explained the System of Care Management structure and the significance to stakeholders involved with the system.
- Gerard Mike, Beaver County Behavioral Health Administrator, explained the functioning of the Human Services Block Grant; how it came about, how much it is, and the seven funding categories involved. Mr. Mike stated that Block Grant flexibility has worked well for Beaver County thus far. Mr. Mike discussed the System of Care planning committees, service spending, and presented an overview of the functioning of the Beaver County Behavioral Health Office. An opportunity for questions was opened to the audience and a question was posed as to what other counties were doing with the block grant approach? Response: Some counties are using the Block Grant approach on their own as we are; others (usually smaller) are including themselves in a grouping.
- Dayna Revay, Beaver County Children and Youth Administrator, presented an overview of her agency's functioning and discussed the programs funded by the Block Grant. Questions were opened to the audience: (1) How many children are being cared for by grandparents and family members other than biological parents? (2) How are children transitioned into adult services? Dayna responded that many children are taken care of by family members other than biological parents and there are many that fall into that category that their office is never made aware of. Unfortunately, children that are due to transition to adult services (age 18) often choose to opt out of services simply because they can, as they are of age.
- Beverly Sullivan, Beaver County Office on Aging Administrator, presented an overview of her office's functioning. She noted that all of the agencies presenting had a common service goal, whether serving children, adults, or older adults; we all strive to serve and assist individuals to become and live as independent as possible. She noted that it cost three times as much to provide care in a nursing home than it does to provide support care in a community setting. Ms. Sullivan described the benefits of the Block Grant funding as it was able to augment the Home Safe Home Program during the past fiscal year. The program provides for various types of physical plant modifications to seniors, completed by licensed contractors managed through the Lutheran Senior Life/Valley Care Association, under the auspices of Beaver County Office on Aging.
- Lisa Signore, Community Development Administrator, presented an overview of her office's functioning, as well as details of how the Human Services Block Grant has been able to augment her programs. She stated that \$10, 000 additional funding was able to be applied to

the Homeless Assistance Program, enabling the purchase of new cots, food vouchers, and bus tickets. Questions were posed from the audience. (1) Who are the Beaver County Homeless? (2) Can an 18 year old student be homeless? Ms. Signore explained that there is more homelessness in Beaver County than you might imagine. Any individual that is found to be homeless within Beaver County boundaries is our responsibility. She cited a case of an 18 year old student that was homeless and was assisted. Ms. Signore, with the assistance of a colleague from the audience, explained the significance of bus ticket availability, relative to the Beaver County homeless population.

- A panel discussion with all county administrators: A question was posed: What are your agency goals in the coming year? Lisa Signore (Community Development) stated that her goal was to enhance programs and has a hope to develop/hire a grant writer position for their office. Beverly Sullivan (BCOA) stated that her office is waiting to see what the state budget will determine, as she has a waiting list for home services for the older adult population. She noted that although new money allows individuals to be taken off of the waiting lists, unfortunately, those same services require ongoing financial support causing programs and budgets to expand, limiting the actual impact, as the number of people requesting initial services continues to be steady. Ms. Sullivan is optimistic that lottery dollars will be improved allowing for existing programs to be sustained. Dayna Revay (Children and Youth Services) stated that over the course of the last five years, funding has been cut. Her office will be looking for creative ways to maintain services. The Child Protective Laws are being amended, which she states will result in service mandates and increases in funding needs. Gerard Mike (Beaver County Behavioral Health) commented that as the human services landscape changes, the hope is that the Block Grant flexibility will allow for creative approaches to meet those needs. Questions were opened to the audience. (1) To Gerard Mike: What mental health services are being provided in school districts? Mr. Mike responded that school districts can choose a provider and have them on site if they desire. (2) To Gerard Mike: Do you prefer the Block Grant over past form of allocation? Mr. Mike responded that the Block Grant approach is working thus far for Beaver County; however, the State is becoming more restrictive with the administration of the process. (3) To Dayna Revay: How will the law changes affect the current system? Ms. Revay responded stating that the changes are massive and statewide. How they will impact the budget is hard to predict and the ability of current staff to handle those coming changes is a concern.
- The Beaver County System of Care Transformation Priorities were reviewed by Jill Perry via slides.
- Stephanie Santoro, Allegheny HealthChoices Incorporated, explained the stakeholder outreach and how it was communicated this year. A feedback survey was sent out to stakeholders electronically online and a link was provided. Hard copies were also made available at various venues. Surveys are to be completed and received back by June 30, 2014. A summary of strengths and unmet needs, as identified in Beaver County thus far, was reviewed by Ms. Santoro.
- A closing comment was made by Beverly Sullivan, crediting Lisa Signore and Dayna Revay for collaboration that facilitated the development of the 211 system in Beaver County.

Appendix G

Adult Mental Health Existing Services

**FY 2013 BEAVER COUNTY PLAN
 ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Treatment	Adult Adult SMI COD Adult	<p align="center"><u>Outpatient Psychiatric</u></p> (Limited/7) <ul style="list-style-type: none"> ▪ HVHS: Rochester – Beaver Falls ▪ Primary Health Network: Beaver Falls – Aliquippa ▪ Glade Run Lutheran Services ▪ BCBH: Direct Service Unit – Courthouse - jail ▪ Catholic Charities ▪ Community Alternatives 	Health Choices MA FFS Grants Human Services Block Grant Client fees
	SMI Adult Adult SMI	<p align="center"><u>Inpatient Psychiatric</u>-(32/1)</p> <ul style="list-style-type: none"> ▪ Heritage Valley Health Systems-Beaver 1000 Dutch Ridge Road, Beaver 	Health Choices MA FFS MH FFS
	Adult SMI Adult SMI	<p align="center"><u>Assertive Community Treatment</u> (100/1)</p> <ul style="list-style-type: none"> ▪ F/ACT / NHS, Inc. 	Health Choices MH FFS SAP Human Services Block Grant
	Adult SMI	<p>MH/MR Scripts...(Limited/1)</p> <ul style="list-style-type: none"> ▪ HVHS-Staunton Clinic, Rochester <p>Pharmacy Program...(UL/1)</p> <ul style="list-style-type: none"> ▪ HVHS-Staunton Clinic, Rochester 	Human Services Block Grant Human Services Block Grant
	Adult SMI	<p>Regional LTSR(16/1)</p> <ul style="list-style-type: none"> ▪ Friendship Ridge 246 Friendship Circle, Beaver <p>NHS LTSR...(14/1)</p> <ul style="list-style-type: none"> ▪ 148 Theodore Drive Chippewa Twp. <p>Mobile Medications (None)</p>	Health Choices Human Services Block Grant Health Choices Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Crisis Intervention	Adult Adult SMI Adult Adult SMI	<u>Crisis Intervention</u> (phone and walk-in) (UL/1) <ul style="list-style-type: none"> ▪ HVHS-Staunton Clinic, Rochester (mobile).....(Limited/2) ▪ HVHS-Staunton Clinic, Rochester Crisis Residential (None)	Health Choices Human Services Block Grant
Case Management	Adult SMI COD or SMI Adult D&A Adult Adult	Blended Case Mgmt.....(Limited/3) <ul style="list-style-type: none"> ▪ BCBH-DSU ▪ Glade Run ▪ Staunton Clinic – ICM/BCM Re-Entry Liaison.....(Limited) <ul style="list-style-type: none"> ▪ NHS D&A Case Coordination ... (Limited) <ul style="list-style-type: none"> ▪ BCBH-Single County Authority (SCA) ▪ D&A Resource Coordination- Health Choices and Block Grant Admin. Case Mgmt.....UL/2) <ul style="list-style-type: none"> ▪ BCBH-DSU ▪ HVHS – Staunton Clinic Rochester 	Health Choices Human Services Block Grant Health Choices Grants Human Services Block Grant Health Choices Human Services Block Grant Human Services Block Grant
Rehabilitation	Adult SMI Adult Adult Adult SMI Adult	<u>Community Employment & Employment Related Services</u> Vocational Evaluation (UL/1) Vocational Training.....(59/1) <ul style="list-style-type: none"> ▪ Beaver County Rehabilitation Center (BCRC) Supportive Employment (17/1) <ul style="list-style-type: none"> ▪ Beaver County Rehabilitation Center <u>Housing Supports</u> <u>Community Residential Rehabilitation</u> <ul style="list-style-type: none"> ▪ Cornerstone Recovery and Supports Full Care CRR (12/1) Partial Care CRR (8/1)	Human Services Block Grant Client Fees Human Services Block Grant Client Fees Grants Human Services Block Grant Client Fees

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	<p>Adults</p> <p>Adults Adult SMI</p> <p>Adult SMI Adult</p> <p>Adult SMI</p> <p>All Adults Older Adults</p>	<p>Specialized Personal Care Home....(8/1)</p> <ul style="list-style-type: none"> ▪ Supportive Services, Inc. 698 Melrose Ave., Ambridge <p>Personal Care Respite Services (2/1)</p> <ul style="list-style-type: none"> ▪ Smith's Personal Care Home 300 Pine St., Beaver Falls <p><u>Psychiatric Rehabilitation</u></p> <ul style="list-style-type: none"> ▪ BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services <p><u>Certified Peer Specialist</u> (Limited/2)</p> <ul style="list-style-type: none"> ▪ BCRC-Aurora ▪ NHS - pending <p style="text-align: center;"><u>Social Rehabilitation</u></p> <p>Personal Care Home Resocialization (UL/1)</p> <ul style="list-style-type: none"> ▪ Mental Health Association (MHA) <p>Drop-In Center Enhancement - Friendship Room.....(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Clubhouse (None)</p>	<p>Client Fees</p> <p>Human Services Block Grant</p> <p>Health Choices Human Services Block Grant</p> <p>Health Choices Grants</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p>
Rights Protection	All Adults	<p>Ombudsman.....(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA 	Health Choices

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p>All Adults</p> <p>All Adults</p> <p>Families</p>	<p>Community Advocate.....(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Consumer/Family Satisfaction Team.....(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Parent/Child Advocate (400/1)</p> <ul style="list-style-type: none"> ▪ MHA 	<p>Human Services Block Grant</p> <p>Health Choices Human Services Block Grant</p> <p>Human Services Block Grant</p>
Basic Supports	<p>Families</p> <p>Adult</p> <p>Homeless Adult</p> <p>SMI Adults</p> <p>MISA Adult</p>	<p style="text-align: center;"><u>Housing Supports</u></p> <p>Family/Caregiver Respite (Limited/1)</p> <ul style="list-style-type: none"> ▪ BCRC <p>Supportive Housing)</p> <ul style="list-style-type: none"> ▪ Cornerstone Recovery and Supports (several properties) (70/1) ▪ Cornerstone Recovery and Supports 101 Brighton Avenue, Rochester, PA 15074 (3/1) <p>285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1)</p> <p>1201 Beaver Road , Ambridge, PA , 15003 (3/1)</p> <p>Supportive Services / Freedom Project (4/single 5/family/1)</p> <ul style="list-style-type: none"> ▪ 1001 Fourth St., Freedom <p>Permanent Supported Housing-Housing Coordinator (Limited/1)</p> <ul style="list-style-type: none"> ▪ Cornerstone Recovery and Supports 	<p>Human Services Block Grant</p> <p>Client Fees Human Services Block Grant Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant HUDHUD Human Services Block Grant Community Development</p> <p>Reinvestment</p> <p>HUD</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p>Adult</p> <p>Adult SMI</p> <p>MH Adults</p> <p>MH/COD Adults</p> <p>MH Adults</p> <p>MH Adults</p>	<p>Released Offenders Housing.....(12/1)</p> <ul style="list-style-type: none"> ▪ Supportive Services, Inc. Stone Harbor 36 Pulaski Homes New Brighton <p>Homeless/Housing Supports (100/1) NHS Inc.</p> <ul style="list-style-type: none"> ▪ Eleanor Roosevelt Apartments (50/1) 740 Sheffield Avenue, Aliquippa ▪ Sheffield Towers (50/1) 100 Superior Avenue, Aliquippa <p>In-Home Support Services....(Limited/1)</p> <ul style="list-style-type: none"> ▪ Crossroads-Homemaker/Home Health <p style="text-align: center;"><u>Financial Assistance</u></p> <p>Representative Payee....(180/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Contingency Fund...(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Guardianship None</p> <p style="text-align: center;"><u>Transportation (Limited/2)</u></p> <ul style="list-style-type: none"> ▪ Beaver County Transit Authority ▪ JB Taxi Service <p style="text-align: center;"><u>Home Delivered Meals (Limited/1)</u></p> <ul style="list-style-type: none"> ▪ Lutheran Services 	<p>Human Services Block Grant Grants</p> <p>Human Services Block Grant Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p>
Self-Help	<p>All Adults</p> <p>Families</p> <p>All Adult</p> <p>Families</p>	<p>Consumer Drop-In Center... (UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>NAMI Southwest (UL/1)</p> <p>CSP Committee (UL/1)</p> <p>Beaver Co. NAMI (UL/1)</p>	<p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	All Adults	WARMLINE (UL/1) ▪ MHA	Human Services Block Grant
	All Adults	COMPEER (Limited/1) ▪ MHA	Human Services Block Grant
	All Adults	Peer Mentors (UL/1) ▪ MHA	Human Services Block Grant
Wellness/ Prevention	All Adults	Smoking Cessation... (Limited/1) ▪ MHA	Human Services Block Grant
	All Adults	Wellness/Recovery Program (100/1) ▪ MHA	Human Services Block Grant
	All Adults	Health Education/Outreach (Limited/1) ▪ HVHS, Staunton Clinic, Rochester Outreach Nurse	Human Services Block Grant
	All Adults Families	Recovery Coordinators (2) ▪ AHCI, Inc	Human Services Block Grant

Appendix H

Child/Adolescent Mental Health Existing Services

Child / Adolescent / Early Intervention Services

FY 2013 BEAVER COUNTY PLAN

ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p>Family Based Services</p>	<p>Child / Adolescent</p>	<p>Glade Run Lutheran Services 1008 7th Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p>	<p>Health Choices</p>
		<p>Southwood Family Based Mental Health Services 443 Chess Street Bridgeville, PA 15017 (412) 206- 0176 Fax (412) 206-0170 (50/1)</p>	<p>Health Choices</p>
		<p>Wesley Spectrum Services 221 Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)</p>	<p>Health Choices</p>
		<p>P.A.S.S.A.G.E.S. Rochester Staunton Clinic 176 Virginia Avenue Rochester, PA 15074 (724) 775-5208 FAX (724) 770-0837 (35/1)</p>	<p>Health Choices Human Services Block Grant</p>
		<p>Pressley Ridge 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p>	<p>Health Choices Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Behavioral Health Rehabilitation Services	Child / Adolescent	<p>NHS Human Services Brady's Run Center Kelly Nardone – Program Director 260 Ohio River Blvd., Baden Plaza Baden, PA 15005 (724) 869-5004 FAX (724) 869-5449 (Prescription driven... unlimited)</p> <p>Community Alternatives Shelly Babel, Interim Director 500 Market Street, Suite 300 Bridgewater, PA 15009 724-728-0535 (Phone) 724-728-1605 (Fax) (Prescription driven... unlimited)</p> <p>Family Behavioral Resources Kerri Popowich – Program Director 1301 Riverside Drive , 1st Floor Beaver, PA 15009 (724) 775-1362 FAX (724) 775-3793 (Prescription driven... unlimited)</p> <p>Glade Run Lutheran Services Sara Sosak – x 105 1008 7th Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818 (Prescription driven... unlimited)</p> <p>Family & Child Development Center Wesley Spectrum Services Erin Benacquista – Intake Coordinator Ashley Bieiewicz – Intake Coordinator 5465 William Flynn Highway Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227 (Prescription driven ...unlimited)</p> <p>Western PA Psych. Care Heather Morrow – Program Director Greg DeDominicis – Adm. Manager 1607 3rd Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666 (Prescription driven ... unlimited)</p>	<p>Health Choices MA MH FFS</p> <p>Health Choices</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p>Cranberry Psychiatric Services Mental Health Solutions Eric Denison – Program Director 717 12th Street, Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033 (Prescription driven ...unlimited)</p>	<p>MA MH FFS</p> <p>Health Choices MA MH FFS</p>
<p>Psychiatric Services</p>	<p>Child / Adolescent</p>	<p>Beaver County Behavioral Health 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)</p> <p>HV – Rochester Staunton Clinic 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p>HV-Sewickley Staunton Clinic 720 Blackburn Road Sewickley, PA 15143</p> <p>Glade Run 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816</p> <p>Primary Health Network, Beaver Falls 1302 7th Avenue Beaver Falls, PA 15010 724-843-0314</p> <p>Primary Health Network, Aliquippa 99 Autumn Street Aliquippa, PA 15001</p>	<p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	<p>724-857-3570</p> <p>Community Alternatives 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)</p> <p>Human Services Center 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)</p> <p>Western PA Psych. Care 1607 3rd Street Beaver, PA 15009 724-728-8411 (Unlimited)</p> <p>Belmont Pines Hospital 615 Churchill – Hubbard Road Youngstown, Ohio 44505 Phone: 330-759-2700 (102/1)</p> <p>Western Psychiatric Institute and Clinic 3811 O'Hara Street Pittsburgh, PA 2593 412-624-2100 1-877-624-4100</p> <ul style="list-style-type: none"> ▪ Child / Adolescent unit (29) ▪ John Merck unit (10) ▪ Bipolar unit (9) <p>Southwood Psychiatric Hospital (412) 257-2290 or (888) 907-5437 Fax (412) 257-0374 2575 Boyce Plaza Road Pittsburgh, PA 15241 (50/1)</p> <p>Clarion Psychiatric Hospital</p>	<p>MA</p> <p>Health Choices MA</p> <p>Health Choices MA 3rd party Insurance</p> <p>Health Choices MA 3rd party Insurance Health Choices MA 3rd party Insurance</p> <p>Health Choices MA 3rd party Insurance</p> <p>MA 3rd party Insurance</p> <p>Health Choices MA 3rd party Insurance</p> <p>Health Choices MA 3rd party Insurance</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)	MA FF Human Services Block Grant
		Sharon Regional Health System 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)	MA FF Human Services Block Grant
		Heritage Valley Health System 1000 Dutch Ridge Road Beaver, PA 15009 (724) 773-4525 (32/1) age 18 and above	MA FF Human Services Block Grant
		AVID Learning Center 1607 Third Street, 3 rd Floor Beaver, PA 15009	
		Achieva /COMPRO 4007 Gibsonia Road, Gibsonia, PA 15044 (724) 443-1141; www.achieva.info (Unlimited)	MA FF Human Services Block Grant
		Lifesteps, Inc. 383 New Castle Road, Butler, PA 16001 724-283-1010; www.lifesteps.net (Unlimited)	MA FF Human Services Block Grant
			MA FF Human Services Block Grant
		RehabLinks P.O. Box 343 Delmont, PA 15626	MA FF Human Services Block Grant
		TEIS (MDE's only) Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347; www.TEISinc.com (Unlimited)	MA FF Human Services Block Grant MA FF Human Services Block Grant MA FF Human Services Block Grant
		Beaver County Behavioral Health Direct Service Unit Case Management 1070 Eighth Avenue, Beaver Falls, PA 15010; www.bcbh.org	MA FF

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention Services	0-3 years of age	<p>(724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)</p> <p>Integrated Care Corporation 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683; www.integratedcare.us (Unlimited)</p> <p>Pediatric Therapy 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814; www.pedtp.com (Unlimited)</p> <p>Positive Steps 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333 (Unlimited)</p> <p>Tiny Tots Child Development 2020 Beaver Avenue, Suite 206, Monaca, PA 15061 (724) 774-2677 ; www.hapenterprises.org (Unlimited)</p> <p>Western PA School for the Deaf (Hearing Services Only) 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261 (Unlimited)</p> <p>AVID- WPPC 1607 Third Street, 3rd Floor Beaver, PA 15009</p> <p>Mars Home for Youth 521 Route 228 Mars, PA 16046 Phone: 724-625-3141 Fax: 724-625-2226</p> <ul style="list-style-type: none"> ▪ Female unit (12/1) ▪ Male unit (12/1) ▪ Diversion and Acute Stabilization unit (24/1) <p>Southwood Hospital: Treatment Facility 311 Station Street Bridgeville, PA 15017 (412) 257-2290</p>	<p>Human Services Block Grant</p> <p>MA FF Human services Block Grant</p> <p>MA FF</p> <p>Health Choices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Residential Treatment Facilities	Child / Adolescent	<ul style="list-style-type: none"> ▪ I.D. Dually Diagnosed RTF (40/1) ▪ Sexually Maladaptive Behavior RTF (27/1) <p>Glade Run Lutheran Services 70 West Beaver Street Zelienople, PA 16063 (724) 452.4453, Phone (412) 452.6576, Fax (95/1)</p> <p>The Bradley Center 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)</p> <p>Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800 423- 5666 or 330 759-2700(56/1)</p> <p>Kids Count Inc. Community Based Residential Treatment Facility 317 W Jefferson Street, Butler PA 16001 724 284-0076</p> <ul style="list-style-type: none"> ▪ 317 W Jefferson Street, Butler, PA 16001 (male 8/1) ▪ 564 W New Castle, Pa 16001 (male / female 8/1) <p>Harborcreek Youth Services (78/1) 5712 Iroquois Avenue Harborcreek, PA 16421 (814) 899-7664</p> <ul style="list-style-type: none"> ▪ St Joseph House (10/1) ▪ Conway House (16/1) ▪ Wagner House (16/1) ▪ Columbus House(16/1) ▪ Liberty House (10/1) ▪ 26th Street House (10/1) <p>Beacon Light-Bradford 800 East Main St., Bradford, PA 16701</p>	<p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices</p> <p>Health Choices MA FFS</p> <p>Health Choices MA FSS</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p>Fox Run Center 67670 Traco Drive St. Clairsville, OH 43950 Phone: 740-695-2131 Toll Free: 800-245-2131</p> <p>Sara Reed Children's Center Main Campus 2445 West 34th Street Erie, PA 16506 814-838-1954 (Phone) 814-835-2196 (Fax)</p>	

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	35		292,161			
Administrator's Office			843,216		304,173	
Administrative Management	1,255		300,000			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	25		65,927			
Community Residential Services	70		1,340,370			
Community Services	65		348,623			
Consumer Driven Services						
Crisis Intervention	95		330,250			21,000
Emergency Services	380		121,850			
Facility Based Vocational Rehab	80		965,690			
Family Based Services	10		49,000			
Family Support Services	145		280,147			
Housing Support	70		1,253,117			
Other						
Outpatient	550		539,150			
Partial Hospitalization	0		0			
Peer Support	2		3,550			
Psychiatric Inpatient Hospitalization	15		120,150			
Psychiatric Rehabilitation	8		58,492			
Social Rehab Services	285		341,043			
Targeted Case Management	125		574,026			
Transitional and Community Integration						
TOTAL MH SERVICES	3,215	8,153,680	7,826,762	0	304,173	21,000

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office			519,191		137,994	
Case Management	104		304,000			
Community Residential Services	23		767,111			
Community Based Services	213		1,070,777			
Other						
TOTAL ID SERVICES	340	2,401,153	2,661,079	0	137,994	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	220		75,080			
Rental Assistance	180		33,000			
Emergency Shelter	50		3,950			
Other Housing Supports	1,100		2,500			
TOTAL HAP SERVICES	1,550	116,530	114,530		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	206	278,956	278,956		35,349	
Promising Practice	36	202,370	202,370		25,645	
Alternatives to Truancy	838	50,375	50,375		6,384	
Housing	426	406,142	406,142		51,467	
TOTAL C & Y SERVICES	1,506	937,843	937,843		118,845	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	227		277,382			
Inpatient Hospital						
Partial Hospitalization	9		7,367			
Outpatient/IOP	117		60,284			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	94		51,680			
Other Intervention						
Prevention	1,378		53,935			
TOTAL DRUG AND ALCOHOL SERVICES	1,825	356,295	450,648		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	190		60,158			
Aging Services	25		5,615			
Generic Services	65		45,452			
Specialized Services	75		17,022			
Children and Youth Services	0					
Interagency Coordination			7,932			
TOTAL HUMAN SERVICES AND SUPPORTS	355		216,542	136,179		0
COUNTY BLOCK GRANT ADMINISTRATION			55,002		0	
GRAND TOTAL	8,791	12,182,043	12,182,043	0	561,012	21,000