

TABLE OF CONTENTS

I.	County Narrative	
	A. Executive Summary	1
	B. Vision and Mission Statement.....	6
	C. Process Used for Competing the Plan	7
	D. Overview of the Existing County Mental Health Service System	9
	E. Identification and Analysis of Service System Needs	14
	F. Identification of the Recovery – Oriented Systems Transformation Priorities	21
	G. Fiscal Information	22
II.	Attachment A – Signatures of Local Authorities	24
III.	Attachment B – Public Hearing Notice	25
IV.	Attachment C – Path Intended Use Plan and Budget	27
V.	Attachment D – CSP Plan Development Process Review Form	28
VI.	Attachment E – Existing County Mental Health Services	31
VII.	Attachment F – Evidence – Based Practices Survey	34
VIII.	Attachment G – County Development of Recovery Oriented/Promising Practices	36
IX.	Attachment H – Service Area Plan Chart	37
X.	Attachment I – Older Adults Program Directive	38
XI.	Attachment J – Top Five Transformation Priorities	46
XII.	Attachment K – Expenditure Charts & Funding Requests.....	47
XIII.	Attachment L – Housing Plan.....	63
XIV.	Attachment M – Forensic Plan	92
XV.	Attachment N – Employment Plan	97
XVI.	Public Hearing.....	105

EXECUTIVE SUMMARY

The executive summary for the initial year of the Fiscal Year 2013-17 Mental Health Plan is an update on those activities and events that were undertaken this past fiscal year to continue our endeavor to build upon our existing system of care to address the three state goals: Goal 1-Within five years no person will be hospitalized at a state mental hospital for more than two years; Goal 2-Within five years no person will be committed to a community hospital more than twice in one year; Goal 3- Within five years the incarceration rate of the target population will be reduced. The focus continues to be identification and development of services and resources that enhance the ability of individuals with mental illness to: experience a fulfilling life; enjoy quality life experiences; promotes a sense of well-being; self sufficiency and self-worth. In this executive summary, the programs, services, and initiatives will be highlighted with detailed information to be reflected in other relevant sections of the plan.

This past fiscal year, a significant change occurred with the renaming of our program. Thus, our program name is now Westmoreland County Behavioral Health and Developmental Services. We believe the name change better reflects the direction we have taken over several years, that of developing services/resources that promote recovery, self reliance and self worth. The Behavioral Health Program served 11,857 through HealthChoices in 2010 and 4,252 through the county funded base allocation for fiscal year 2009-2010. Since the 2 systems have separate reporting systems, this is not an unduplicated count so there are individuals who were served by both systems. As our county base allocation continues to shrink, HealthChoices funding continues to be a major financial source to build our continuum of necessary services. Transition of base funded services to Health Choices as a supplemental service and utilization of reinvestment dollars, has enabled us to continue to expand our service delivery system and provide sustainability to services that otherwise could not be maintained.

Two prominent services were implemented this fiscal year which impact State goal #3, within five years the incarceration rate of the target population will be reduced. The Criminal Justice Liaisons program provides support and assistance to “intercept” persons with mental illness and co-occurring disorders to ensure: opportunities for diversion, appropriate re-entry to their community, timely movement through the criminal justice system, prompt access to treatment and support services and linkage to community resources. Three Criminal Justice Liaisons, assigned regionally, work collaboratively with representatives from various entities in the county including local district justices, court systems, and community services to achieve the above-mentioned goals. In 2010, 385 individuals were served.

In partnership with Westmoreland Drug & Alcohol (D&A) Commission, the Westmoreland County Probation Office and several other court and community agencies, our administrative office assisted in the development of a Day Reporting Center. The program serves criminal justice clients who are at risk of being revoked and sentenced to the county jails due to failure to comply with sentencing court requirements. A high percentage of these individuals struggle with both MH and D&A issues and the Day Reporting Center will bring all the needed treatment, case

management, support services and probation surveillance needs to one centralized location.

A Medication Management and Education program was converted to HealthChoices in 2010 which enabled sustainability of an invaluable support component. Initially this program was started as a component of a Community Hospital Integration Project (CHIPPS) in 1997. The Medication Monitoring and Education Program (MMEP) is a voluntary program designed to provide a full spectrum of psychiatric nursing services to individuals in the community who have responded to their mental illness in ways that have interfered with recovery. The MME program has been designed to achieve the following: To assist the consumer in obtaining a medication regimen that is both effective and acceptable to them; to increase consumer skills in recognition and management of symptoms of mental illness; to facilitate the identification and treatment of physical health issues as they impact psychiatric symptoms; to improve consumer skills related to collaboration with care providers and community resources. This program has been instrumental in working to meet Goal #1-Within five years no person will be hospitalized at a state mental hospital for more than two years and Goal #2-Within five years no person will be committed to a community hospital more than twice in one year. 210 individuals were served by this program in 2010.

Several other programs also serve to address state goals one, two and three. The following services have all contributed tremendously in our ongoing efforts to divert from state hospitalization and/or provide a supportive environment for those returning home from the state hospital setting: certified peer specialists; peer mentors; community hospital case management liaisons; state hospital liaison; acute targeted case managers; and forensic case managers.

To further assist in that endeavor, in the fall of 2009, the Westmoreland County Services Team for Adults in Recovery (STAR) process was initiated. A formal process for systems collaboration and diversion planning was created under the function of the CHIPPS Coordinator. A main premise for creating this team process was three-fold: to establish a mechanism to assess the status of needs while people are still in the community and identify the necessary resources for helping the person to remain in the community; avoid the situation rising to the level of hospitalization when possible; divert from state hospital admission. Community agencies, families, and consumers are key partners in this process. Since the inpatient units are a large component of focus for STAR, the CHIPPS Coordinator has also instituted a process of routine communication and coordination with the social work staff. Twenty-two S.T.A.R. meetings were conducted. In the majority of cases, the disposition of those meetings resulted in community diversions and alternative planning for persons either targeted for admission to the state hospital or in need of more intensive intervention to remain in the community.

Westmoreland County Behavioral Health and Developmental Services, in collaboration with the Westmoreland County Safety & Wellness Action Network (SWAN), presented three training and education seminars in the months of January, March and April of 2011. The Staying Aware for Everyone (S.A.F.E.) Seminars were developed to

increase awareness and personal safety for individuals with behavioral health needs in Westmoreland County. The first seminar featured information on Healthy Relationship Building and Boundaries. The second seminar was a combined effort on internet safety and information related to domestic violence and sexual assault. The final training was held on April 19, 2011 and was presented by staff from the Red Cross office in Greensburg. April's seminar topic was emergencies and disaster preparedness. This topic is especially timely when considering the recent tornado damage in the Greensburg area. S.A.F.E. trainings will become a regular series of seminars offered with various topics presented.

A specific CHIPPS funded project was not realized this past fiscal year, however, considerable efforts still are being rendered to assist individuals presently at the state hospital to be discharged back to the community in as timely a manner as possible. 38 individuals were discharged in fiscal year 2009-2010. 33 community diversions were also enacted. A network of community supports services such as case management, supportive housing, assertive community treatment (ACT) and peer specialist are utilized to assist the person in making a successful transition. The CHIPPS Coordinator also has begun more recently to work closely with the base service unit state hospital liaison to identify those individuals who would be targeted for a CHIPPS project so as to identify the services and supports necessary to develop for individual discharge and systems planning.

In our fiscal year 2011-2012 Mental Health plan, reference was made of a regional inpatient work group that was convened as a collaborative activity in partnership with our managed care agent, Value Behavioral Health of Pennsylvania, (VBH-PA), county mental health administrative offices, county inpatient units and emergency room personnel. Initial steps included sending a survey out to hospital emergency rooms to identify what issues they encounter when presented with a person with mental health issues.

This past year, under the HealthChoices (HC) Physical Health/Behavioral Health oversight committee, a subgroup was formed to specifically focus on the hospital emergency room (ER) and what actions could be enacted to foster more effective and efficient treatment for individuals presenting with behavioral health issues. Results from the initial survey indicated a lack of knowledge of resources to use in cases where the person needed a specific community discharge service such as a homeless shelter. In response, a county specific "tip sheet" has been developed and will be disseminated to all hospital emergency rooms. The resource guide provides key contact information for personnel such as crisis services, drug&alcohol, children and youth entity, and physical health plans. It will hopefully serve as a "where to turn" guide for ERs. In response to a need for additional understanding of behavioral issues, the workgroup is now working on development of a series of educational topics for emergency room personnel.

Housing continues to be a vital component of ongoing planning. Strong alliances with the Housing Authority, Westmoreland County Planning Department and Westmoreland Community Action have afforded opportunities for development of various supportive housing endeavors. Recently that partnership resulted in submission for Projects for

Assistance to Transition from Homelessness (PATH) grant. A fair-weather lodge reinvestment plan was recently approved. A four (4) person home is being developed for implementation in the fall of 2011. A more detailed description of all housing activities can be found in the Housing Plan section of this plan.

In May of 2010, The “Cross-Systems Mapping and Taking Action for Change” symposium was conducted by the Pennsylvania Center for Excellence. The final report was received from Drexel University which included an action plan for ongoing follow-up. The subsequent actions and tasks to be carried out will be under the auspices of the Mental Health sub-committee of our local Criminal Justice Advisory Board (CJAB)

Outreach to veterans is a very critical area for efforts to be directed toward as our region is one of the highest deployment areas in the country. Under CJAB, a special committee has been formed to bring together representatives from all community-wide systems to begin to erect a coordinated system of response and support for military personnel and their families. Behavioral health providers and county behavioral health administrative office staff are part of that planning group.

Each year in our mental health plan, mention is made of the significant contributions made by the Westmoreland County Community Support Program (CSP) and the community stakeholders of Westmoreland County. We are pleased that partnership remains a strong component of the Westmoreland County “network of care”. Our administrative office continues to provide routine updates of activities for review and input at the monthly CSP meetings.

Several other CSP committees are used to assist the administrative office carry out its functions and activities such as the Recovery Oriented Systems Indicators (ROSI) project and identifying reinvestment needs. The Recovery Committee, once again conducted a very successful Recovery Conference in May, 2010, “Enjoying Life in Recovery”. Nearly 200 attendees listened to our keynote speaker, Gina Calhoun from the Office of Mental Health and Substance Abuse Services. She eloquently described her journey from the state hospital system to being a pioneer certified peer specialist. The conference theme was employment and a panel was then convened for individuals to speak of their respective employment experiences.

In reviewing our list of high priorities that have been targeted in previous fiscal year plans, it was decided that they still remain as a top focus even though some strides have been made.

- *1 Diversion and reduction of admissions to the state mental health hospital and decrease in readmissions to the local hospitals through increased utilization of systems meeting processes and other community-based intervention measures such as increased mobile crisis and development of an alternative crisis assessment center
- *2 Development of crisis incident team (CIT) to continue to develop additional sequential model elements

- *3 Increase complement of specialized certified peer support and peer mentors e.g. forensic and geriatric
- *4 Identification and pursuit of a supported employment initiative
- *5 Continued development and implementation of a multi-tiered and focused cross-systems recovery training curriculum

2013-2017 VISION AND MISSION STATEMENTS

VISION STATEMENT

Our vision is one in which every individual, to include adults, older adults and transition-age youth with mental illness and co-occurring substance use disorders, has the opportunity and right to choose services and supports which continually promote hope, growth, recovery, quality of life and full participation in society.

MISSION STATEMENT

To partner with individuals, families, human service agencies, community agencies and advocacy organizations to build a high quality network of community based resources that best assist individuals, to include adults, older adults and transition-age youth with mental illness and co-occurring substance use disorders, to live independently, be self-directed, promote self-reliance, foster hope, facilitate and strive for recovery.

* The Vision & Mission Statements were revised for 2009-2012 with input from the Mental Health Plan Workgroup made up of two representatives from each committee at the Community Support Program. In addition, focus groups were held at the five community drop-in centers where feedback was received in order to revise these statements.

*The essence of the Vision & Mission Statements for the 2009-2012 Mental Health Plan included adults, older adults and transition age youth with mental illness and substance use disorders. Based on feedback from the Office of Mental Health and Substance Abuse Services, this was articulated more clearly in the vision and mission statements for the 2011-2012 Mental Health Plan.

*The vision and mission statements for 2013-2017 remain unchanged from the revisions that occurred with stakeholder input during the 2009-2012 planning and then updated for the 2011-2012 plan.

PROCESS USED FOR COMPLETING THE PLAN

The Westmoreland County Local CSP is at the center of the planning process for the mental health plan as well as for ongoing information sharing throughout the year. The CSP meetings are attended by adult, older adult and transition age consumers, family members, providers, managed care representatives and human service agencies. County staff attend all CSP meetings as active participants on committees and to provide updates. A Mental Health Plan Workgroup which consists of volunteers from each of the CSP subcommittees and is a diverse group of adult, older adult, transition age individuals, family members and providers, added additional volunteers to form a dual purpose group, a ROSI Quality Management Review Panel/Mental Health Plan Workgroup in 2009. This group remains intact to provide guidance for the 2013-2017 planning. As is customary, the 2011-2012 Mental Health Plan Summary booklet was reviewed at the June 2010 CSP meeting and preliminary ideas were discussed for the 2013-2017 plan. County staff and CSP members began dialogue in October 2010 regarding their thoughts concerning needs and services that could be proposed with reinvestment funds and updates were given regarding those reinvestment plans that had already been approved and those that remained pending approval. At the February 2011 CSP meeting, discussion took place regarding new and proposed services and it was agreed that a survey would be issued at the March 2011 CSP meeting to gauge what services were beneficial and what service gaps still exist. As promised, the surveys were completed at the March 2011 CSP meeting, as well as at drop-in centers, Clubhouse, etc. The CSP County Plan Development Form was completed at the April 2011 CSP meeting.

In order to continue to monitor our ROSI quality improvement plan, providers were contacted in the spring of 2011 to see what progress they had made on the quality improvement indicator that they had agreed to work on when visited in 2010 by ROSI Review Panel members. The ROSI Review Panel/Mental Health Plan Workgroup met on April 21, 2011 to review the documentation sent by providers, to complete the ROSI documents, and review information to be submitted for the mental health plan.

In addition to CSP, stakeholders are engaged in the development and monitoring of the plan in a variety of other ways throughout the year. Staff from the county office interact with cross-systems partners on an ongoing basis and are either leaders or an integral part of the following meetings and committees, at which information and suggestions are exchanged, resulting in the formulation of this plan:

- Local Housing Options Team (LHOT) meetings are held every other month. Members at the table include housing, aging, Department of Public Welfare (DPW), county prison, adult probation, case management, Catholic Charities, homeless shelters, crisis programs, mental health and drug and alcohol providers, advocates, and criminal justice liaisons.
- Mental Health Sub-Committee of the Criminal Justice Advisory Board (CJAB) whose partners include judges, court administrator, drug and alcohol

commission, adult and juvenile probation, veterans affairs, district attorney, county commissioners, sheriff, aging, public defender, state and county corrections, district justices, police, advocates, drug and alcohol and mental health providers, community action provider, housing, and case management.

- Personal Care Home Risk Management Team which consists of partners such as aging, case management, intellectual and developmental disabilities, Mental Health America (MHA), Disability Rights Network, and Adult Residential Licensing.
- Torrance Service Area Planning Meetings which bring together individuals receiving services, Torrance Service Area county administrative office staff, peers, and an array of service providers.
- Continuity of Care meetings include county and state hospital staff, advocates, case management, and family members.
- Safety and Wellness Action Network whose members include individuals receiving services, peer specialists, mental health providers, advocates, and the Blackburn Center, the local provider for survivors of domestic violence and sexual assault.
- Operation Employment made up of individuals receiving services, family members, Office of Vocational Rehabilitation, Workforce Investment Board, advocates, peer specialists, AHEDD, case management, and community employment providers.
- The Southwest and the Pennsylvania Behavioral Health and Aging Coalitions which brings together county behavioral health and aging offices, older adults, behavioral health managed care organizations, and case management.
- “Aging Westmoreland” is a partnership of nursing homes, personal care homes, advocates, aging, behavioral health, home health, and hospice providers.
- Disaster, Crisis, Outreach, and Referral Team (DCORT) engages the county office with American Red Cross, the county Emergency Management Agency, Volunteer Organizations Active in Disasters (VOAD), and faith based organizations.
- HealthChoices oversight meetings and workgroups such as Mental Health, Members Oversight, Quality Management, Transition Age and Clinical Advisory committees.
- Group and individual meetings are held with our mental health providers several times throughout the year at which, among other things, we discuss ROSI and the mental health plan.
- Consumer /Family Satisfaction reports are reviewed monthly by county BH staff. At yearly licensing and county monitoring visits with providers, outcome reports and consumer satisfaction surveys are routinely reviewed.
- Feedback from the Office of Mental Health and Substance Abuse Services (OMHSAS) regarding last year’s plan assists in shaping future planning efforts.

OVERVIEW OF THE EXISTING COUNTY MENTAL HEALTH SERVICE SYSTEM

For a summary of existing county mental health services, please refer to ATTACHMENT E, "EXISTING COUNTY MENTAL HEALTH SERVICES", ATTACHMENT F, "EVIDENCED-BASED PRACTICES SURVEY", AND ATTACHMENT G, "COUNTY DEVELOPMENT OF RECOVERY-ORIENTED/PROMISING PRACTICES".

Highlights of achievements and programmatic improvements that have enhanced our service system(s) are as follows:

- The county office officially changed its name from Westmoreland County Mental Health/Mental Retardation Program to Westmoreland County Behavioral Health and Developmental Services to reflect a recovery oriented philosophy and set the example for promotion of people first language.
- In 2010, the Westmoreland County Disaster, Crisis, Outreach, and Referral Team (DCORT) worked on several components to strengthen our ability to respond to the county's mental health needs in time of crisis. Policies and procedures, a Deployment Information Form, and an informational brochure were developed. In addition, the first DCORT Retreat was held on October 20, 2010 to help enhance team members' skills with the use of a table top exercise. In 2010, three significant community events necessitated involvement of DCORT: assistance at a warming shelter during a winter blizzard, assistance after a fatal fire, and assistance to the community and firefighters after a fireman died in the line of duty. In March 2011, when a tornado struck two townships in Westmoreland County, DCORT responded by being available at the Red Cross shelter to assist families coming in to receive benefits and followed the Red Cross Emergency Response Vehicles into the affected communities to talk with people as the Red Cross handed out food and water. DCORT will be an integral part of follow-up meetings being held in each of the townships to insure individuals and families are aware of how to access any and all services. The tornado deployment provided opportunities for partnership with a newly formed faith based group and we have been invited to join in the planning with a local school district for a Safe Schools Campus Shield Emergency Response Training and Exercise Program. Five trainings/presentations are being held to comply with the allocation received from OMHSAS to focus on strengthening community resilience by improving preparedness planning and response related to psychosocial consequences and the mental health implications of public health emergencies. Presentations will be or have been made to individuals receiving services, including adults and children, behavioral health and community providers, the county fire chiefs' association, student assistant program staff and school representatives, and faith based leaders.
- Westmoreland County Services Team for Adults in Recovery (STAR) is a team approach to offering and enhancing support and services to individuals in the community who may be facing challenging circumstances due to their behavioral health needs. STAR also supports individuals who have been hospitalized in inpatient settings and may potentially be referred to longer term treatment in a

state hospital. Members of STAR include staff from the county office, Westmoreland Casemanagement & Supports, Inc. (WCSI), and the community advocate from MHA in Westmoreland County. Various service providers are involved according to the needs of the individual and can include community hospital inpatient staff, housing providers, Area Agency on Aging (AAA), drug and alcohol, probation, etc. In 2010, twenty two STAR meetings were held, fifteen of which were a result of referrals to Torrance State Hospital. Of those fifteen, the STAR team was able to successfully divert nine individuals from state hospital admission. The additional STAR meetings were conducted to enhance and often supplement services for individuals living in the community.

- Mental Health First Aid (MHFA) is a twelve hour course designed to increase mental health literacy. Participants gain knowledge of potential risk factors and warning signs for a range of mental health issues, learn a five step action plan to assess and help the individual connect with appropriate supports, gain an understanding of the prevalence of mental health disorders and the need for reduced stigma, and come away with a working knowledge of resources available to help someone choose appropriate treatment and supports and achieve recovery. WCSI's certified MHFA trainer has conducted one hundred and twenty one (121) trainings to employees, individuals receiving services, and others, including school counselors, representative payees, peer supports, warmline staff, nurses, nursing home staff, family members, volunteers, attorneys, and college students.
- Numerous activities are occurring to better serve the needs of older adults in Westmoreland County. The Southwest PA Behavioral Health and Aging Coalition meets every other month with representatives from Westmoreland and surrounding counties' Area Agencies on Aging, County Behavioral Health Offices, Office of Mental Health and Substance Abuse Services (OMHSAS), and Western Psychiatric Institute and Clinic (WPIC). The coalition is planning a spring conference regarding collaboration between the behavioral health and aging systems. The county BH/DS office participates in the Integrative Case Conference Series with our AAA office. This is a statewide initiative where challenging cases are presented via conference call and counties across the state can lend guidance and suggestions as to how to best serve the older adult. As a result of a challenging case presentation by Westmoreland County AAA and BH/DS regarding an older adult with hoarding behavior, the BH/DS office sponsored a training on hoarding behavior in partnership with WPIC Office of Education and Regional Programming. The presenter of the training has since offered technical assistance on this case. In partnership with the PA Behavioral Health and Aging Coalition, two trainings were held in Westmoreland County: "Elder Abuse and Substance Abuse and Misuse in Older Adults" on March 24, 2010 and "Understanding Depression, Anxiety, and Suicide in Older Adults" on November 10, 2010. The county office participates in "Aging Westmoreland", a group of professionals from nursing homes, personal care homes, AAA, Excelsior Health, and MHA. This group held two "Ask the Experts" seminars for older adults and caregivers. A panel consisting of a physician, an attorney, a financial advisor, and a veteran's affairs administrator provided information and answered questions about services available for older adults and their families. A resource

guide, previously developed, is in its second printing and being distributed throughout the community.

- The Safety and Wellness Action Network (SWAN), a committee comprised of individuals receiving services, providers, and the county office, planned an educational series “Staying Aware for Everyone” (SAFE). The topics were Relationship Building and Boundaries, Safe Use of the Internet, Domestic Violence and Sexual Assault, and Emergencies and Disaster Planning. Each seminar averaged eighty attendees with speakers from the Blackburn Center, a state trooper, and the American Red Cross. SWAN partnered with the National Alliance on Mental Illness (NAMI) Southwestern PA to provide “In Our Own Voice” training to eighteen (18) individuals. This training focuses on the individual telling the story of their recovery so they can speak to others in an effort to diminish the stigma surrounding those with mental illness. Future plans for SWAN include using and working with media to promote positive messages about recovery and reduce the stigma associated with behavioral health issues.
- The Ray of Hope: Westmoreland County Suicide Awareness and Prevention Task Force held its Fourth Annual Ray of Hope Walk in September 2010 with over 150 people in attendance. A survivor reception was featured prior to the walk. In November 2010, a conference in partnership with Fayette County Suicide Prevention Task Force and Washington County MH/MR was held titled: “Suicide: From Surviving to Thriving”. Over 130 people attended to learn about suicide prevention, intervention, and survivor supports. Other training opportunities focused on veterans, elderly suicide, survivor bereavement, and coping skills. Formed in 2005, this task force is a collaboration of mental health providers, survivors of suicide, school districts, local colleges, funeral directors, coroner’s office, peer specialists, and other human service agencies. The mission is to reduce stigma associated with mental illness and suicide and to increase awareness that suicide is a national public health problem for individuals across the life span.
- The Recovery Sub-Committee of CSP is planning the annual recovery conference in partnership with the county office on May 19, 2011 titled “Into the Light of Recovery”. The theme is finding ways to promote and enhance recovery through things like volunteering, gardening, experiencing nature and the outdoors, cooking nutritious meals, and utilizing community treasures such as the library.
- The second annual drop-in center retreat was held on September 16, 2010 with eighty (80) individuals and peer support staff in attendance. An interactive demonstration of the Pennsylvania Network of Care website showed how individuals can search for available resources and how the site can help them create their own Wellness Recovery Action Plan and their own identification cards with their behavioral and physical health information. The Drop-In Center Sub-Committee at CSP helped to plan the retreat. In addition, this sub-committee developed a drop-in center booklet that highlights all the centers in the county.
- Annual board evaluations took place in the fall of 2010 with the review of Chestnut Ridge Counseling Services Outpatient Program, the Diversion and Stabilization Unit, and the Specialized Program for Alternative Respite Care

(SPARC). These reviews provide an opportunity for BH/DS board members, community providers, and individuals to learn about programs they may not be familiar with.

- In partnership with Westmoreland County Drug and Alcohol Commission, Westmoreland County Probation Office, and several other court and community agencies, our administrative office assisted in the development of a Day Reporting Center that became operational in November 2010. The program serves criminal justice clients who are at risk of being revoked and sentenced to the county jails due to failure to comply with court sentencing requirements. A high percentage of these individuals struggle with mental health and drug and alcohol issues, thus the Day Reporting Center will bring all the needed treatment, case management, support services, and probation surveillance needs to one centralized location.
- The Criminal Justice Liaisons program provides support and assistance to “intercept” persons with mental illness and co-occurring disorders to ensure opportunities for diversion, appropriate re-entry to the community, timely movement through the criminal justice system, prompt access to treatment and support services, and linkage to community resources. Three criminal justice liaisons, assigned regionally, work collaboratively with local district justices, police, courts, probation, and community services. In 2010, three hundred and eighty five (385) individuals were served in this program.
- Westmoreland Drug and Alcohol Commission in collaboration with the case management unit at Southwestern Pennsylvania Human Services (SPHS) developed a formalized peer-based recovery support program. These support services will be offered by a Certified Recovery Specialist to individuals not yet in recovery, as well as those in need of support and guidance to assist in maintaining recovery efforts. These services will maximize opportunities to create a lifetime of recovery and wellness for individuals, families, and communities throughout Westmoreland County.
- The Assertive Community Treatment (ACT) team agreed to participate in a training exercise conducted by Allegheny HealthChoices Inc., at which Westmoreland County and several other counties’ BH staff and Value Behavioral Health representatives were trained to administer the Tool for Measurement of Assertive Community Treatment (TMACT). The team was thus able to receive feedback on their adherence to the ACT model.
- Staff from the county office participate and invite providers, when appropriate, in the lunch and learn webinars sponsored by OMHSAS and Southwest Behavioral Health Management on such topics as Blended Case Management, Traumatic Brain Injury, Network of Care, Office of Vocational Rehabilitation and Peer Support Services, Forensic Peer Specialist and Wellness Recovery Action Plan (WRAP).

Attachments E, F, and G

- Attachment E delineates existing county mental health services. In the treatment service category, there are several recent services designed to

provide individuals with alternatives to a traditional outpatient setting or traditional outpatient services. Those include: ACT, Specialized Outpatient Trauma Services, Family Based Solution Therapy for Adults, the Day Reporting Center, telepsychiatry, and the outpatient satellite at the Juvenile Detention Center. The different types of case management services delineated show the need for specialization for populations with unique needs, such as forensic and transition age. The myriad of services listed under rehabilitation such as psychiatric rehabilitation and Community Outreach through Resources and Education (CORE) are in response to the desire of individuals to improve their role functioning through skill development. Great strides have been made to offer alternative housing and supports so that individuals have their basic needs provided for, however, the area of housing and supports is still one that is growing and changing, as will be evident in the Housing Plan. The area of self help with services such as peer specialist and peer mentor are ones we receive positive feedback about on a regular basis and we are striving to grow those services at a steady pace. The addition of the parent mentor program allows for parents and caretakers to take advantage of the experience of someone who has walked in their shoes. As base funds have shrunk, we have converted services to HealthChoices when possible. Family Services of Western PA's adult respite program has been elevated to a diversion and stabilization unit eligible for HealthChoices funding; the Specialized Program for Alternative Respite Care (SPARC) is in the process of converting to a Crisis Residential for children and adolescents and will be eligible for HealthChoices; and Clubhouse has recently been licensed as a psychiatric rehabilitation service and will also receive HealthChoices funding. We continue to fund those individuals with base dollars who do not have HealthChoices.

- Attachment F shows numbers served in the categories of the evidenced based services. ACT is the only program in which we are using a fidelity measure, TMACT; however our plan is to develop an evidenced based supported employment program. Numbers served are gathered from information reported by the providers and documentation of those numbers is available.
- Attachment G shows that we have made progress in the development, sustainment, and growth of recovery oriented/promising practices. Plans include increasing the complement of peer specialists and for the development of a fairweather lodge. Trauma Informed Care is a new addition as of 2010. There are nine trained WRAP peer facilitators who are working with their peers to develop a WRAP. Numbers served and existing costs are gathered from providers, HealthChoices billing information, and from our county budget. Documentation of the information is available.

IDENTIFICATION AND ANALYSIS OF SERVICE SYSTEM NEEDS

Current Resources and Strengths

One of Westmoreland County's biggest strengths has been the development and growth of recovery oriented services. We are fortunate to have forward thinking providers and enthusiastic individuals who have embraced recovery oriented services. We have a vibrant Consumer and Family Satisfaction Team who are welcomed by providers and through their reports, enable providers and the county administrative office to hear how services are working and what needs to be improved. Peer services including certified peer specialist, peer mentor, warmline, and drop-in centers are thriving and making measurable impact in people's lives on a daily basis. There are currently twenty six (26) certified peer specialists, seventeen (17) of which are working as certified peer specialists, one (1) in the process of being hired as a peer specialist, and seven (7) of whom are working in other peer positions, including three (3) as peer mentors, two (2) drop-in center leaders, one (1) drug and alcohol peer support, and one (1) warmline mentor. There are numerous other peers also working in drop-in centers, clubhouse, and other positions and plans are to continue to have peers working in all aspects of the service system.

As evidenced above, Westmoreland County has a very active community of individuals receiving services. The local Community Support Program has an average attendance every month of eighty (80) people. There is a lot of excellent work happening at CSP from newsletters, to recovery conferences, to art shows. The administrative office views itself as partners with individuals and we work side by side together on a daily basis. We believe most individuals also view us as partners and feel confident to speak frankly about any concerns or suggestions they have.

We have been fortunate to develop strong partnerships with not only our mental health providers, but with the community at large. Because of the relationship that has grown with our housing providers, Westmoreland County Housing Authority, the County Planning Department, and community housing developers, we have been able to enhance housing options for individuals in Westmoreland County. This is addressed in greater detail in the Housing Plan. Also because of the willingness of partners in the criminal justice and court system to work with us, we have been able to add elements of the sequential intercept model to better serve those with behavioral health issues who become involved in the criminal justice system. This is addressed in greater detail in the Forensic Plan. Even though we have made great strides in both the housing and forensic arenas, there are still improvements to be made, thus they continue to be areas of transformation priorities.

The growth of the ACT program has shown evidence of success for individuals. Some examples of accomplishments that have improved the quality of life for individuals being served by ACT are: five (5) people have gained employment and three (3) have enrolled in educational programs. Most people are in stable housing with nineteen (19) individuals in independent housing, seventeen (17) live with family, three (3) live with friends, four (4) are in community residential rehabilitation, and one (1) is in a personal care home. The other individuals are in transitional housing situations, but working with

the team to resolve that. One individual continues to be linked to the Blind Association to learn independence skills and two (2) individuals who have hearing impairments have been linked with Hearing and Deaf Services. Many individuals have experienced improved health outcomes due to consistent psychiatric and medical care. There has been a fifty nine percent (59%) decrease of critical incidents involving individuals after admission to ACT and a fifty nine percent (59%) decrease in hospitalizations.

Unmet Needs and Services

In addition to the ongoing feedback that is received at CSP, review of C/FST reports, consumer satisfaction surveys, and county monitoring, surveys were distributed at CSP, drop-in centers, and Clubhouse to identify what is and is not working. Current services were listed and individuals were asked to check which services they had used within the last year, which services had most improved the quality of their life, and which services were not helpful to their recovery. There was also space to write anything that would be helpful to their recovery that is not available and space to write any other comments, suggestions, or thoughts. Individuals were asked to check if they were between the ages of 18-26, 27-54, or 55 or older. The results were as follows for each group:

- Adults (ages 27-54): Identified drop-in centers, case management, outpatient therapy, medication management, peer specialist, clubhouse, psych rehab, housing supports, and community employment as services that have most improved the quality of their life. Unmet needs identified were more transportation, more jobs, more educational information about mental illness, and more housing options. In regard to transportation, progress continues to be made toward the implementation of the Persons with Disabilities transportation service which will expand transportation opportunities for adults and older adults who listed this as an unmet need. The plans for a supported employment program will hopefully encourage more job development for more individuals who voice a desire to work. Avenues to provide more educational information about mental illness are available at the local CSP meetings where the sub-committees schedule educational presentations each month. This is also a need that can be addressed by SWAN. Information about how we are addressing the need for more housing options can be found in the Housing Plan.
- Older Adults (ages 55 and above): Identified drop-in centers, case management, outpatient therapy, medication management, peer mentor, and clubhouse as most helpful. Unmet needs noted were the need for more outings, transportation to work, and more types of peer mentors/specialists. The need for more outings is an issue that can be addressed at the drop-in centers who provide social outings and activities on a routine basis, but perhaps need to take into account the differing interests of varied age groups. Two peer specialists have recently attended the forensic peer specialist training and there are two forensic peer specialist “train the trainers” in our area. We also hope to send a peer specialist to the older adult peer specialist training.
- Transition Age Youth (ages 18 through 26): Identified the Giving Tree transition age drop-in center, CORE, and case management as most helpful. The unmet need was awareness of the transition age services that are available. Recently,

the CORE program and the transition age drop-in center have partnered to enhance resources available to its members and in turn have increased the active participation in both services. Specialized group meetings are offered weekly at the Giving Tree and both drop-in center and CORE members are invited to participate. Group participation has risen from four-six (4-6) to fifteen – twenty (15-20) participants since the collaboration began. With the groups becoming so successful, there is a future goal to add a lesbian/gay/bisexual/transgender/questioning/intersex (LGBTQI) group meeting once a month in the near future. As the members continue to identify their wants and needs, the groups will continue to expand and outreach will occur to case management, CSP, and providers, to insure that transition age youth receive information about these opportunities to enhance their growth and independence.

Regional/County Treatment Services and Support Needs for Individuals Assessed in the Service Area Plan

Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.

- The need for and difficulty of development of a sex offender treatment program has been a high level of attention with the ten (10) TSH counties and has been a barrier to discharge for individuals at TSH. The county administrative office recently met with Cynthia L. King, MSSA, LISW-S/LCSW to discuss the implementation of a sex offending treatment program. Ms. King currently conducts assessment and treatment for sexual offenders or individuals with sex offending issues and is considered an expert in this arena. We will continue our dialogue with the hope of having this service finally come to fruition.

Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.

- Efforts to reduce admissions to the community hospitals have been ongoing and have included the implementation of the STAR meetings as well as working closely with crisis intervention services to improve response and encourage diversion options rather than hospitalization. There continues to be a need for assessment and diversion opportunities away from emergency rooms which have traditionally limited those options. The Department of Public Welfare Gold Standard for readmission within thirty (30) days for the public sector in 2010 is less than or equal to 10%. Value Behavioral Health performance standard for 2010 is less than or equal to 13%. Westmoreland County has met VBH's standard with a 0-30 day readmission rate of 11.7%. This is a reduction from 13.7% in 2009. In order to continue to reduce readmission rates, one of our transformation priorities will be development of an alternative crisis assessment center.

Goal 3: Within five years the incarceration rate of the target population will be reduced.

- A great deal of progress has been made to better address individuals with behavioral health issues who come in contact with the criminal justice system and who may face incarceration. The current efforts are expanded upon in the Forensic Plan. An unmet need remains training for police officers in regard to response to individuals with

behavioral health issues and a more collaborative approach with police and the behavioral health system. Thus, the inclusion of the transformation priority to develop a Crisis Intervention Team (CIT).

Underserved Target Groups/Special Populations

- **State hospital admissions/discharges:**

As we continue to embrace the recovery initiative model, over time, a significant percentage of individuals who would have been admitted to the SMH or once admitted remained for a long period are now either being diverted from an admission or returning to the community with a much shorter stay. Those individuals currently in or facing admission to the most intensive treatment setting available, Torrance State Hospital, present with multiple complex needs that have been unable to be resolved in a less restrictive community setting. A major issue often is the decision to quitting medication. While medication can and often does offer relief from the symptoms, oftentimes, the challenge is to help the person understand that it is to his/her benefit to continue medication. Intense involvement of community support such as the S.T.AR. process, ACT, or the Medication Management and Education (MME) program, is enlisted to try and avert a state hospital admission. However, the person's ability to recognize the issue is so compromised that they are unable to respond and the decline is so serious as to necessitate admission to the state hospital level.

Another issue is that for many individuals with serious behavioral health disorders, unmanaged physical health issues are a major concern. Many persons with serious behavioral health disorders suffer from a variety of conditions that can be life-threatening. Unfortunately, when frail physical health is combined with a serious behavioral health disorder there are very few community options that allow individuals to receive a higher level of care that is necessary. Most nursing homes are generally reluctant to admit individuals with serious behavioral health disorders; those that do offer admission are often quite limited to the number of beds available for individuals who receive income from public sources such as Supplemental Social Security (SSI). Small personal care boarding homes (those less than 16 beds) are not likely to have the staff and supports available for those needing a high level of care. Serious behavioral health disorders often limit a person's ability to properly care for their own needs, and without the appropriate level of care, this often leads to de-stabilization and serious threats to physical well-being.

Barriers to discharge from the state hospital setting many times echo the reasons for admissions. Inability to care for oneself, including self-directed medication management, lack of insight into the serious nature of the illness, frail physical health and a compromised level of intellectual functioning are often factors that lead to prolonged stays in the state hospital. Determining and developing the necessary level of supports for successful community re-entry has been difficult as often it is costly without the ability for sustainability.

A third major factor is locating available, appropriate housing for individuals with serious mental illness/complex need support as referenced in above sections. Treatment team

discharge meetings often emphasize the need for a continued high level of structure after discharge. Particularly, for person with a history of medication non-compliance and/or complex needs as afore-mentioned, the challenging task is to create an environment that can assure a successful, long term return to the community.

- **Lesbian/gay/bisexual/transgender/questioning/intersex (LGBTQI):**

In 2010, OMHSAS conducted several discussions and sought ways to improve the quality of work environments and service delivery to LGBTQI consumers by ensuring that all consumers and their families receive the services to which they are entitled without discrimination or mistreatment related to their actual or perceived sexual orientation, gender identity, and/or gender expression. Also during this time, a small group of community members, family members, youth, and behavioral health professionals were meeting in Westmoreland County to address service delivery and socialization opportunities for LGBTQI youth and individuals.

On March 29, 2011, the LGBTQI Collaborative group met with representatives from Westmoreland County Behavioral Health and Developmental Services and the Persad Center to begin discussions about strategies to enhance community resources and supports to LGBTQI individuals. The Persad Center, located in Pittsburgh, is the second oldest licensed counseling center specifically created to serve the LGBTQI community and those that love them. During this meeting, three areas were identified and will be the focus of work in the upcoming months: accurate data collection of LGBTQI consumers receiving behavioral health services, resource development, and training opportunities for agencies and organizations to create a safe environment for LGBTQI youth, individuals, and their families and to increase clinical competencies for providers working with this population.

- **Veterans:**

Progress is being made in regard to educating the provider community, as well as veterans and their families, about what services veterans can access in our area. Our region has one of the highest number of deployed military and reserve units, thus the importance of military outreach. This population does not typically turn to traditional behavioral health interventions, thus the need to establish partnerships with those who know and understand military personnel and their families. At the MHA annual breakfast in October 2010, MHA organized a panel presentation of veterans and veterans' services. At the December 2010 CJAB meeting, numerous experts provided information about outreach and intervention for veterans. They included a Veterans' Justice Outreach Specialist, a Readjustment Counseling Therapist, a member of the Veterans' Suicide Prevention Team, a Veterans' Employment Representative, a member from Vets to Vets, and a member of the Combat Stress Intervention Program. Since that meeting, the Veterans Justice Outreach Specialist has begun to provide outreach and assessment services to veterans at the Westmoreland County Prison. CJAB also developed a resource list and contact information for veterans' groups and veterans' services. This population will continue to be a priority for CJAB and the county administrative office.

Memorandum of Understanding

The Westmoreland County BH/DS and AAA have in place a current Memorandum of Understanding (MOU) that was updated and approved in May 2011. Please refer to Attachment I. The MOU lists numerous ways that AAA and BH/DS support service provision to older adults through collaborative efforts. As listed in the MOU these include:

- i. AAA and BH/DS collaborate in a Medication Management program involving community psychiatric nurses funded by BH/DS and home health aides funded by AAA. Older adults are identified who need assistance with their medication management in order to assist them in continuing to live independently and avoid hospitalization. Services are jointly provided in order to permit the older adult to have daily contact and assistance with their medication management.
- ii. AAA and BH/DS attend the Personal Care Home Risk Management Team meetings. Because of this collaboration, when there have been instances of personal care home closings, individuals have been able to receive timely and shared care planning.
- iii. AAA sits on the Citizen Advisory Board of Westmoreland Casemanagement and Supports, Inc. (WCSI), the county's Base Service Unit. Their presence on the advisory board keeps the interests of the aging population at the forefront for planning and service provision.
- iv. AAA invited WCSI to become a partner at their annual Health & Education Expo that provides health screenings and information to hundreds of older adults.
- v. BH/DS developed a multi-disciplinary team called Service Team for Adults in Recovery (STAR). The goal of STAR is to provide interagency case reviews to ensure that individuals are or will be receiving adequate services in the community. AAA is a participant at these meetings.
- vi. In addition to STAR, other collaborative meetings occur on a routine basis including Service Area Plan meetings for individuals being discharged from Torrance State Hospital, Guardianship Team Meetings, Individual Service Plan meetings, and Ethics Board meetings.
- vii. The behavioral health system and AAA are one of many partners in "Aging Westmoreland", a group whose mission became to assist caregivers of older adults. The resource guide developed by this group is in its second printing and being distributed throughout the community. Two "Ask the Experts" seminars were held at which a panel consisting of a physician, an attorney, a financial advisor, and a veteran's affairs administrator provided information and answered questions about services available for older adults and their families.
- viii. AAA and BH/DS are partner organizations in the Westmoreland County Suicide Task Force that sponsors yearly trainings and an annual suicide prevention walk.
- ix. AAA and BH/DS participate in the Integrated Case Conference Series (ICCS), a statewide initiative where challenging cases are presented via conference call so that counties across the state can provide guidance as to how to best serve the older adult. AAA presented a case that was also active with BH/DS involving an older adult with hoarding behavior.

In addition to the above collaborations, there are cross-systems training and in-service efforts to support joint service delivery. The following are examples of cross-systems trainings that have occurred or are planned:

1. As a result of the shared case concerning an older adult with hoarding behavior, BH/DS was able to sponsor training on hoarding behavior attended by AAA, BH/DS, drug and alcohol, and other community providers. The trainer has since provided technical assistance on this case.
2. In collaboration with the Pennsylvania Behavioral Health and Aging Coalition, two trainings were held: “Elder Abuse and Substance Abuse & Misuse in Older Adults” and “Understanding Depression, Anxiety, and Suicide in Older Adults.”
3. The Southwest PA Behavioral Health and Aging Coalition meets every other month with members from Westmoreland County and several other county AAAs and BH/DS programs, as well as the Office of Mental Health and Substance Abuse Services and other providers. A spring conference is being planned that highlights collaboration between the aging, behavioral health, and drug and alcohol systems.
4. The BH/DS Office is one of twenty seven sites across the state for the eight week Geriatric Resource Nurse training. This training will enable community nurses to serve older adults utilizing an inter-professional collaborative team approach. There are eight nurses attending the training in Westmoreland County.

Initial planning is occurring for a cross systems mapping meeting where various stakeholders from AAA, BH/DS, Drug and Alcohol Commission, Faith in Action, and other community agencies will determine what services are available for seniors in our county and what service gaps exist. These results will enable us to plan for appropriate and collaborative services for the ever growing aging population in Westmoreland County.

IDENTIFICATION OF THE RECOVERY-ORIENTED SYSTEMS TRANSFORMATION PRIORITIES

Westmoreland County is steadily moving from a system of care or maintenance to a recovery-oriented system as evidenced by the number of recovery-oriented services currently available that are heavily utilized and providing positive outcomes. It is our goal to continue each year to enhance those recovery oriented services already in existence and to implement new services when possible.

The three recovery-oriented systems transformation priorities to accomplish our vision and mission for the 2013-2017 planning period are:

1. Development of an alternative crisis assessment center in order to decrease readmissions to the local hospitals. A center such as this would allow individuals to receive a thorough evaluation of their needs in a community setting; provide the opportunity for contact with peers who will be a vital part of the center, and the ability to explore options to resolve the crisis event other than hospitalization, when appropriate. Initial meetings have been held with Excelsa Health who is interested in development of an alternative crisis assessment center as an addition to the continuum of care to their current array of behavioral health services including walk-in crisis, inpatient, outpatient, peer support, and psychiatric rehabilitation. Excelsa Health is also a large provider of inpatient and outpatient physical health care.
2. Development of additional sequential intercept model elements through the implementation of a Crisis Intervention Team. We have been able to implement several sequential model elements, but realize that training, education, and collaboration with police are vital to insure that individuals with behavioral health needs who come in contact with the criminal justice system are able to be diverted from incarceration when possible and provided with alternative treatment and support options.
3. Survey results described in Section 5 cited the need for more jobs, thus a priority will be the identification and pursuit of a supported employment initiative. Two providers have historically provided job development and supportive employment services, but there are a greater number of individuals who desire to work, thus the need for a supported employment initiative.

These transformation priorities will serve to enhance our current efforts in regard to Service Area Plan Goals 2 & 3 and address an unmet need identified by individuals in our county. In order to accomplish these transformation priorities over the next year, reinvestment plans will be submitted. In order to track implementation and outcomes, quality management activities will include presentations at CSP, C/FST reports, and collaboration and consultation with the myriad of current committees, such as Operation Employment, CJAB, and HealthChoices oversight committees.

FISCAL INFORMATION

The enclosed charts depict how county-based and HealthChoices funds are used to support behavioral health services within Westmoreland County. The percentage of county expenditures chart for FY 09/10 shows that the larger percentages are spent for wellness/prevention and rehabilitation at 22% each, compared to 14% being spent for treatment. This shows a shift from strictly treatment oriented services toward prevention and rehabilitation services. Crisis intervention services are 2%. In FY 10/11, rehabilitation services decrease slightly to 20%, but wellness/prevention services increase to 24%. Treatment services decrease to 12%. Of some concern are crisis intervention services which decrease to 1%. It has been a goal to increase utilization of crisis services to assist with decreasing hospitalizations. This remains an area we need to continue to build upon.

The percentage of HealthChoices expenditures for 2010 shows 53.43% utilized for treatment services. This is not surprising considering the large percentage of the most intensive and costly services, such as inpatient and CTT, are in this category and are HealthChoices eligible. It is worthy to note that 29.81% is utilized for rehabilitation and .39% for peer support. In 2011, treatment services are at 51.71% and rehabilitation is at 25.73%. Peer support increases to .6%. Crisis intervention services are 1.10% in 2010 and 1.56% in 2011. This also shows the need to increase utilization of crisis services in our service delivery continuum.

Reinvestment funds have been utilized for a variety of service provision categories. As the chart shows, the percentage of funds across the categories is fairly even with the exception of family support services and residential. With the reinvestment plan for fairweather lodge being submitted, this will increase utilization in the residential category. The challenge with reinvestment funds is always how to sustain a service after reinvestment funds have been spent.

Requests for New State Funding

The table for new funding requests includes funds for:

1. Development of an alternative crisis assessment center
2. Development of additional sequential intercept model elements through the implementation of a Crisis Intervention Team
3. Identification and pursuit of a supported employment initiative

It is our plan to submit reinvestment plans for the start-up of all three of these transformation priorities. In order to sustain these services, additional funding will be explored/secured from a variety of sources: conversion of program funded services to HealthChoices, existing HealthChoices funding, and county funding.

NEW FUNDING REQUESTS

	Identify the Request	Target Population *	Cost Center**	6 Month Cost	Annualized Cost
1	Alternative Crisis Center	Transition Age, Adult, Older Adult	MH Crisis Intervention Services	336,700	673,400
2	Crisis Intervention Team	Transition Age, Adult, Older Adult	MH Crisis Intervention Services	15,000	10,000
3	Supported Employment Program	Transition Age, Adult, Older Adult	Community Services	175,000	200,000
4					
5					

* These requests for new state funds are to be prioritized for Adult Priority Group (adults with serious mental illness who also meet some other requirements as outlined in OMHSAS bulletin OMH-94-04). The counties are strongly encouraged to target one of the top five requests to older adults or transition-age youth (provided the targeted populations meet the Adult Priority Group criteria).

**** This column should indicate the cost centers (see below) for the new services (as defined in OMHSAS bulletin OMH-94-10):**

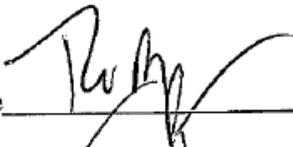
- Administrator’s Office (3.1)
- Community Services (3.2)
- Intensive Case Management (3.4)
- Outpatient (3.6)
- Psych Inpatient Hospitalization (3.7)
- Partial Hospitalization (3.8)
- MH Crisis Intervention Services (3.10)
- Adult Developmental Training (3.11)
- Community Empl & Empl Related Srvcs (3.12)
- Facility Based Vocational Rehab Srvcs (3.13)
- Social Rehab Services (3.14)
- Family Support Services (3.15)
- Community Residential Services (3.16)
- Family-Based MH Services (3.17)
- Resource Coordination (3.19)
- Administrative Management (3.20)
- Emergency Services (3.21)
- Housing Support Services (3.22)
- Community Treatment Teams (3.23)
- Psych Rehab (3.24)
- Children’s Psychosocial Rehab (3.25)
- Other Services (3.98)

-LOCAL AUTHORITY SIGNATURES: COUNTIES

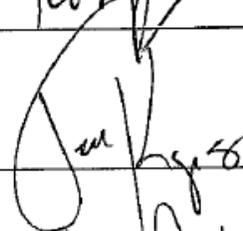
I/We assure that I /we have reviewed and approved the attached FY 2013-2017 Westmoreland County Mental Health Plan.

COUNTY 1 Westmoreland

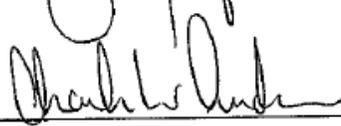
Chairperson/County Commissioner:

Name Tom Balya Signature  Date 5/12/11

County Commissioner:

Name Ted Kopas Signature  Date 5/12/11

County Commissioner:

Name Charles W. Anderson Signature  Date 5/12/11

COUNTY 2 _____

Chairperson/County Commissioner:

Name _____ Signature _____ Date _____

County Commissioner:

Name _____ Signature _____ Date _____

County Commissioner:

Name _____ Signature _____ Date _____

County Program

FY 2013-2017 Westmoreland County Plan

PUBLIC HEARING NOTICE

Please list here the name(s) of the publications and the date(s) when the notice was published. Copy of the actual public notice must be submitted with the hard copy of the County Plan.

The Public Hearing Notice was sent on April 28, 2011 was published in the following publications on:

Tribune Review – May 4, 2011
Latrobe Bulletin – May 5, 2011
Valley News Dispatch – May 4, 2011
The Valley Independent – May 3, 2011

Ted Kopas
Commissioner

Tom Balya
Chairman

Charles W. Anderson
Commissioner



**Behavioral Health
& Developmental Services**
Kathleen A. Wohlgemuth
April 20, 2011
Administrator

Telephone
(724) 830-3617
Fax (724) 830-3571

PUBLIC NOTICES DEPARTMENT

Please print the following Public Notice for one (1) day.

NOTICE OF PUBLIC HEARING

The Westmoreland County FY 2013/2017 Mental Health Plan will be on display from May 13 to May 20, 2011 during business hours at the following locations:

Westmoreland County Behavioral Health & Developmental Services Office
40 North Pennsylvania Avenue, Greensburg

Westmoreland Casemanagement & Supports, Inc.
770 E. Pittsburgh Street Suite D, Greensburg

Westmoreland Casemanagement & Supports, Inc.
1004 Ligonier Street, 2nd Floor, Latrobe

Westmoreland Casemanagement & Supports, Inc.
435 Donner Avenue, Monessen

Westmoreland Casemanagement & Supports, Inc.
One Kensington Square, New Kensington

In compliance with the 4215 County MH/MR Regulations, notice is given that a Public Hearing on the Westmoreland County Mental Health FY 2013/2017 Plan will be held at 2:30 p.m. on Friday, May 20, 2011 at Westplace Clubhouse, 114 Main St. ~ Royer Bldg., Greensburg, PA. Oral and written testimony on the FY 2013/2017 Plan will be accepted at this time. Individuals requesting special accommodations to participate shall be afforded those accommodations as required by the American's with Disabilities Act (ADA) of 1990 and any amendments to the ADA thereafter. Please contact Westmoreland County Behavioral Health & Developmental Services at 724-830-3617 to request special accommodations.

Kathleen A. Wohlgemuth, Administrator

Please return proof of publication with invoice to:

Westmoreland County BH/DS Office
40 North Pennsylvania Avenue
First Floor~ Suite 110
Greensburg, PA 15601

40 North Pennsylvania Avenue First Floor Suite 110 Greensburg PA 15601 (724)830-3000 / 1-800-442-6926

FY 2013-2017 Westmoreland County Plan

PATH INTENDED USE PLAN AND BUDGET

(Only for those counties that receive the PATH grant. If the county does not receive the PATH grant, please indicate that here)

Westmoreland County submitted a proposal for Projects for Assistance to Transition from Homelessness (PATH) grant on February 11, 2011. See attached plan and budget (submitted in hard copy of the plan).

FY 2013-2017 Westmoreland County Plan

COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT
PROCESS

Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate “Yes” or “No” column to indicate sources of information or completion of each task. Use the “Comments” section to qualify your answers.

YES NO

A. Representatives of what group (s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?

- Consumer Satisfaction Team
- County Office of Mental Health
- Consumer groups
- Family groups
- Provider organizations
- Mental Health America
- Other (_____)

Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

Comments: More peer services

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

Comments:

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

Comments: In addition to the public notice published in the newspaper, e-mails were sent to the entire CSP mailing list notifying of when and where the public hearing will be held. Notices were also mailed to those CSP members who do not have e-mail.

YES NO

5. The CSP Committee endorses the County's Annual Mental Health Plan.
[X] []
Comments:
6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.
[X] []
Comments:
7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.
[X] []
Comments:
8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.
[X] []
Comments:
9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.
[X] []
Comments: Updates are provided regularly at the monthly local CSP meetings.

Name of CSP Committee Steering Committee
CSP Committee Chair John Strayer
Address 409 Coulter Avenue, Suite 4
City, State, Zip Greensburg, PA 15601
Phone 724-834-6351 Fax 724-834-6352
E-Mail _____ Date April 21, 2011

SIGNATURES:

(Your signature designates that you have participated in this process and does not necessarily imply endorsement of the County Plan itself)

Member(s) Representing Consumers: Robert J. Bligh
Member(s) Representing Families: April Fabrey
Member(s) Representing Professionals: Felicia King

Names of other participants:

1. John Strayer
2. Linda Parker
3. Lauren Gallagher

Name of CSP Committee Steering Committee

CSP Committee Chair John Strayer

Address 409 Conster Avenue, Suite 4

City, State, Zip Greensburg, PA 15601

Phone 724-834-6351 Fax 724-834-6352

E-Mail _____ Date April 21, 2011

SIGNATURES:

(Your signature designates that you have participated in this process and does not necessarily imply endorsement of the County Plan itself)

Member(s) Representing Consumers: Robert J. Bligh

Member(s) Representing Families: Phil Talley

Member(s) Representing Professionals: Selicia King

Names of other participants:

1. John Strayer
2. Linda Parker
3. Wesley Gallagher
4. _____

County Program

FY 2013-2017 Westmoreland County Plan

EXISTING COUNTY MENTAL HEALTH SERVICES

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POLULATION
Treatment	Alleviating symptoms and distress	Symptom Relief	<ol style="list-style-type: none"> 1. Community Psychiatric Inpatient – Adult, Adolescent & Geriatric 2. Partial Hospitalization –Adult, Child/Adolescent 3. Acute Partial Hosp. 4. Outpatient 5. County Funded Medication 6. Narcotics Maintenance Program 7. Medication, Monitoring & Education 8. Medication Reminder Service for Older Adults 9. School Based Mental Health 10. Family Based MH Services 11. RTF – Accredited 12. RTF – Non-Accredited 13. Assertive Community Treatment Team 14. Specialized Outpatient Trauma Services 15. Family Focused Solution Based Therapy for Adults 16. Day Reporting Center 17. Telepsychiatry 18. Outpatient satellite at Juvenile Detention Center 	<ol style="list-style-type: none"> 1. HC, County 2. HC, County 3. HC, County 4. HC, County 5. County 6. HC, County 7. HC, County 8. County/AAA 8. HC, County 10. HC, County 11. HC, County 12. HC, County 13. HC, County 14. HC, County 15. County 16. Reinvestment 17. HC 18. HC 	<ol style="list-style-type: none"> 1,2,3,4,5,6,7 Adult/Older Adult, Transition Age Youth 8. Older Adult 9. School-age individuals 10,11,12-Children/ Adolescents 13. Adult/Older Adult 14. Children, Transition Age, Adult, Older Adult 15. Adult, Older Adult 16. Adult, Older Adult, Transition Age 17. Adult, Older Adult, Transition Age 18. Children & Adolescents
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	<ol style="list-style-type: none"> 1. Telephone Crisis Service 2. Mobile Crisis Service 3. Walk-In Crisis Service 4. Diversion & Stabilization Unit - adult & adolescent 5. Specialized Program for Alternative Respite Care (SPARC) 6. Emergency Service 7. Disaster, Crisis, Outreach & Referral Teams (DCORT) 8. Student Assistance Program 	<ol style="list-style-type: none"> 1. HC, County 2. HC, County 3. HC, County 4. HC, County 5. County 6. County 7. County 8. County 	<ol style="list-style-type: none"> 1,2,3,4,6,7 Adult/Older Adult/Transition Age 5,8 Children/ Adolescent

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POLULATION
Case Management	Obtaining the services consumer needs and wants	Services Accessed	1. Targeted Casemanagment 2. Administrative Casemanagement 3. Forensic Casemanagement 4. Transition Age Casemanagement 5. Dual Diagnosis (BH/DS) Casemanagement 6. Community Inpatient Casemanagement Liaison 7. State Hospital Casemanagement Liaison 8. Prison Casemanagement Liaison 9. Acute Casemanagement 10. Criminal Justice Liaisons 11. Child/Adolescent Hospital Transition Liaison 12. Day Reporting Center 13. Assertive Community Treatment	1. HC, County 2. County 3. HC, County 4. HC, County 5. HC, County 6. County 7. County 8. County 9. CHIPPs, HC, County 10. Reinvestment 11. Integrated Children's Services Initiative 12. Reinvestment 13. HC, County	1,2,3,5,6,7,8 Adult/Older Adult, Transition Age 4. Transition Age 9. Adult/Older Adult/ Transition Age 10. Adult, Older Adult, Transition Age 11. Children/Adolescent 12. Adult, Older Adult, Transition Age 13. Adult, Older Adult
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	1. Psychiatric Rehabilitation – Site-based 2. Psychiatric Rehabilitation – Mobile 3. Community Employment & Employment Related Services (CEER) 4. Community Outreach through Resources & Education (CORE) 5. Clubhouse/Psychiatric Rehabilitation 6. Community Residential Rehabilitation 7. Children's Psychosocial Rehabilitation 8. Facility Based Vocational Rehabilitation 9. Social Rehabilitation 10. Medication Monitoring & Education 11. Medication Reminder Service for Older Adults 12. Long term Structured Residence 13. Supported Employment 14. Day Reporting Center 15. Behavioral Health Rehabilitative Services	1. HC, County 2. HC, County 3. County 4. County 5. HC, County 6. County 7. County 8. County 9. County 10. HC, County 11. County 12. County 13. County 14. Reinvestment 15. HC	1,2,6,8,9,12, Adult/Older Adult 3,5,10,13 Adult/Older Adult, Transition Age 4. Transition Age 7. Children/ Adolescent 11. Older Adult 14. Adult, Older Adult, Transition Age 15. Children & Adolescents
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development	1. Drop-In Centers 2. Facility Based Vocational Rehabilitation 3. Social Rehabilitation 4. Community Support Program 5. Achieving through Community Experience 6. Clubhouse/Psychiatric Rehabilitation 7. Transition Age Drop-In Center	1. County 2. County 3. County 4. County 5. County 6. HC, County 7. Reinvestment	1,4,5,6 Adult, Older Adult, Transition Age 2,3, Adult, Older Adult 7. Transition Age

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POLULATION
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	1. Ombudsman Program 2. Community Advocate 3. Consumer and Family Satisfaction Teams 4.State Hospital Advocate 5. Administrators Office	1. HC 2. County 3. HC 4.County 5. County	1,2,3,4,5 Adult/Older Adult, Transition Age
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	1. Housing Support Services 2. Transition Age Housing Support Services 3.Family Support Services 4.Representative Payee 5. Community Residential Rehabilitation 6.Long Term Structured Residence 7.Conversion to Shared Housing Model 8.Rental Subsidy/Contingency Funds/Housing Clearinghouse Program	1. County 2. County 3. County 4. County 5. County 6. County 7.County 8. Reinvestment	1,3,4, Adult/Older Adult, Transition Age 2. Transition Age 5,6 Adult/Older Adult 7.Adult/Older Adult/Transition Age 8.Adult/Older Adult/Transition Age
Self Help	Exercising a voice and a choice in one's life	Empowerment	1. Peer Support Services 2. Peer Mentor 3. Consumer & Family Satisfaction Teams 4. Self Help Groups 5. Drop-In Centers 6. Clubhouse/Psychiatric Rehabilitation 7. Community Support Program 8. Mobile Supports for Co-Occurring Mental Illness/ Substance Abuse 9.Transition Age Mobile Supports 10.Warmline 11. Transition Age Drop-In Center 12. Parent Mentor	1. HC, County 2. County 3. HC 4. County 5. County 6.HC, County 7. County 8. County 9. County 10. County 11. Reinvestment 12.County	1,2,3,4,5,6,7,10 Adult/Older Adult, Transition Age 8.Adult/Older Adult 9.Transition Age 11.Transition Age 12. Adult, Older Adult
Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	1.Medication Monitoring and Education 2. Mobile Supports 3.Transition Age Mobile Supports 4.Medication Reminder Service for Older Adults	1. HC, County 2. County 3. County 4. County/AAA	1.Adult/Older Adult, Transition Age 2.Adult/Older Adult 3.Transition Age 4. Older Adult
Other	Anything not addressed above				

County Program

FY 2013-2017 Westmoreland County PlanEVIDENCE-BASED PRACTICES SURVEY

Provider Name and Provider Type 99 Number (List all providers offering EBP)	List the Evidence-Based Practices provided (see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the EBP
Westplace Clubhouse 099000192	Supported Employment	43	N/A	N/A	N/A	N/A	N/A
Paula Teacher & Associates, Inc. 099000188	Supported Employment	2	N/A	N/A	N/A	N/A	N/A
NorthCo 099000050	Supported Employment	4	N/A	N/A	N/A	N/A	N/A
Threshold, Inc. 099000189	Supported Housing	156 Adults, 14 Older Adults, 31 Transition Age	N/A	N/A	N/A	N/A	N/A
Passavant Memorial Homes 099000187	Supported Housing	33 Adults, 8 Older Adults, 3 Transition Age	N/A	N/A	N/A	N/A	N/A
Family Services of Western PA 099000050	Supported Housing	54 Adults, 6 Older Adults, 16 Transition Age	N/A	N/A	N/A	N/A	N/A
Southwestern PA Human Services, Inc. 099000185	Supported Housing	15 Adults, 4 Older Adults, 1 Transition Age	N/A	N/A	N/A	N/A	N/A
NAMI – Alle-Kisi Affiliate	Family Psycho-Education *NAMI Family to Family Program	6 families	N/A	N/A	N/A	N/A	N/A
Family Services of Western PA 100000630	Integrated Treatment for Co-Occurring Disorder	60	N/A	N/A	N/A	N/A	N/A
Southwestern PA Human Services, Inc. 100740114	Integrated Treatment for Co-Occurring Disorder	119	N/A	N/A	N/A	N/A	N/A
Medication Monitoring & Education Program 099000192	Illness Management /Recovery	210	N/A	N/A	N/A	N/A	N/A
Southwestern PA Human Services, Inc. 100740114	Medication Management	352 med checks per year	N/A	N/A	N/A	N/A	N/A
Family Services of Western PA 100000630	Medication Management	4850 med checks per year	N/A	N/A	N/A	N/A	N/A

Provider Name and Provider Type 99 Number (List all providers offering EBP)	List the Evidence-Based Practices provided (see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement EBP
Excelsa Health Westmoreland 100774847	Medication Management	4446 med checks per year	N/A	N/A	N/A	N/A	N/A
Chestnut Ridge Counseling Center 100772109	Medication Management	2392 per year	N/A	N/A	N/A	N/A	N/A
Provider Name and Provider Type 99 Number (List all providers offering EBP)	List the Evidence-Based Practices provided (see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the
Ligonier Valley Learning Center	Medication Management	644 med checks per year	N/A	N/A	N/A	N/A	N/A
Spectrum	Medication Management	1044 med checks per year	N/A	N/A	N/A	N/A	N/A
Family Services of Western PA	Assertive Community Treatment	55	TMACT	Program Manager, County, Value Behavioral Health	Annually	Yes	Yes

County Program

FY 2013-2017 Westmoreland County PlanCOUNTY DEVELOPMENT OF RECOVERY-ORIENTED/PROMISING PRACTICES**

	<u>Services Exist</u> (Check all appropriate)	<u>Services Planned</u> (Check all appropriate)	<u>#'s Served</u>	<u>\$\$ Existing</u>	<u>\$\$ Planned</u>
Consumer Satisfaction Team	X		667 surveys	\$124,861	\$124,861
Family Satisfaction Team	X		223 surveys	Included in CST Budget	Included in CST Budget
Compeer					
Self Help / Advocacy (Specify)	Community Advocate X		Consultative & support services to 150 individuals & community members for a total of 765 contacts	\$56,353	\$56,353
Outreach for Older Adults	Medication Monitoring & Education Program X		88	\$3,588 AAA Funding; \$231,000 county \$381,480 HC	\$3,588 AAA Funding; \$231,000 county \$381,480 HC
Warm Line	X		1176 calls	\$34,911	\$34,911
Mobile Services/In Home Meds	Medication Monitoring & Education Program X		210	\$231,000 county \$381,480 HC	\$231,000 county \$381,480 HC
Fairweather Lodge		X			\$250,000
Medicaid Funded Peer Specialist Program	X		110	\$206,054	\$226,660
Other Funded Peer Specialist Program	X		35	\$82,485-County Funded	\$90,733-County Funded
Dialectical Behavioral Therapy	X		Outpatient has been trained and use DBT, but no specific numbers are kept		
Trauma Informed Care	X		97	\$119,318 Reinvestment	Will move to HealthChoices/Fee for Service
Wellness Recovery Action Plan (WRAP)	X		9 trained peer WRAP facilitators; 60 attended WRAP groups; peer specialists are educating peers one to one on WRAP	\$1,000 for materials	
Advanced Directives			Information sent to 6 individuals by MHA	Included in Community Advocate budget	Included in Community Advocate budget
Shared Decision making					
Psychiatric Rehabilitation	X		144	\$460,780-HC \$152,868 County	\$483,819-HC \$160,511 County
Peer Mentor	X		39	\$183,250	\$183,250

**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.

County Program

FY 2013-2017 Westmoreland County Plan

SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information												
<p>Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.</p>	<p>Please review attached data regarding length of stay prior to answering the following questions http://www.dpw.state.pa.us/forfamilies/statehospitals/index.htm How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? <input type="text" value="*3"/> How many of those individuals have a targeted discharged date during the current fiscal year? <input type="text" value="2"/> Next fiscal year? <input type="text" value="1"/>. * If applicable. *These individuals are involved in the CSP process & have had CSP meetings.</p>												
<p>Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.</p>	<p>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions- report involuntary admissions, if the county has selected voluntary- report on voluntary. If the data are not available please check no data.</p> <table border="1" data-bbox="451 961 1432 1201"> <thead> <tr> <th>Previous Fiscal Year</th> <th>Current Fiscal Year</th> </tr> </thead> <tbody> <tr> <td>Involuntary Admissions- 977-Total # of involuntary admissions; is not an unduplicated count</td> <td>Involuntary Admissions- 791-Total # of involuntary admissions; is not an unduplicated count</td> </tr> <tr> <td>Voluntary Admissions-</td> <td>Voluntary Admissions-</td> </tr> <tr> <td>All Admissions-</td> <td>All Admissions-</td> </tr> <tr> <td>No Data-</td> <td>No Data-</td> </tr> </tbody> </table>	Previous Fiscal Year	Current Fiscal Year	Involuntary Admissions- 977-Total # of involuntary admissions; is not an unduplicated count	Involuntary Admissions- 791-Total # of involuntary admissions; is not an unduplicated count	Voluntary Admissions-	Voluntary Admissions-	All Admissions-	All Admissions-	No Data-	No Data-		
Previous Fiscal Year	Current Fiscal Year												
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Voluntary Admissions-	Voluntary Admissions-												
All Admissions-	All Admissions-												
No Data-	No Data-												
<p>Goal 3: Within five years the incarceration rate of the target population will be reduced.</p>	<p>How many individuals are currently incarcerated in the county jail in the target population- please select a point in time and report data that is available after working with county jails?</p> <table border="1" data-bbox="451 1327 1432 1474"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year.</th> </tr> </thead> <tbody> <tr> <td># individuals</td> <td># individuals As of 5/3/11, 564 total inmates. 22 inmates in MH Unit. It is estimated another 200 would be in target population</td> </tr> <tr> <td>No data X</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during this fiscal year? <input type="text" value="Unknown"/>.</p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during this fiscal year? <input type="text" value="Unknown"/>.</p> <p>How many individuals are currently incarcerated in the State Correction Institution from your county in the target population?</p> <table border="1" data-bbox="451 1717 1432 1822"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year.</th> </tr> </thead> <tbody> <tr> <td># individuals</td> <td># individuals</td> </tr> <tr> <td>No data X</td> <td>No data X</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during the current Fiscal Year? <input type="text" value="Unknown"/>.</p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during current fiscal year? <input type="text" value="Unknown"/>.</p>	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals	# individuals As of 5/3/11, 564 total inmates. 22 inmates in MH Unit. It is estimated another 200 would be in target population	No data X	No data	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals	# individuals	No data X	No data X
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**INTER-AGENCY AGREEMENT
WESTMORELAND COUNTY AREA AGENCY ON AGING
WESTMORELAND COUNTY BEHAVIORAL HEALTH AND DEVELOPMENTAL
SERVICES**

I. General Provisions

A. Legal Base - The legal basis for this agreement rests with the obligations of each agency under federal and state enabling legislation and departmental directives.

Specifically, the federal Older Americans Act (42 U.S.C 3001 et seq.) states that “it is the responsibility of the...States... to assist older people...secure equal opportunity to... the best possible...mental health...without regard to economic status...” (3001 (2)), and that “Each area agency on aging...shall...prepare and develop an Area Plan for a Planning and Service Area...[which] will provide that the area agency on aging will coordinate any mental health services provided by community mental health centers and by other public agencies and non-profit organizations.” (3026(a) (6) (F)).

Commonwealth legislation creating the Pennsylvania Department of Aging (71 P.S. 581-1-581-12) states that “the PDA shall have the power and... duty... to...provide consultation to [other] State agencies with respect to services, programs and activities which they may furnish to older citizens” (581-3(a)(3)) and “...to review the activities of [Commonwealth] agencies which affect the... utilization of State and community resources for programs and benefits for older persons and initiate programs which will help assure such utilization” (581-3(a)(23)).

Aging Program Directive # 06-29-01 dated 2/23/06 and its accompanying Attachment 1 directs the local area agency on aging to make and enter into a Memorandum of Understanding with the local behavioral health/developmental services provider for the purpose of collaboration in the provision of services to older adults with, or at risk of developing mental illness.

The legislative mandate for Behavioral Health/Developmental Services (BH/DS) participation in this collaboration include: the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the Federal Public Law 102-321 of 1992 and Federal Mental Health and Substance Abuse Block Grant Legislation.

The Office of Mental Health and Substance Abuse Services (OMHSAS) vision statement is “every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice and enjoy a quality of life that includes family members and friends. The implementing Guiding Principles for this vision state in part “the Mental Health and Substance Abuse Services System will provide quality services and supports that will: Be responsive to individuals’ unique strengths and needs throughout their lives and represent collaboration with other agencies and service systems.” The Office of Developmental Programs mission is to provide

individuals with intellectual disabilities, autism and their families the services and supports they need and the opportunities to make real choices about living, working, and options for social activities to enable them to live in and participate fully in the life of their communities.

The Mental Health and Substance Abuse Services Bulletin OMHSAS-06-02 dated 2/1/06 was issued to direct County Behavioral Health /Developmental Services Programs to ensure that appropriate community based behavioral health services, treatments and supports are available to meet the unique needs of the older adult population with mental illness. This bulletin states that “Each county Mental Health office is required to have or develop an interagency agreement with the Area Agencies on Aging in their county in order to insure collaborative efforts occur.”

B. Non-Discrimination Clause

The parties to this agreement, in accordance with Title VI, 504 of the Civil Rights Act of 1969, the Pennsylvania Human Relations Act and the Department of Public Welfare Executive Order, ensure that consumers of aging and BH/DS services will not be discriminated against because of age, color, creed, sex or national origin.

II. Purpose

A. Agency Descriptions - The Westmoreland County Office of Aging initiated services for the residents of Westmoreland County in 1967. Now designated as the Area Agency on Aging (AAA), the agency provides services to the adult population, age 18 years and older, of Westmoreland County. The intent of these services is to provide assistance to adults to maintain their independence within the community.

In 1966, the Mental Health/Mental Retardation Act of Pennsylvania was passed. This act set forth the guidelines and regulations for establishment of the county programs and also mandated the services to be provided. In 1967, a planning grant from the Department of Public Welfare was issued to Westmoreland County for the purpose of establishing an administrative office. The vision of the Westmoreland County Behavioral Health and Developmental Services is one in which every individual has the opportunity and right to choose services and supports which continually promote hope, growth, recovery, quality of life and full participation in society. The mission of the Westmoreland County Behavioral Health and Developmental Services is to partner with individuals, families, human service agencies, community agencies and advocacy organizations to build a high quality network of community based resources that best assist individuals to live independently, be self-directed, promote self-reliance, foster hope, facilitate and strive for recovery where possible. In order to achieve this mission, the focus will be on the following values necessary in the development of a recovery focused system: responsive service system, consumer choice, collaboration, consumer satisfaction, consumer rights, effective management, and outcomes.

B. Description of Service Area and Population - The entirety of Westmoreland County will be the geographic area served under this agreement. Data from the US

Census Bureau (1990 and 2009) shows that approximately 18.5% of Westmoreland County residents are age 65 or older. The overall population of Westmoreland County has declined since 1990, but the number of older adults has increased from 63,472 to 67,721. As a result of this trend, our county is home to a large number of older adults who may need the collaborative services of aging, behavioral health, developmental services and referrals to drug and alcohol services to remain as independent and healthy as possible. Services will be available for those aged sixty and over as well as those under sixty who have need for services and they meet eligibility criteria through the Healthchoices program, Office of Developmental Disabilities Waiver programs, or through County Base Funded programs (within available funding). Some limited numbers of behavioral health consumers under the age of sixty years for whom there are funds provided from non-aging block grant sources may also receive services from the AAA.

C. Purpose of the Agreement

1. To establish and/or maintain working relationships among AAA and BH/DS for the provision of services to older adults with or at risk for mental illness including older adults with co-occurring mental illness/intellectual disability and those older adults with substance use disorders who need referred for services within the drug and alcohol service system.
2. To assure appropriate services and treatment are available to older adults on an equitable basis.
3. To cooperatively develop and continually improve a system of service delivery that will facilitate the expansion and coordination of all services to older individuals and to avoid inappropriate duplication by targeting service delivery to the individual's primary needs while assuring other appropriate services are also provided.
4. To jointly work towards the elimination of procedural barriers that hinders the older adult's access to services.

III. Scope

A. Joint Service Population – The AAA and the BH/DS will provide aging, behavioral health, and intellectual and developmental disability services for persons with long term mental illness who are now entering the aging system, individuals in the aging system who develop mental illness, individuals with developmental disabilities, dementia and co-occurring mental illnesses. AAA and BH/DS will partner and refer to the drug and alcohol service system when an older adult is in need of assistance for substance use disorders. Some limited numbers of behavioral health consumers under the age of sixty years for whom there are funds provided from non-aging block grant sources may also receive services from the AAA. Shared consumers are registered with both the AAA and BH/DS programs.

B. Please see attached documentation for a brief overview of services that are provided by each agency. The responsibilities of the agreement parties are:

1. AAA and BH/DS jointly agree to make readily accessible the resources of their respective programs to older adults with or at risk for mental illness. Cross-

system referrals are initiated by the agency that has the first point of contact with the individual.

2. AAA and BH/DS will assume joint responsibility in assessing the local needs of older adults with or at risk for mental illness. When a complex case arises, or one that would benefit from cross-systems collaboration in care planning, the worker/supervisor dealing with that case contacts the appropriate worker/supervisor from the other agency to identify collaborators and schedule a meeting at a mutually agreed upon time to provide information and referral and plan for coordination of services. Subcontractors and other agencies involved would be invited as appropriate.
3. AAA and BH/DS agree to resolve funding issues on a case by case basis. Funding will be determined once the case has been assessed and service needs are identified. Often, funding is not an issue as each agency is able to utilize the funding source that accompanies the particular service. If funding becomes an issue and can't be resolved or agreed upon by the workers directly involved with the case, the Administrators for AAA and BH/DS or their designees would be called upon to work toward a resolution.
4. AAA and BH/DS agree to a timely sharing of all client information. Information is to be shared without charge to either agency and must adhere to AAA and BH/DS regulations regarding consumer confidentiality and HIPPA regulations.
5. AAA and BH/DS agree that when planning for individualized service delivery, community and natural supports will be incorporated into the service delivery plan along with more traditional service options. AAA and BH/DS agree to work together with individuals and families toward the least restrictive alternative of the informed individual's choice.
6. **There are numerous ways that AAA and BH/DS conduct collaborative outreach for the identification and engagement of persons needing services:**
 - I. AAA and BH/DS collaborate in a Medication Management program involving community psychiatric nurses funded by BH/DS and home health aides funded by AAA. Older adults are identified who need assistance with their medication management in order to assist them in continuing to live independently and avoid hospitalization. Services are jointly provided in order to permit the older adult to have daily contact and assistance with their medication management.
 - II. AAA and BH/DS attend the Personal Care Home Risk Management Team meetings. Because of this collaboration, when there have been instances of personal care home closings, individuals have been able to receive timely and shared care planning.
 - III. AAA sits on the Citizen Advisory Board of Westmoreland Casemanagement and Supports, Inc. (WCSI), the county's Base Service Unit. Their presence on the advisory board keeps the interests of the aging population at the forefront for planning and service provision.
 - IV. AAA invited WCSI to become a partner at their annual Health & Education Expo that provides health screenings and information to hundreds of older adults.

- V. BH/DS developed a multi-disciplinary team called Service Team for Adults in Recovery (STAR). The goal of STAR is to provide interagency case reviews to ensure that individuals are or will be receiving adequate services in the community. AAA is a participant at these meetings.
- VI. In addition to STAR, other collaborative meetings occur on a routine basis including Service Area Plan meetings for individuals being discharged from Torrance State Hospital, Guardianship Team Meetings, Individual Service Plan meetings and Ethics Board meetings.
- VII. The behavioral health system and AAA are one of many partners in “Aging Westmoreland”, a group whose mission became to assist caregivers of older adults. The resource guide developed by this group is in its second printing and being distributed throughout the community. Two “Ask the Experts” seminars were held at which a panel consisting of a physician, an attorney, a financial advisor, and a veteran’s affairs administrator provided information and answered questions about services available for older adults and their families.
- VIII. AAA and BH/DS are partner organizations in the Westmoreland County Suicide Task Force that sponsors yearly trainings and an annual suicide prevention walk.
- IX. AAA and BH/DS participate in the Integrated Case Conference Series (ICCS), a statewide initiative where challenging cases are presented via conference call so that counties across the state can provide guidance as to how best serve the older adult. AAA presented a case that was also active with BH/DS involving an older adult with hoarding behavior.

C. Cross-Systems training and in-service efforts to enhance collaboration and joint service delivery: AAA and BH/DS agree to utilize the resources within each program to cooperatively develop staff training programs geared toward helping agency personnel and other community stakeholders to more effectively deal with the needs of older adults with or at risk for mental illness. Training will consist of staff from AAA and BH/DS meeting with each other to explain and discuss services of their respective agencies and the continued implementation of the local AAA/BH/DS inter-agency agreement. Both agencies are committed to searching and applying for grants to be able to provide ongoing training events. **The following are examples of cross-systems trainings that have occurred or are planned:**

1. As a result of the shared case concerning an older adult with hoarding behavior, BH/DS was able to sponsor training on hoarding behavior attended by AAA, BH/DS, drug and alcohol and other community providers. The trainer has since provided technical assistance on this case.
2. In collaboration with the Pennsylvania Behavioral Health and Aging Coalition, two trainings were held: “Elder Abuse and Substance Abuse & Misuse in Older Adults” and “Understanding Depression, Anxiety, and Suicide in Older Adults.”
3. The Southwest PA Behavioral Health and Aging Coalition meets every other month with members from Westmoreland County and several other county AAAs and BH/DS programs, as well as the Office of Mental Health and

Substance Abuse Services and other providers. A spring conference is being planned that highlights collaboration between the aging, behavioral health and drug and alcohol systems.

4. The BH/DS Office is one of twenty seven sites across the state for the eight week Geriatric Resource Nurse training. This training will enable community nurses to serve older adults utilizing an inter-professional collaborative team approach. There are ten nurses attending the training in Westmoreland County.
5. Initial planning is occurring for a cross systems mapping meeting where various stakeholders from AAA, BH/DS, Drug and Alcohol Commission, and community agencies will determine what services are available for seniors in our county and what service gaps exist. These results will enable us to plan for appropriate and collaborative services for the ever growing aging population in Westmoreland County.

IV. Assignment of Staff

- A. AAA and BH/DS have designated staff persons to act as liaisons to insure coordinated services and effective program planning.
- B. Staff liaisons responsibilities include:
 - Education of staff from each agency regarding service availability, laws, regulations, etc on a formal and informal basis.
 - Attend staffings on shared consumers at mutually agreed upon times to provide information and referral and coordination of services.
 - Monitor the implementation of this agreement.

V. Conflict Resolution

The parties to this agreement agree to a three-level procedure of conflict resolution to mediate problems that impede implementation of this agreement. The levels of resolution will be:

1. Liaison personnel from AAA and BH/DS will meet to resolve the issue.
2. If the issue is not resolved at the level one stage within ten (10) working days, the AAA Administrator and the BH/DS Administrator will meet to resolve the issue.
3. Should the AAA Administrator and the BH/DS Administrator fail to resolve the issue within thirty (30) days, the issue will be referred to the Regional Mental Health Office or the Regional Office of Developmental Programs and the Pennsylvania Department of Aging Field Representative will be contacted to resolve the issue.

VI. Amendments

Either party may terminate this agreement by giving a ninety (90) day advance written notice to the other party of its intention to terminate. This agreement will be reviewed yearly for possible amendments or at any time the staff liaisons or agency directors call

for a review due to new bulletins, laws, etc. Any amendment must be authorized and signed by each agency director.

VII. Effective Date and Term

This agreement shall be in effect immediately and shall continue indefinitely between the agencies listed below with the exception that either party may terminate the agreement by affording the other party ninety (90) days written notice. This agreement has been revised as of May 2011.

FY 2013-2017 Westmoreland County Plan

TOP FIVE TRANSFORMATION PRIORITIES

	TRANSFORMATION PRIORITY
1	Development of an Alternative Crisis Assessment Center
2	Development of a Crisis Intervention Team
3	Identification and pursuit of a supported employment initiative
4	
5	

Reference: County Plan Guidelines Section 6 – *Identification of Recovery-Oriented Systems Transformation Priorities*

FY 2013-2017 Westmoreland County Program

Expenditure Charts & Funding Requests

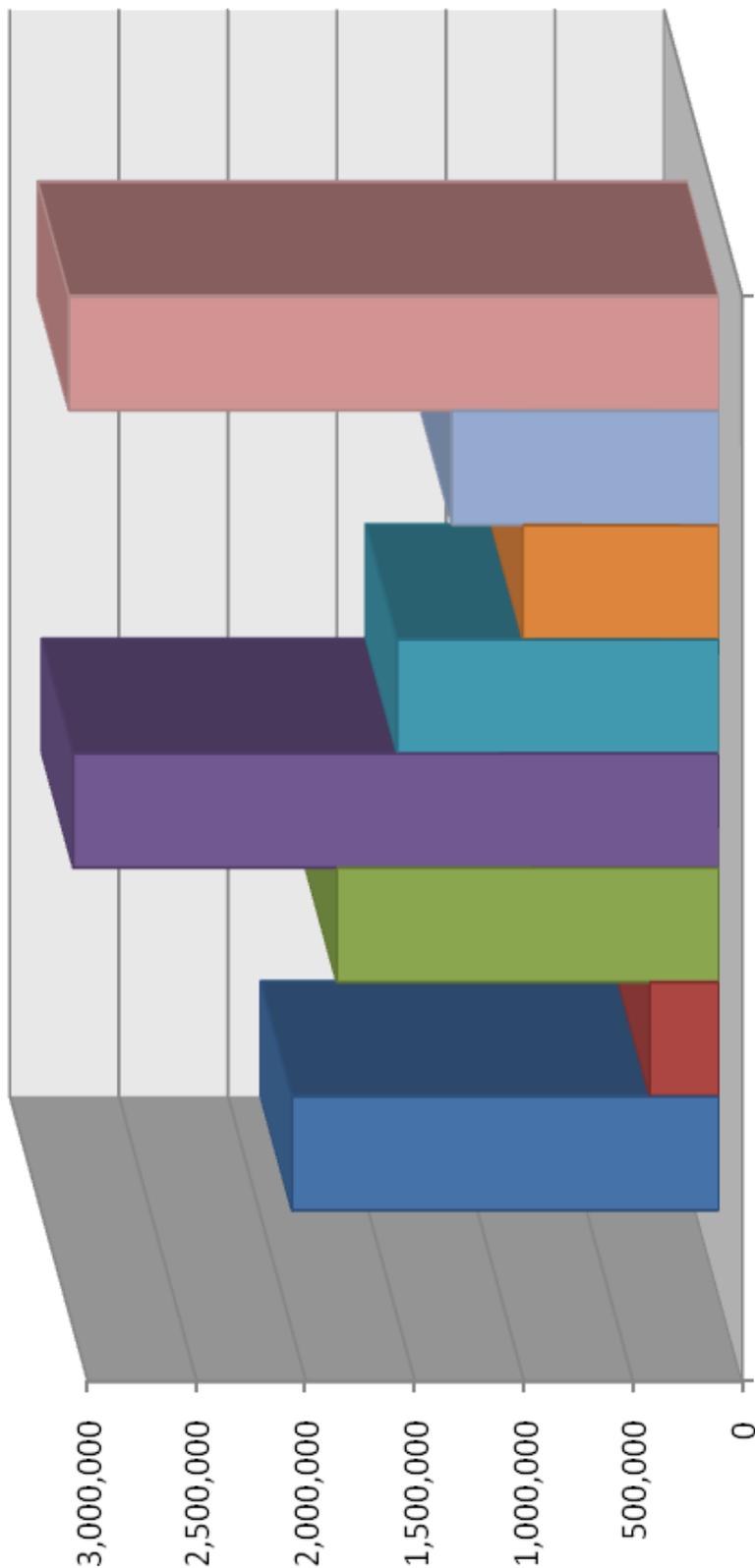
Service Description/Category for County Funds 09/10

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	1,956,799
Crisis Intervention Emergency Services	Crisis Intervention	317,223
Administrative Mgt. Intensive Case Mgt.	Case Management	1,751,815
Comm. Emp. E R C P R Psych Rehab Residential	Rehabilitation	2,959,894
Social Rehabilitation Vocational Rehabilitation	Enrichment	1,475,809
Admin Office	Rights Protection	899,176
Family Services Housing Support Services	Basic Supports	1,223,771
Community Services	Wellness/Prevention	2,979,790

Service Description/Category for County Funds 10/11

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	1,500,765
Crisis Intervention Emergency Services	Crisis Intervention	184,371
Administrative Mgt. Intensive Case Mgt.	Case Management	1,829,543
Comm. Emp. E R C P R Psych Rehab Residential	Rehabilitation	2,558,347
Social Rehabilitation Vocational Rehabilitation	Enrichment	1,211,904
Admin Office	Rights Protection	836,000
Family Services Housing Support Services	Basic Supports	1,371,379
Community Services	Wellness/Prevention	3,023,564

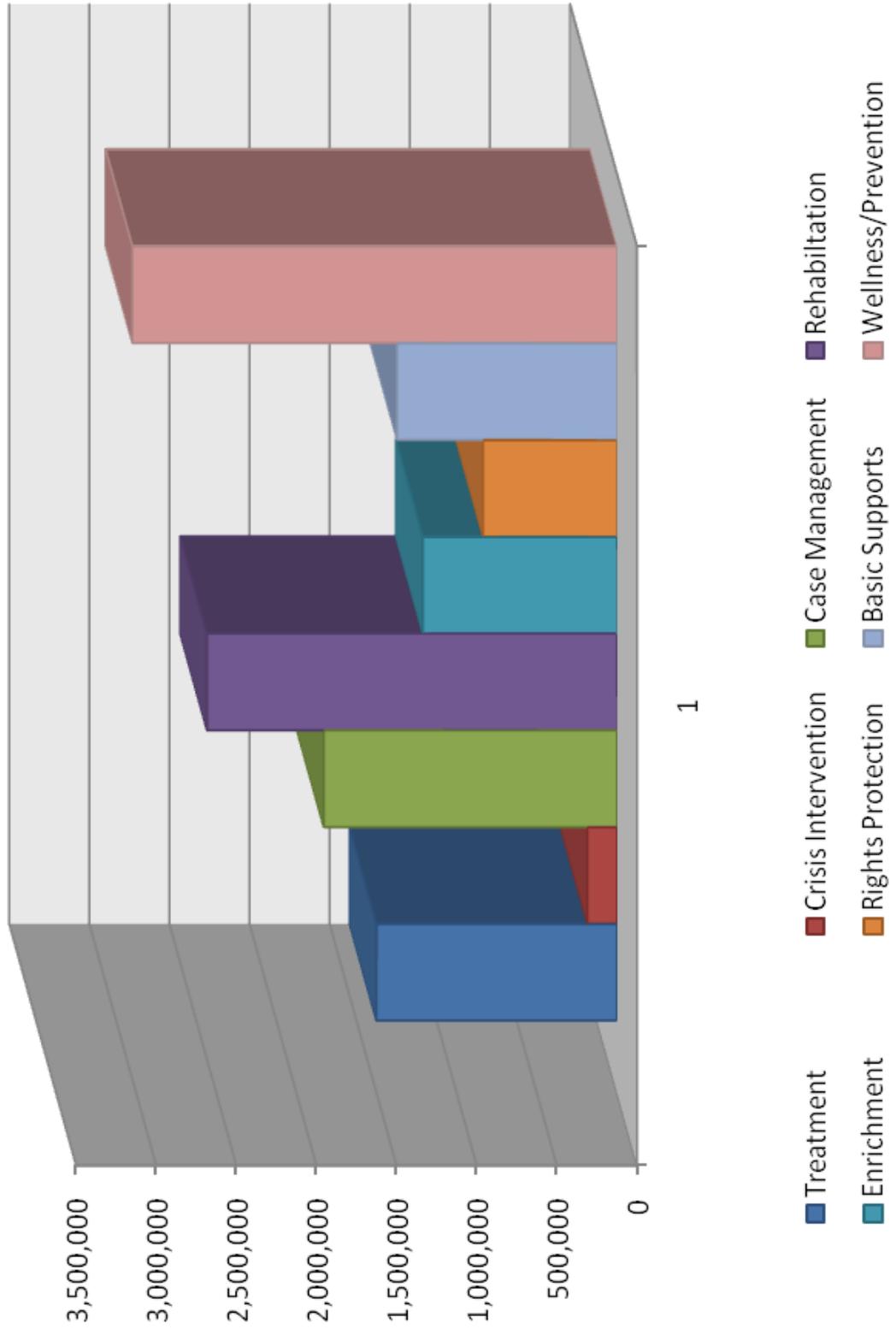
09-10 County Expenditures



1

- Treatment
- Enrichment
- Crisis Intervention
- Rights Protection
- Case Management
- Basic Supports
- Rehabilitation
- Wellness/Prevention

10-11 County Expenditures



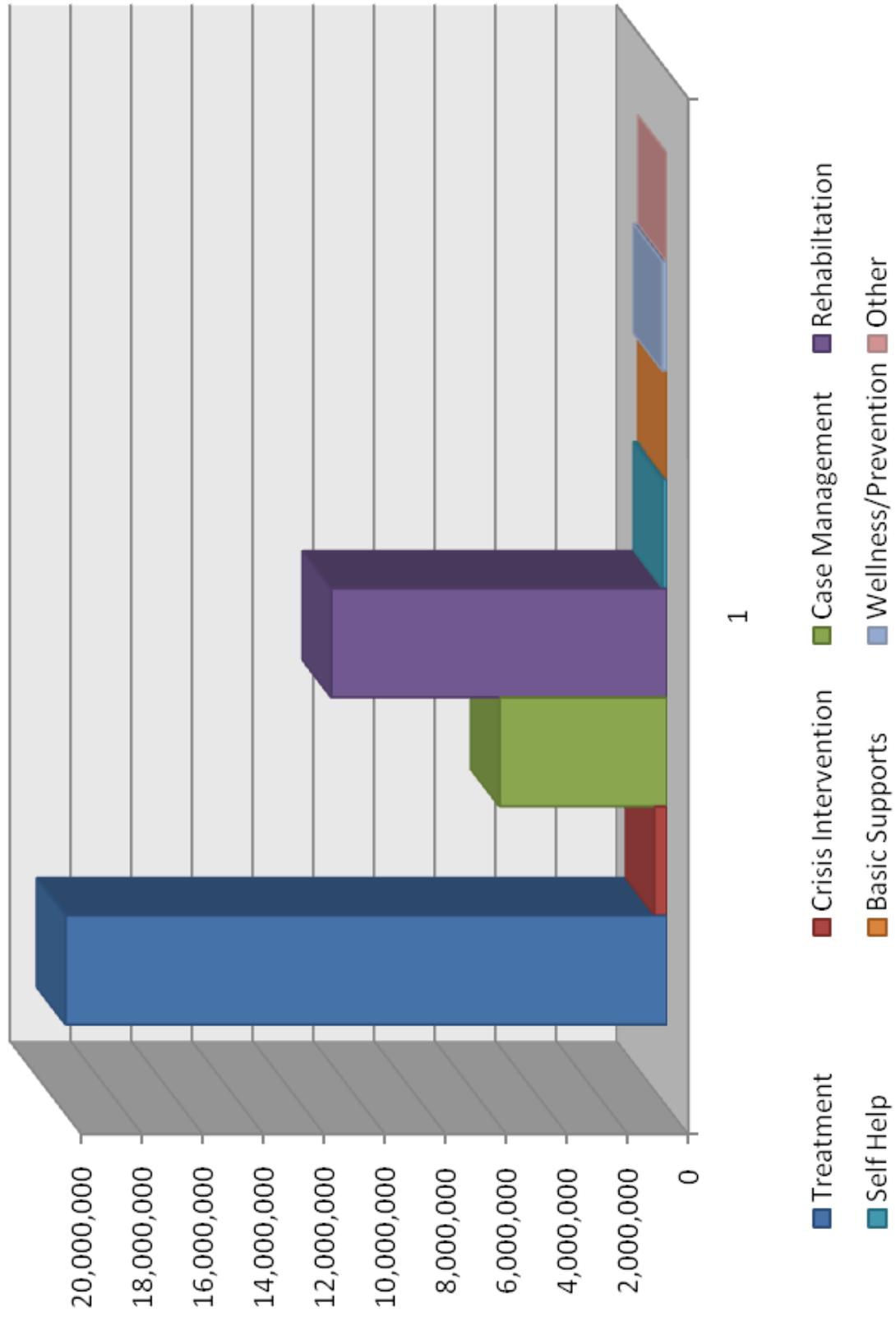
Healthchoices Expenditure of funds for 2010

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	19,815,400
Crisis Intervention Emergency Services	Crisis Inetervention	406,430
Administrative Mgt. Intenscive Case Mgt.	Case Management	5,511,668
Comm. Emp. E R B H R S Psych Rehab Residential	Rehabilitation	11,056,988
Social Rehabilitation PEER Supports	Self Help	145,185
Community Services	Wellness/Prevention	150,992

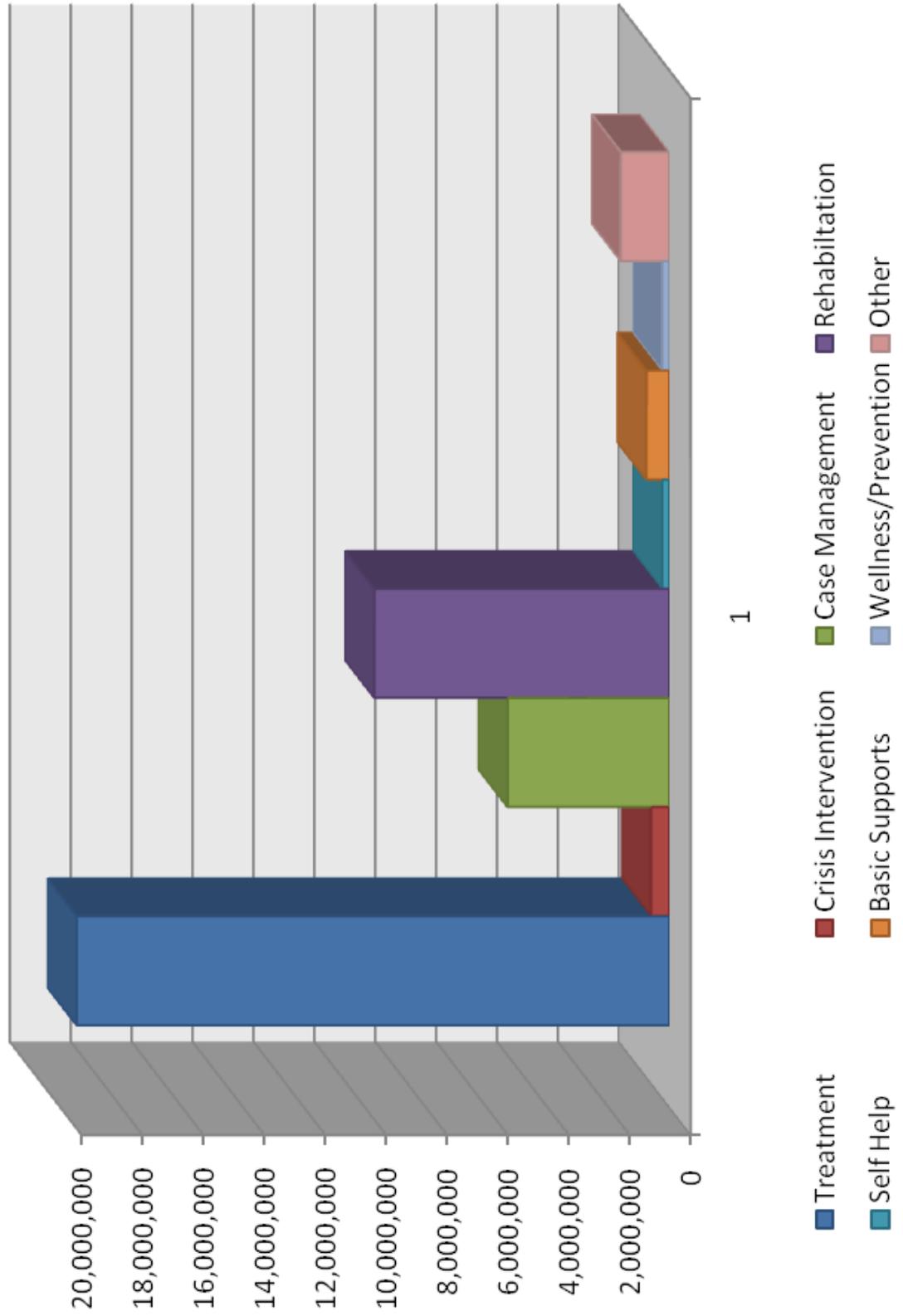
Healthchoices Expenditure of funds for 2011

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	19,457,256
Crisis Intervention Emergency Services	Crisis Inetervention	588,654
Administrative Mgt. Intenscive Case Mgt.	Case Management	5,304,728
Comm. Emp. E R B H R S Psych Rehab Residential	Rehabilitation	9,681,142
PEER Supports	Self Help	226,659
Community Services	Wellness/Prevention	745,434
Family Services Housing Support Services	Basic Supports	41,958
Community Services	Other	1,583,952

2010 Healthchoices Expenditures



2011 Healthchoices Expenditures



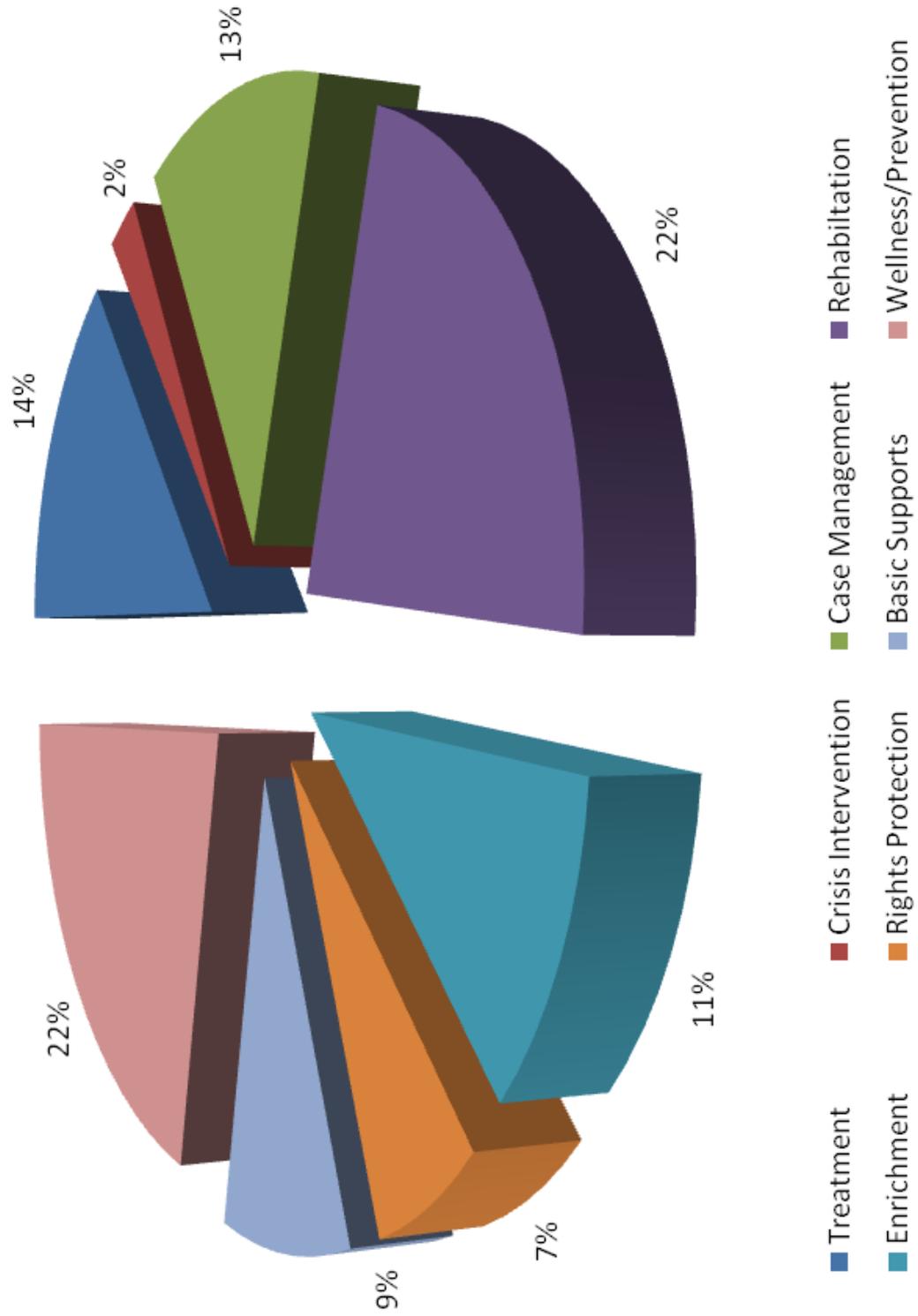
Percentage of County Expenditures for 09-10

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	14%
Crisis Intervention Emergency Services	Crisis Inetervention	2%
Administrative Mgt. Intenscive Case Mgt.	Case Management	13%
Comm. Emp. E R C P R Psych Rehab Residential	Rehabilitation	22%
Social Rehabilitation Vocantional Rehabilitation	Enrichment	11%
Admin Office	Rights Protection	7%
Family Services Housing Support Services	Basic Supports	9%
Community Services	Wellness/Prevention	22%

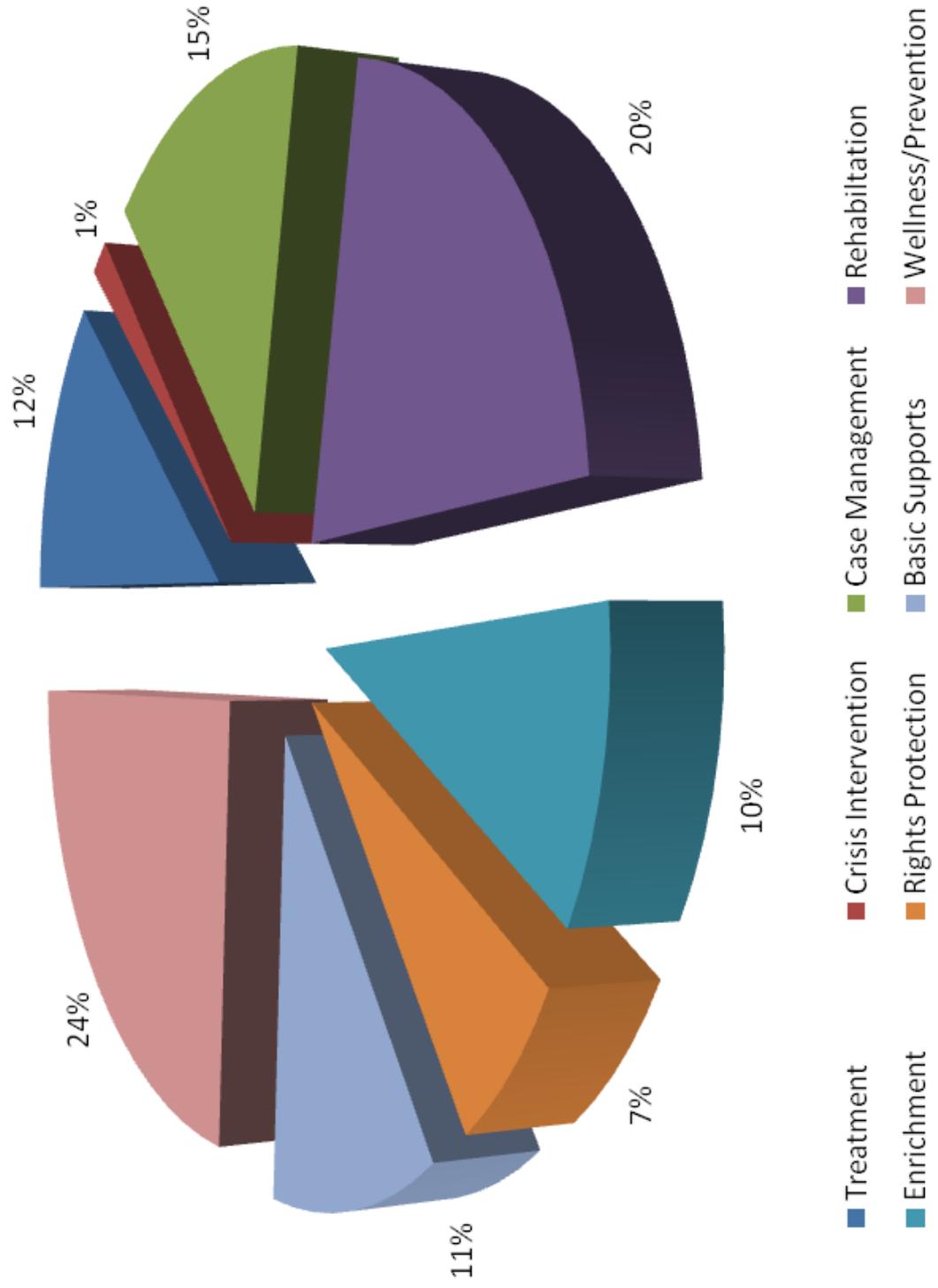
Percentage of County Expenditures for 10-11

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	12%
Crisis Intervention Emergency Services	Crisis Inetervention	1%
Administrative Mgt. Intenscive Case Mgt.	Case Management	15%
Comm. Emp. E R C P R Psych Rehab Residential	Rehabilitation	20%
Social Rehabilitation Vocantional Rehabilitation	Enrichment	10%
Admin Office	Rights Protection	7%
Family Services Housing Support Services	Basic Supports	11%
Community Services	Wellness/Prevention	24%

09-10 Percentage of County Expenditure



10-11 Percentage of County Expenditures



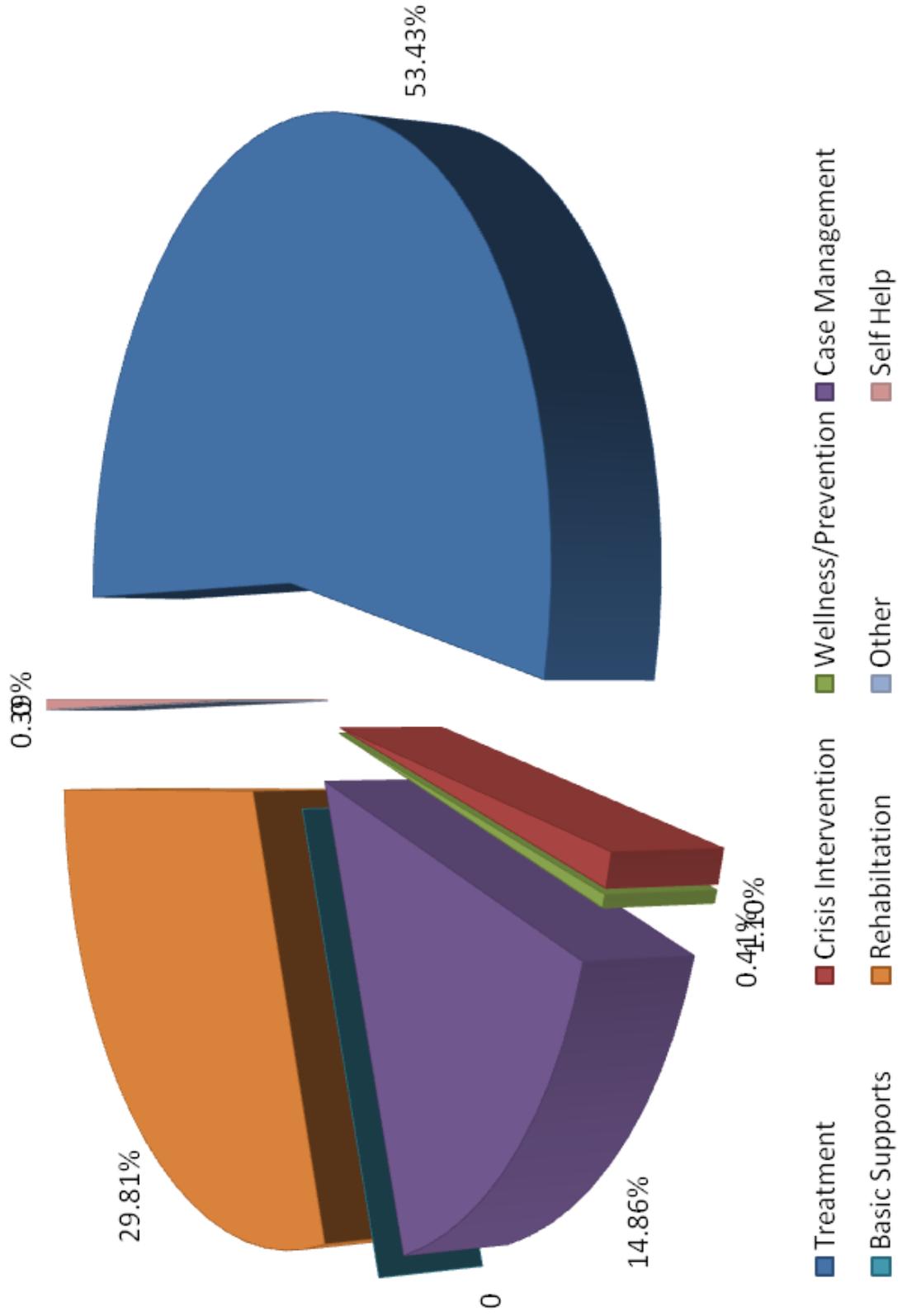
Percentage of Healthchoices Expenditures for 2010

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	53.43%
Crisis Intervention Emergency Services	Crisis Inetervention	1.10%
Administrative Mgt. Intenscive Case Mgt.	Case Management	14.86%
Comm. Emp. E R B H R S Psych Rehab Residential	Rehabilitation	29.81%
PEER Support	Self Help	0.39%
Community Services	Wellness/Prevention	0.41%

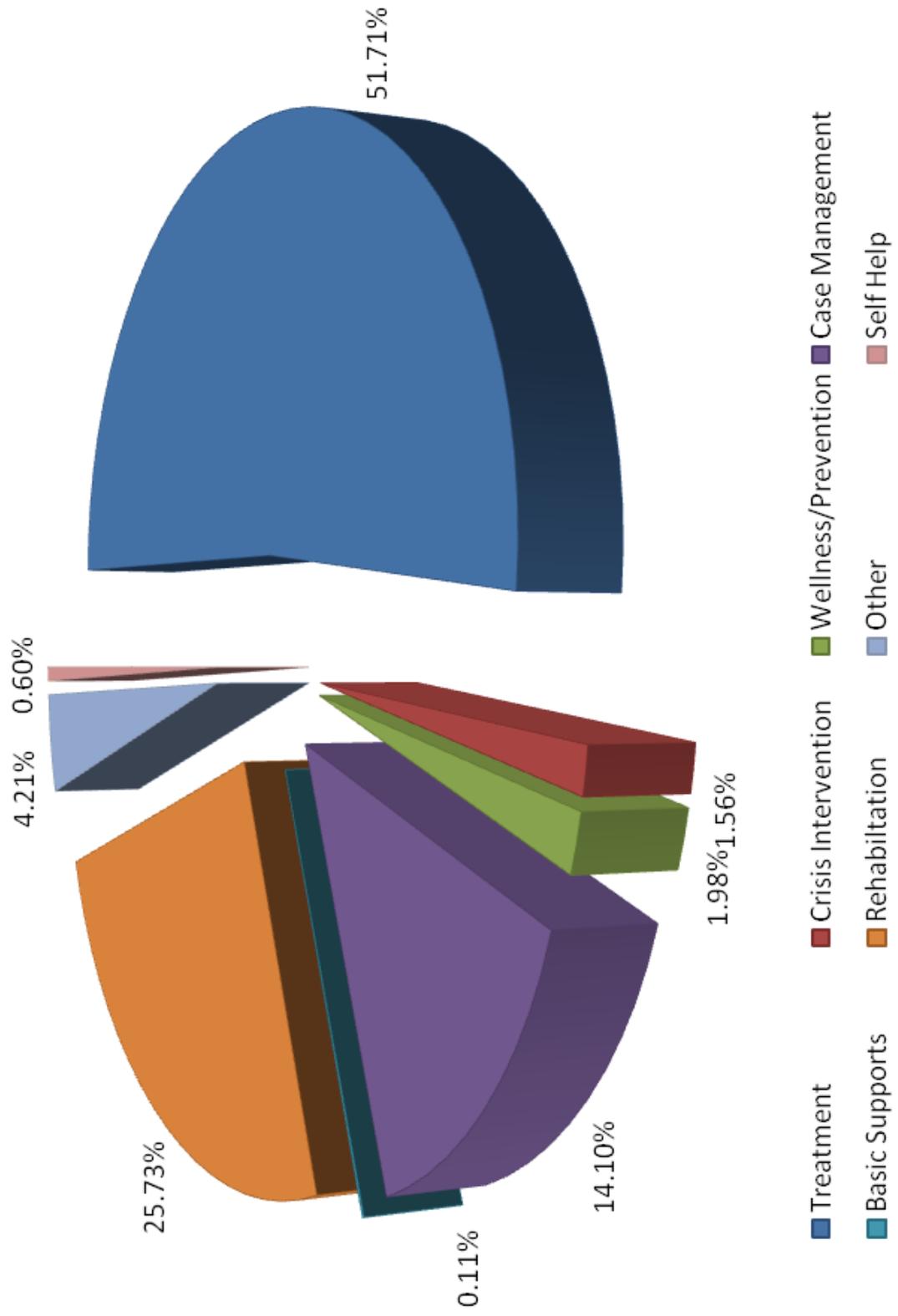
Percentage of Healthchoices Expenditures for 2011

Service Description	Service Category	Expenditures
Partial Hospitalization Family Based Inpatient C T T Outpatient	Treatment	51.71%
Crisis Intervention Emergency Services	Crisis Inetervention	1.56%
Administrative Mgt. Intenscive Case Mgt.	Case Management	14.10%
Comm. Emp. E R B H R S Psych Rehab Residential	Rehabilitation	25.73%
Admin Office	Wellness/Prevention	1.98%
Housing Supports	Basic Supports	0.11%
PEER Supports	Self Help	0.60%
Community Services	Other	4.21%

2010 Percentage of Healthchoices Expenditures



2011 Percentage of Healthchoices Expenditures



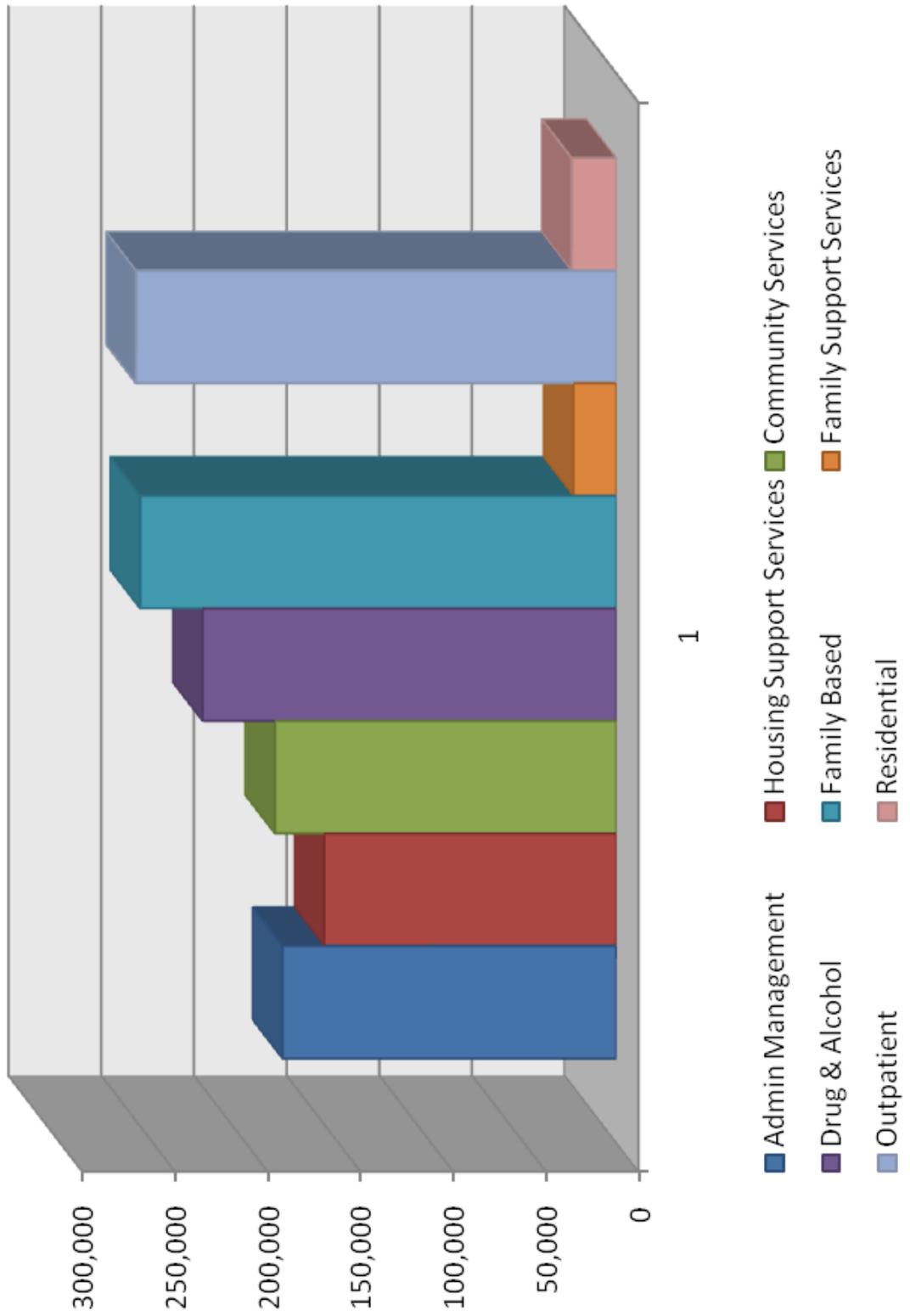
**Reinvestment Funds
Expenditure Chart
2010**

Service	Expenditures
Admin Management	\$179,974
Housing Support Services	\$157,470
Community Services	\$184,133
Drug & Alcohol	\$223,081
Family Based	\$256,833
Family Support Services	\$23,178
Outpatient	\$259,074
Residential	\$24,158

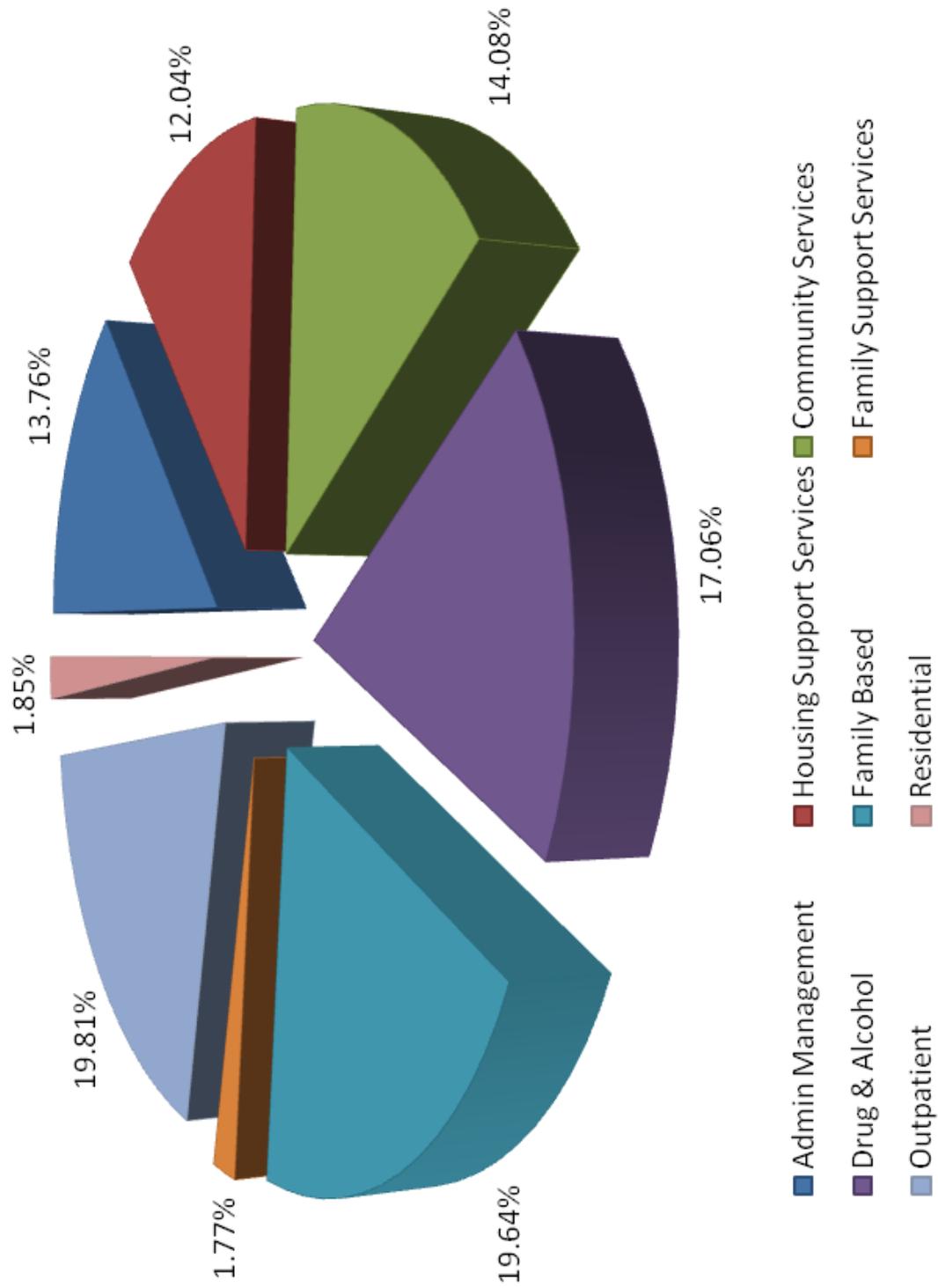
**Reinvestment Funds
Percentage of Expenditures Chart
2010**

Service	Percentages
Admin Management	13.76%
Housing Support Services	12.04%
Community Services	14.08%
Drug & Alcohol	17.06%
Family Based	19.64%
Family Support Services	1.77%
Outpatient	19.81%
Residential	1.85%

Reinvestment Expenditures 2010



Percentage of Reinvestment Expenditures 2010



FY 2013-2017 Westmoreland County Plan

HOUSING PLAN GUIDELINES

**Office of Mental Health and Substance Abuse Services
County Housing Plan Policy
September, 2010**

In the fall of 2006, the Office of Mental Health and Substance Abuse Services (OMHSAS) in the Pennsylvania Department of Public Welfare issued “A Plan for Promoting Housing and Recovery-Oriented Services” consistent with the OMHSAS landmark 2005 document entitled *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults*.

“A Plan for Promoting Housing and Recovery-Oriented Services,” drafted with support from consumers, providers, County MH/MR programs and other stakeholders, provided guidance to County MH/MR Programs for their planning, resource allocation and development of effective supportive housing models and modernization of housing approaches. The Plan spelled out specific actions for OMHSAS, its state partners and County MH/MR Programs for housing policy and development. Subsequently OMHSAS increased technical assistance to counties in Housing Plan development, and specifically provided guidance on the allocation of HealthChoices Reinvestment funds for supportive housing.

In 2007, OMHSAS required any county seeking to utilize HealthChoices Reinvestment, Community Hospital Integration Program Project (CHIPP) or Base Funds for any housing activity, prepare a Housing Plan utilizing the OMHSAS Housing Plan template. All planning identified the priority group most in need of permanent housing by age, type of disability/need or other designation. This priority group included the housing needs of persons being served in state psychiatric hospitals at that time or in the future. Subsequently, OMHSAS required each County to submit a Housing Plan. The Housing Plan was reviewed and approved by OMHSAS.

With significant supportive housing and Fairweather Lodge planning and implementation underway, OMHSAS is requesting each County update their housing plan with this submission. OMHSAS is establishing five statewide priorities during FY2011 and 2012:

1. The continuation or creation of housing development and/or rental housing, partnerships with housing organizations within the county including your Public Housing Authority, Community Development Authorities or County Development offices, CAP agencies if they provide access to housing, developers of affordable housing, Continuums of Care, DPW-PHFA Regional Housing Coordinators and other entities such as housing coalitions, LHOTs and organizations dedicated to or interested in affordable housing in your communities.

Where more practical OMHSAS is encouraging counties to work together to increase these opportunities.

2. Development of evidenced based services and supports for persons who want and need supportive housing or other evidenced based housing such as Fairweather Lodges. Counties are asked to provide a description of how persons who are institutionalized (psychiatric hospitals, personal care boarding homes, nursing homes or long term structured residences) in facilities of 16 or more residents will be provided the opportunity to access housing in the most integrated setting possible.
3. Continued conversion of CRRs to supportive housing or disposition of CRRS wherein proceeds or savings can be utilized for supportive housing for current or future residents. In addition in FY 2011-12, OMHSAS is requesting Counties identify their CRRS as either transitional housing or permanent housing. If permanent, Counties shall present their plan to assure this environment is for persons for whom this is the most integrated setting they can live in during their lifetime. This requirement applies to each CRR in the County.
4. Sustainability of Re-Investment Plans approved in FY 2008-10 that including supportive housing.
5. Development of a Quarterly Housing Report to be submitted by Counties to OMHSAS quarterly. This report will be used to establish a quarterly statewide report. It can also be helpful in establishing goals and targets for the state's performance in the "Plan for Promoting Housing and Recovery-Oriented Services".

This submission must include completion of the attached County Housing Plan Template.

This template provides Counties with instructions to present the following:

- Proposed Activity:
 - A. development of any services, management, rental or capital resources for supportive housing including Fairweather Lodges or other evidence based supportive housing approaches;
 - B. allocation of resources to purchase, build or to substantially modify or convert Community Residential Rehabilitation Services or Long Term Structure Residences;
 - C. allocation of resources for contingency funds (move-in or eviction prevention assistance);
 - D. allocation of resources for purchased services, staff and time limited technical consultation to assure the availability of evidenced based services;
 - E. allocation of services to assure person residing in institutions have access to the most integrated living setting possible and to distinguish services for persons residing in CRRS to either transitional or permanent housing; and/or
 - F. development of Enhanced Personal Care Boarding Homes.
- A description of current and proposed housing related activities in the county including:

- Updating priority groups including describing how persons living in institutions will be given the opportunity to live in the most integrated setting possible;
- description of partnerships with housing organizations. This includes specifying the relationship (i.e., formal agreement, memorandum of agreement, working group, etc.);
- plans for furthering or developing new partnerships;
- progress report and updated sustainability plan for approved Re-investment requests;
- progress of approved CRR conversions;
- progress of all CHIPP housing related plans since 2007.

Requirements:

1. Counties shall ensure consumer and family involvement in the development of the County Housing Plan Update.
2. OMHSAS will review and approve housing plans. Plan approval notices will be forwarded to the County MH/MR Administrator.
3. Upon Housing Plan approval, counties shall make formal request for use of these funds.

HealthChoices Reinvestment – Counties shall briefly summarize their request as a single HealthChoices Reinvestment Plan priority using Attachment 3 and 4 of Appendix N, extracting information from their approved Housing Plan to complete the following categories: Target Population, Description of Program or Service, Description of Fund Expenditures, Data Analysis and Stakeholder Involvement in Decision Making. Counties must also submit Attachment 5 if their Housing Plan includes development costs including real estate pre-development, purchase, new construction or rehabilitation.

CHIPP Funds Counties shall briefly summarize their housing and service requests in the CHIPP Letter of Agreement. The description of housing development to be funded by CHIPP can be extracted from their approved Housing Plan to complete the Agreement in the following categories as applicable: program objectives, staffing, service development (services and housing), budget, and implementation timeframes.

6. Given that new housing resources from other sources may become available during the period of time covered by the Housing Plan, County MH/MR Programs have the opportunity to expand or modify their Housing Plans to match resources. If the county is going to make a substantial change which is the greater of 25% or \$50,000 of the amount allocated for the Housing Plan priority, requires the County MH/MR office to submit a modified housing plan to the regional field office for approval, using the same Housing Plan template. A County's Housing Plan modification must be approved by OMHSAS before submitting a change in the Reinvestment Plan or CHIPPS proposal.
7. OMHSAS has partnered with the Pennsylvania Housing Finance Agency to create a new Project Based Operating Subsidy Program. Separate guidelines and application process is required for access to this program. Please contact Jessica Bradley (Jebradley@state.us) or Natalie Shaffer (Natshaffer@state.pa.us) for more information on that program.

8. Any county plan that includes the development of a “bank trust” fund must be approved by OMHSAS in the overall County Housing Plan. A bank trust is not considered a Housing Trust Fund, defined distinctly as a trust created by legislation or ordinance.

Definition of Supportive Housing:

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

A supportive housing unit is:

- Available to, and intended for a person or family whose head of household is experiencing mental illness, other chronic health conditions including substance use issues, and/or multiple barriers to employment and housing stability; and may also be homeless or at risk of homelessness;
- Where the tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%;
- Associated with a flexible array of comprehensive services, including medical and wellness, mental health, substance use management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment, and tenant advocacy;
- Where use of services or programs is not a condition of ongoing tenancy;
- Where the tenant has a lease or similar form of occupancy agreement and there are not limits on a person’s length of tenancy as long as they abide by the conditions of the lease or agreement; and
- Where there is a working partnership that includes ongoing communication between supportive services providers, property owners or managers, and/or housing subsidy programs.

Supportive Housing is:

1. Safe and Secure
2. Affordable to consumers
3. Permanent, as long as the consumer pays the rent and honors the conditions of the lease.

Supportive Housing is linked to support services that are:

1. Optional. People **are not** required to participate in services to keep their housing, although they are encouraged to use services
2. Flexible. Individualized services are available when the consumer needs them, and where the consumer lives.

**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH
DEPARTMENT OF PUBLIC WELFARE
COUNTY MENTAL HEALTH/ SUBSTANCE ABUSE HOUSING PLAN TEMPLATE
FY 2011-12**

COUNTY PROGRAM:

CONTACT:

Name: Carol Dunlap

Title: Behavioral Health Program Specialist

Address: 40 N. Pennsylvania Courthouse Square Greensburg, PA 15601

Phone: 724-830-3631

Email: dunlapc@westmoreland.swsix.com

SUMMARY OF COUNTY HOUSING PLAN:

Westmoreland County Behavioral Health and Developmental Services (BH/DS) Program is proposing with this housing plan of a commitment for over a three to five year period to expand housing options and supports within the county. Westmoreland County BH/DS program is a staunch advocate for promoting stable housing as an essential component for mental health recovery. We believe that a continuum of care of housing options and support services offered to persons with serious mental illness and co-occurring disorders will assist the person in being successful and improving their quality of life. Adults with serious mental illness/co-occurring disorders often face challenges in finding safe, affordable, permanent supportive housing. This population may have to overcome many barriers such as low income, stigma and lack of appropriate resources and support system. With the approval of OMHSAS, Westmoreland County BH/DS proposes to utilize the currently identified funding streams in the implementation of this housing plan:

1. 2008, 2009 Reinvestment Funds
2. TSAP Funds
3. CHIPP Funds
4. Base Funds utilized currently for 19 CRR beds

Initially, the main avenues being sought for funding of our Housing Plan was through a 2005 Reinvestment Plan and through our CHIPPS plan as part of our service area planning strategy with Torrance State Hospital. The 2005 Rental Subsidy/Program Management Clearinghouse Plan has been implemented with great success. Within this plan, we have incorporated several facets which will help to create the necessary foundation upon which to expand the continuum of available housing. Westmoreland County has initiated a Rental Subsidy & Contingency Fund, Emergency Housing

Contingency Fund, and expanded housing supports services. A Reinvestment Continuation Plan has been submitted for approval and will continue to provide rental subsidies and other financial assistance through a contingency fund to those who are eligible for HUD during the waiting time to obtain a voucher to expedite the process of the individual living in housing of their choice. A sub-group (often times the forensic population), who do not meet the standards to obtain a Section 8 HUD voucher may also access these funds dependent on criteria set and availability of funds. The number of individuals served and the amount of financial assistance may vary based on individual need, income, available resources and the length of time it takes to obtain other housing subsidies. Recognizing the importance of providing support to persons seeking housing, the original housing reinvestment plan enhanced and expanded housing supports staff by 1 FTE of an identified provider agency to help program participants with such actions as: finding housing; sign leases; move into housing; assist in developing or improving skills needed to sustain and maintain the housing of their choice.

Given the size of Westmoreland County and the need to identify an entity that will devote full attention to managing many of the necessary components, it has been implemented through funding from the 2005 Reinvestment Plan to create a Housing Program Management/ Clearinghouse entity with our Community Action Agency. The plan to sustain this Housing Clearinghouse position and the additional Housing Supports (Supportive Living) staff will be through realized funds from the conversion of existing community residential rehabilitation (CRR) beds. The county administrative office has been meeting with our mental health residential providers to identify potential transition of beds. During the initial phase, nineteen (19) beds of three (3) present CRR programs have been converted to a supportive living/shared housing option. In addition, as housing support (supportive living) services is recognized as a strong component and realizing the size of our project, we have expanded housing supports services staffing. Three (3) provider agencies have received funding to increase staff capacity by 3 FTEs through Reinvestment and CHIPPS dollars.

Currently, one provider has 2 homes with eight (8) beds with a maximum of 3 individuals per home. A maximum of four (4) additional beds has been converted to a three (3) bedroom arrangement under another residential provider. A CRR in the northern part of the county with 7 beds for Westmoreland County closed their doors and the funding was allocated to increase their Supportive Living program to provide more enhanced supports to priority populations such as TSH discharges and diversions. The shared housing options will meet the OMHSAS guidelines for affordability of no more than 50% of income for housing and most likely will follow the Section 8 standards of 30%. The county office and the provider have been working on a timely, effective transition plan over the past year. After reviewing the profile of individuals that we are presently assessing for transitioning back to the community, it appears that a small enhanced personal care home is indicated for some who have complex needs that may best be met through this type of housing. Therefore we will continue to work with our LHOT and CSP housing Committee to develop the template for such a housing model.

In furtherance of erecting the supportive infrastructure as part of our housing endeavor, several services/programs have been identified and are being developed/enhanced as

part of our 2009 Reinvestment Plan and Torrance State Hospital (T-SAP) CHIPPS project.

As afore-mentioned, as a result of our housing specialist having historically partnered with entities such as the Planning Department and Housing Authority in numerous ways, Westmoreland County continues to be very fortunate to have the collaboration/partnership of the Housing Authority to accept applications for local preferences which include residents in transitional housing with a letter from the agency. The Housing Authority also provides HOME TBRA (tenant based rental assistance) funds and a Homeownership Program. These programs are governed under HUD standards and meet OMHSAS guidelines for affordability. Westmoreland County will foster this partnership as we move forward in the implementation of this Housing Plan.

Westmoreland County has an ongoing good working relationship with our County Planning Department and a developer, Homes Build Hope. Through HOME dollars there will be 287 low income rental properties available to access. In addition Westmoreland County has had the opportunity to successfully be awarded HUD funding for 4 programs. These programs include 7 units of permanent supportive housing for disabled individuals and/or families in the southwestern part of the county and 25 scattered site units of transitional housing for families. Opened in April 2008, a permanent supportive housing option (Safe Harbor) was implemented for a maximum of 12 disabled men and women who are chronically homeless with non-compliance complex issues such as mental illness and drug and alcohol. An additional permanent supportive housing option of 10 beds to serve the mentally ill chronic homeless population has been started with a current full capacity and a waiting list. In February 2011, a Westmoreland County Projects for Assistance in Transition from Homelessness (PATH) proposal was submitted. If awarded, this program will be a great addition to Westmoreland County's housing option continuum and will address the need of one of our priority populations identified in this plan, the transition age. In addition, existing Housing Supports programs have developed good working relationships with landlords in the community who are willing to rent to individuals who are disabled and/or have mental health issues and co-occurring disorders.

Westmoreland Case Management & Supports, Inc., our centralized case management entity, has designated an administrative case manager to be a coordinator of housing options for the agency. The position is designed to assist the case managers in identifying and helping the individuals being served to locate housing. The internal housing coordinator position will serve as a centralized repository and be responsible for maintaining waiting lists and available residential placements. This position also works closely with the state and local hospital liaisons to prioritize seriously, persistently mentally ill (SPMI) clients for community housing placement. This function has been a beneficial mechanism to limit waiting lists and being able to help individuals to access needed housing in a timely manner. This position works closely with the Housing Assistance/ Clearinghouse Program Coordinator, the local Housing Authority, landlords and other providers of housing options.

In February of 2011, in collaboration with Value Behavioral Health of Pennsylvania (VBH), an RFP for a Fairweather Lodge was distributed. Three submissions were

received. A provider has been selected and the project is in its infancy stages, awaiting Reinvestment funding approval for start up. An additional collaboration between stakeholders in the southwestern part of the county and the Community Action agency has evolved for a possible second Fairweather Lodge. Initial discussion for this Mon Valley area collaboration includes possibly having an “urban farm”.

I. SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY) *proposed activity includes any new CHIPP, Reinvestment or other Projects that are being planned, whether or funded or not. This includes any activity approved within the last fiscal year that is in the implementation process.*

1. Capital Projects

Description:

The Westmoreland County Planning Department has an ongoing working relationship with multiple affordable housing developers, the community action agency, private developers and foundations as well as stakeholders in the community. When completed, there will be 339 new rental units + 39 existing units available for persons earning less than 50% of median income. Most are Section 8 voucher eligible; 41 new homes for sale to persons in the 50% to 80% of median income bracket. These are cumulative statistics for past 9 years.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Westmoreland County acquires PA Act 137 funds through deed filing fees, and it is used to match HUD’s funding for the HOME program. We are required to match 25% of the federal funding – and that comes to about \$300,000 per year in Act 137 funds. This is about equal to what we collect each year from the fees. In addition, we have often had to exceed our 25% match requirement to make up for funding shortfalls on projects. Westmoreland County uses HUD funds, PA Act 137 match funds and private funding to finance housing construction projects only. Westmoreland County will have completed 380 housing units at a cost of \$56 million by the end of 2009-2010. \$3.5 to \$4 million of that is PA Act 137 funding – that’s 10 years worth of fees that we’ve committed to these projects.

Westmoreland County also receives funding from the following sources:

1. Penn Homes for homeownership
2. PHFA low income tax credits for rental projects
3. DCED for Community Housing for low-moderate housing assistance
4. CDBG Housing ancillary services such as sewage lines etc.
5. 202 Senior Housing Assistance
6. ESG funds of approximately \$200,000 for 5 providers of homeless/domestic violence shelters

- 2. Project Based Operating Program** (this includes any program where the County invests to assure rental units are available to priority consumers in a rental program. The funds are available to the project owner or manager and are not portable; it typically is used to secure set asides in new or existing federal Low Income Housing Tax Credit programs; it is different than either tenant based or master leasing where specific funds for are made available for tenants regardless of their location.):

Description:

Amount and Sources by type: (sources may include federal, base, other state, local funding:

3. Tenant Based Rental Program

3a. Bridge Subsidy Program

Description (include plans for people on bridge subsidies to get permanent subsidies):

We have been extremely fortunate that individuals served by our system are included in the populations targeted for high priority, resulting in an average waiting period of 3-6 months for a HUD voucher. These local preferences include: homeless families; a resident at an institution or in a group home preparing for self sufficiency; participants in transitional housing programs; natural disaster victims; victims of domestic violence; participants/graduates in educational and training programs designed to prepare the person for the job market; and veterans with documentation verifying the preference submitted by a social service agency assisting the applicant. Westmoreland County Housing Authority in a contractual agreement with Westmoreland County Planning department provides HOME funding for TBRA (tenant based rental assistance) for qualified individuals/families for up to 2 years. The TBRA often times assists those who are on the waiting list until a Section 8 housing voucher is available. Westmoreland County Housing Authority Section 8 program has 1804 vouchers (105 targeted toward family unification and 12 homeownership); 125 Moderate Rehabilitation project-based units and 20 HOME tenant-based coupons for a grand total of 1949 units. The Section 8 waiting list re-opened and has remained open since 9/2/2008. There are currently 2,527 applicants on the list (1642 individuals and families; 150 elderly (62 and older) and 735 disabled (under age 62).

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Federal funding through HUD

3b. Master Leasing Program

Description (include plans for people on master leasing to get permanent subsidies):

Amount and Sources by type: (sources may include federal, base, other state, local funding):

4. Program Management/ Clearinghouse

Description and Source:

This initiative has been integrated into our MH Housing Plan as part of Westmoreland County's housing options. It is the proposed plan to continue to provide rental subsidies and other financial assistance through a contingency fund to those who are eligible for HUD during the waiting time to obtain a voucher to expedite the process of the individual living in housing of their choice. A sub-group (often times the forensic population), who do not meet the standards to obtain a Section 8 HUD voucher may also access these funds dependent on criteria set and availability of the funds. Westmoreland County is very fortunate to have the collaboration/partnership of the Housing Authority to accept applications for local preference which includes residents in transitional housing with a letter from the agency.

Program Management/Housing Clearinghouse

In order to operate the rental subsidy/housing contingency program, this plan will continue to provide salary to manage the Program Management/Housing Clearinghouse position. The position is based out of Westmoreland Community Action Agency. The Housing Clearinghouse provides coordination among housing programs and expedites the access to available housing resources, maintains information for stakeholders such as a database as well as other identified responsibilities. The Housing Clearinghouse entity also developed a protocol for eligibility criteria as well as distributes the above rental subsidy and contingency funds to referred individuals. The coordinator in this Housing Clearinghouse position has gone above and beyond expectations to assist individuals in locating stable, safe affordable housing and securing funds to get them moving forward. One avenue for sustaining this Housing Clearinghouse position will be through realized funds from the conversion of an 8 bed CRR program to a supportive living/shared housing option. In addition, a Housing Reinvestment Continuation Plan has been submitted to provide for the contingency funds that are so crucial in providing quality assistance to those most in need.

Amount and Sources by type: (sources may include federal, base, other state, local funding):

Reinvestment dollars.

5. Housing Support/ Support Services

Description:

Supportive Living Services are provided to consumers and landlords that help consumers to access and maintain housing. Some of the services provided are renter and home maintenance skills, landlord/tenant negotiations, housing location assistance, budgeting, vocational linkages, transportation education etc. These supportive services offer an alternative that is less restrictive than traditional supportive housing services. Service delivery is flexible with a responsive system of community supports put in place and is designed to increase housing options and maximize the length of stay in chosen housing. There are 4 providers of these services in Westmoreland County contracted and funded through base dollars from Westmoreland County Behavioral Health and Developmental Services office.

Through reinvestment dollars an addition of 1 FTE Housing Supports/Supportive Living staff to an existing provider that opened up 30 people to these services. 6 of these individuals were homeless and 15 of the 30 had a history of chronic homelessness. This position will be sustained through the conversion of 4 CRR beds and allocating that money to the provider agency's Housing Supports/Supportive Living program.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Base funding

Housing Contingency Funds:

Description:

Emergency Housing Funds:

An Emergency Housing Plan has been established to offer financial assistance to those individuals currently in independent housing of their choice who may be hospitalized for less than 3 months and are on the verge of losing their housing. This funding can be accessed through the county's Base Service Unit, Westmoreland Casemanagement & Supports, Inc., (WCSI). Criteria has been developed to access the Emergency Housing Plan funds. Currently there are 5 providers contracted with Westmoreland County who offer mental health residential or housing supports/supportive living services.

There continues to be a need for these emergency housing funds. In the fiscal year of 2009/2010, 55 people were provided assistance with these funds. The initial 2 years of emergency housing funds have been exhausted. The demand exceeds the funding as evident by the funds allotted in a one year period were depleted in less than 6 months. Monies to continue these emergency funds has been outlined in the Housing Reinvestment Continuation Plan submitted for approval.

Housing Contingency Funds:

For the Fiscal year 2009/2010, the housing assistance program through Westmoreland Community Action (WCA) served 120 people. Of the 120, 17 were in the transitional age, 98 were considered adults (27 -60), and 10 were older than 60. 12 persons identified themselves as being involved with the criminal justice system, 89 had D/A issues. The Coordinator of the program has been thrifty with the funding and serviced over double in 1 year the anticipated number of 50 to be served over 2 years. The Housing Contingency Fund provides financial assistance with paying security deposits, utility deposits, purchasing necessary household items, etc. to secure permanent, safe housing for MA eligible adults with mental illness or co-occurring disorders.

There continues to be an unmet need of providing housing assistance with contingency funding. As other housing funding resources are exhausted and the Section 8 voucher waiting list time frame to get a voucher increases, so does the demand and need for rental subsidies and contingency funds. For the FY 09/10 a total of 155 people were entered into the HMIS (Homeless Management Information System) and in need of housing assistance through the PSH (Permanent Supportive Housing), Safe Harbor or the Housing Assistance/Clearinghouse programs. Of the 155 individuals; 36 (23%) were under 18, 119 (78%) identified themselves as having MH issues, 26 (17%) were in the transitional age of 18-26, 91 (59%) were adults and 2 (1%) were over 60 yrs old.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Reinvestment dollars and base funding.

7. Enhanced Personal Care Home(s):

Description:

Enhanced Personal Care Home RFP was distributed with 2 submissions. Unfortunately the proposals and budgets were not in the scope of the original plan and a decision was made to re-group and submit another plan for the reinvestment dollars. This continues to be a priority incorporated in Westmoreland County's Housing Plan implementation.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

8. CRR Development or Conversion:

Description:

Decreased CRR beds by 19 which included 7 from the northern part of the county and creation of an Enhanced supportive living addition, 4 beds into a 3 bed ranch shared housing option, and reduction of 8 beds into separate 3 bed shared living housing options.

9. Fairweather Lodge:

Description:

An RFP was distributed in collaboration with Value Behavioral Health of Pennsylvania (VBH). Three submissions were received. A committee was formed, a scoring tool was completed and Family Services of Western PA (FSWP) was selected as the provider to implement Westmoreland County's first Fairweather Lodge. FSWP established a goal to improve community housing opportunities for people in service programs. In order to meet this goal they adopted a plan to establish several Fairweather Lodges for Allegheny and Westmoreland Counties. The goals that FSWP would like to see achieved are: residents experience an increase in self-worth and confidence, increase in length of time working in the community, increase in skill building and development, establish and run a successful business, and experience a decrease in hospitalizations for psychiatric symptoms. FSWP has already demonstrated a commitment to develop and operate a Fairweather Lodge through trainings and networking in past year. FSWP has located and is under agreement for a 4 bedroom home in a community oriented residential neighborhood.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Start up reinvestment dollars.

10. Other:

Westmoreland Community Action is at the forefront of collaborations and partnerships in the creation of housing options and services. One of the major projects was a complete revitalization and development of a blighted section of the city of Jeannette.

The planning stages for the South 6th Street project began in 2001. The City of Jeannette and the Planning & Development Department of Westmoreland County approached Westmoreland Community Action (WCA) about a possible revitalization project in a blighted portion of Sixth Street in the community of Jeannette. WCA was asked to partner with the City of Jeannette and the County because they were already in the community performing reconstruction of homes on Chestnut Street and selling them to low-income, first-time homebuyers. The city, county and WCA recruited Steve Catranel Construction to provide the for-profit sector of the collaboration. Cantranel Construction was identified because of their past experience in working with similar type of collaborations. This partnership was successful because each entity had its own motivation for creating and participating in such a project. With the City of Jeannette, Westmoreland County, Westmoreland Community Action and Catranel Construction coming together for such a partnership, collaborations between other organizations began to materialize.

Between the four entities, Westmoreland Community Action was encouraged to take the lead in management of the project because WCA had prior experience in

neighborhood revitalization. The management structure was determined because funders required the project have a for-profit, non-profit and governmental body.

This project consisted of acquiring and razing 41 units on South 6th Street in Jeannette, with plans to reconstruct 25 single-family, energy-efficient, affordable dwellings in their place. Through collaboration with Hopes Build Hope, 18 townhouses for rent will also be constructed on this street. In addition, a parklet will be created at the end of the cul-de-sac; this parklet will provide green space and a place for area residents to relax and enjoy the outdoors.

The City of Jeannette South 6th street project has reached its third phase of construction. To date, 41 single-family dwellings have been acquired and have been razed or are awaiting demolition. WCA has utilized private foundation funds, County Act-137 funds & PA Brownfield for Housing funds to purchase these units. Eight new homes have been constructed using state, federal and private funding; six have been sold. Construction of Phase-III will begin in early summer of 2011. Phase-III will consist of the construction of five additional single-family houses that will be sold to graduates of the WCA Homebuyer Resource Center.

The Neighborhood Revitalization Program works to acquire homes in distressed communities for the purpose of demolishing and re-constructing homes throughout the county. The newly constructed homes provide affordable housing opportunities for graduates of the Homebuyer Resource Center. WCA has renovated or re-constructed homes in the following neighborhoods since the inception of the program: Greensburg, Jeannette, Mt. Pleasant, Claridge, Export, Latrobe, Monessen and New Kensington. Six houses have been completed in Monessen as part of the Sixth and Reed Avenue Rehabilitation Initiative and 5 have been sold, to income eligible participants of the Westmoreland Community Action's Homebuyer resource center. Westmoreland Community Action has partnered with the City of Jeannette to complete a large scale PHFA & HOME funded housing impact project. WCA, Inc. leads the project to re-construct 25 continuous single-family homes for resale. The project involves building 25 single-family homes and 18 townhouses between the 300 and 400 blocks of South Sixth Street from Bullitt Avenue and Cassatt Avenue in Jeannette, PA. The Jeannette Revitalization Project on 6th Street encourages growth and long-term commitment to the community through housing rehabilitation and construction, thus eliminating blight and helping turn Jeannette into a thriving, buyer friendly community once again.

Other facets of Westmoreland Community Action's housing services and supports continuum are integral to the transformation of individual and family lives through supportive housing concepts. These include but not limited to: Permanent Supportive Housing, the Housing Assistance Program and the Homebuyer Resource Center.

Pathways Permanent Supportive Housing Program is designed to assist chronically homeless, mental health consumers in securing housing. The Permanent Supportive Housing apartment building is located on Humphrey Road in Greensburg and has nine furnished apartments with 10 available beds. The program goals are to provide

safe, affordable housing for mental health consumers in Westmoreland County who are chronically homeless according HUD guidelines, to provide flexible, responsive housing supports and to engage and encourage the individuals to continue in their own recovery to be productive members of the community. In the Fiscal year of 2009/2010, the Pathways program provided permanent supportive housing to 17 chronically homeless and mentally ill individuals, 6 were in the transitional age of 18-26.

The goal of the Housing Assistance Program is to help individuals with an MH/MR diagnosis in finding stable housing as well as providing financial assistance. At any given time, roughly 25 to 30 percent of Westmoreland County residents with mental health or developmental disabilities are in need on some type of housing and financial assistance. This program is a one stop resource that helps applicants with expedited referrals and assistance to housing. The coordinator helps individuals move toward self –sufficiency by providing safe, decent affordable housing options.

Westmoreland Community Action’s Homebuyer Resource Center offers the training, support and resources to help families achieve the “American Dream” of owning their own home. Graduates of this program who meet qualifying guidelines are eligible to purchase one of the homes constructed through the Neighborhood Revitalization program. The Homebuyer Resource Center, a HUD and PHFA approved housing counseling program, provides free housing counseling services to all Westmoreland County residents with housing needs or problems potentially resolvable through homebuyer education and/or pre-purchase counseling. The Homebuyer Resource Center offers three housing counseling services via classroom instruction: Homebuyer class, Credit Enhancement Workshop and Pre-closing Classes.

II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:

- A. **Existing Resources:** Please describe your existing Services: CRRs, LTSRs, E-PCHB, Supportive Housing, Fairweather Lodges by the number and size of your facilities/programs, your current occupancy levels by facility or program and your annual turnover rate if applicable and the total number of people served in each of these programs in the last fiscal year.

Long Term Structured Residence (LTSR)

The Westmoreland LTSR is a 14 bed program that provides a safe and therapeutic environment where residents can learn the critical skills needed to increase personal independence and social integration into the community. This highly structured residential mental health treatment facility is designed to serve individuals 18 years of age or older who do not need hospitalization, but who require mental health treatment and supervision on an ongoing 24-hour per day basis. The average length of stay is 6-12 months. In the fiscal year of 09/10, the LTSR served 22 individuals for an average length of stay of 4 months. The

primary age group of 16 Adults were served along with 4 in the transitional age and 2 older than 60 years of age. Four individuals identified themselves as having criminal justice involvement and 7 had co-occurring D/A issues.

Community Residential Rehabilitation Services (CRR)

Both full care and partial care services are available. Full Care is a residential home like setting with 24/7 staff. Partial Care is apartment like setting with limited staff hours. These services are specifically designed and operated to assist persons 18 and older with chronic psychiatric disability, to live as independently as possible through the provision of training and assistance in the skills of community living and by encouraging the person to focus on their recovery. Services may include medication management, rehabilitation services, social and independent living skills instruction, emotional supports and renter skills. There are currently 2 providers of CRR. One provider has 16 full care beds and 21 partial care beds located in scattered apartment settings.

Threshold, Inc. served 72 individuals in the fiscal year of 09/10 in their 16 beds of full care and 21 partial care. Of the 72, 44 were adults, 21 were in the 18-26 years of age and 7 were over 60 years of age. Twelve identified themselves as being involved in the criminal justice system.

Southwestern PA Human Services (SPHS) CRR provided services to 8 individuals during the fiscal year 09/10. This CRR tends to have a higher length of stay of at least over a year due to the complex nature of the individuals they have agreed to serve.

Housing Support Services

Supportive Living Services are provided to consumers and landlords that help consumers to access and maintain housing. Some of the services provided are renter and home maintenance skills, landlord/tenant negotiations, housing location assistance, budgeting, vocational linkages, transportation education etc. These supportive services offer an alternative that is less restrictive than traditional supportive housing services. Service delivery is flexible with a responsive system of community supports put in place and is designed to increase housing options and maximize the length of stay in chosen housing. There are 4 providers of services. Approximately 331 individuals are served through these HSS/Supportive Living programs. Of the 331, 258 or 76% were in considered adults, 41 or 12% were in the transition age of 18-26, and 32 or 9% were older than 60. Twenty five of 7% identified themselves as being involved in the criminal justice system.

Housing Assistance Program

The Housing Assistance Program assists eligible adults with mental illness, co-occurring disorders and other special needs populations who are in need of locating housing, rental subsidy and/or other financial supports to secure and/or maintain stable housing. The Coordinator will link with provider resources, assess appropriateness for financial assistance, gather housing options in Westmoreland County and develop a clearing house database.

For the Fiscal year 2009/2010, the housing assistance program served 120 people. Of the 120, 17 were in the transitional age, 98 were considered adults (27 -60), and 10 were older than 60. 12 persons identified themselves as being involved with the criminal justice system, 89 had D/A issues. The Coordinator of the program has been thrifty with the funding and serviced over double in 1 year the anticipated number of 50 to be served over 2 years.

Safe Harbor

This is a permanent supportive housing option for a maximum of 12 disabled men and women who are chronically homeless, specifically individuals with mental illness and/or substance abuse with a history of non-compliance and complex issues. The total served in the FY 09/10 in this program was 24 with 4 (17%) in the transition age group, 20 (83%) in the adults and no one over 60 years of age. Eight (33%) had criminal justice involvement, 9 (38%) D/A issues and 100% were homeless. Fifteen (15) of the 24 or 65% were retained 6 months or longer. Thirteen (13) of the 24 or 57% found permanent housing or moved to an appropriate setting. 4 of the 24 or 17% are currently (May 2011) still housed at Safe Harbor.

Shared housing

Shared housing is a living arrangement where two or more unrelated people share a home or apartment. Each person has a private room and shares common areas including the kitchen, dining room and living room. There are two models of shared housing, match-up and group shared residences. In a group shared residence you would be living cooperatively in a single large dwelling with 4-6 other people. In a Shared Housing Match-up model, you would be sharing a home with just one other person. This housing option has recently been made available to Westmoreland County consumers through Westmoreland Community Action (WCA) in Mt. Pleasant area of Westmoreland County. Transition from a CRR and matching of individuals has taken longer than anticipated but currently both homes are full with 3 men in one and 3 women in the other. There is a waiting list.

Pathways Permanent Supportive Housing Program

The goals of this program is to provide safe affordable housing and housing supports to individuals who meet the admission criteria of being chronically homeless and have a mental health diagnosis. There are 9 furnished apartment units with the maximum capacity of serving 10 individuals. In the fiscal year 09/10, they served 17 individuals, 6 in the transition age and 11 adults 27-60 years of age.

Westmoreland County Housing Authority

The Westmoreland County Housing Authority offers a multitude of housing and programs providing local preference to individuals who are homeless and/or have disabilities. These programs vary from HUD Section 8 housing to a Family Self-Sufficiency program to Home Ownership programs.

The following is criteria for local preferences:

Local preferences allow priority status to applicants who qualify and must submit documentation from social service agencies verifying their preference:

- Homeless or will be homeless within 6 months and living in a supervised public or a resident at an institution or in a group home preparing the individual to become self-sufficient (letters from shelter or agency).
- Participants in transitional housing programs (letter from agency).
- Natural disaster (fire, flood, earthquake, tornado, etc.) causing the unit to be uninhabitable within past 6 months (letter from Red Cross or Salvation Army).
- Code enforcement by Federal, State or local government action, public improvement or development (letter from local government agency).
- Participants/graduates in educational and training programs designed to prepare the individual for the job market (documents from school or instructor).
- Victim of domestic violence within past 6 months (letter from domestic abuse shelter or copy of
- Veterans

For the Housing Authority's Homeless Assistance Program (HAP), from July 1, 2010 to December 31, 2010, under the Rental Assistance Component, 25 of our clients stated they were referred to or from or are currently receiving MH services and 4 reported they were referred to or from or are currently receiving D & A services. Under the Emergency Shelter Component (WCHA gives funds to 4 shelters and the Salvation Army), 88 clients stated they were referred to or from or are currently receiving MH services and 30 reported they were referred to or from or are currently receiving D & A services.

Housing Options

Independent Living

Independent living means to live in your own house or apartment with mental health supports available from community resources in Westmoreland County upon your request.

Other options allow you to own your home, or a portion of your home. However, this means that you are responsible for paying a mortgage and all repairs.

Home Ownership – When you buy your own home, you will need to save for a down payment. You are able to pick the location and type of home. Mental health supports will be available from community resources in Westmoreland County upon your request.

Fairweather Lodge - The Fairweather Lodge is a peer-based housing and employment program, with goals of providing emotional support, a place to live, and employment opportunities for all household members to work together in a paid job. Typically, 5-8 people share a home, and there is no on-site staff. An RFP was distributed in collaboration with Value Behavioral Health of Pennsylvania (VBH). Three submissions were received. A committee was formed, a scoring tool was completed and Family Services of Western PA (FSWP) was selected as the provider to implement Westmoreland County's first Fairweather Lodge. FSWP established a goal to improve community housing opportunities for people in service programs. In order to meet this goal they adopted a plan to establish several Fairweather Lodges for Allegheny and Westmoreland Counties. The goals that FSWP would like to see achieved are: residents experience an increase in self-worth and confidence, increase in length of time working in the community, increase in skill building and development, establish and run a successful business, and experience a decrease in hospitalizations for psychiatric symptoms. FSWP has already demonstrated a commitment to develop and operate a Fairweather Lodge through trainings and networking in past year. FSWP has located and is under agreement for a 4 bedroom home in a community oriented residential neighborhood.

- B. **Resources Being Developed**-Please describe your progress on implementing new CHIPP projects, Re-Investment funding (2006-2010) or other programs being created (or partially funded) by other sources. Please identify the proposed number of people (by priority group) being served and slated to be served by program and housing type, size of facility, lease arrangement type (tenant or master lease where appropriate) and any specific implementation challenges.

With Reinvestment funds, the Housing Assistance Program through Westmoreland Community Action provided contingency funds and assistance to approximately 3 times the projected number of people served. This program is in demand and a Reinvestment continuation plan has been submitted awaiting approval. Reinvestment funding will also provide start up monies for a 4 bed Fairweather Lodge in the northern part of the county.

A Projects for Assistance in Transition from Homelessness (PATH) grant was submitted. This PATH concept paper has identified the transition age as one of the priority populations to be served. It is the belief that this project will enhance the ability to promote service provision for those who are "literally" homeless or at risk of homelessness with serious mental illness or co-occurring issues. It is proposed with the PATH funding to serve four individuals in a 2 bedroom units located in Westmoreland County focusing on persons between the ages of 18 and 28 who have been in the mental health or multiple systems since childhood and have never had a permanent living arrangement.

Also in the infancy stages of discussion is partnering with counties in our region to explore the possibility of developing a Project Transition site out here in Western PA. Project Transition provides services to adults (18 to 65) who have a history of SPMI including co-existing substance abuse and personality disorders. These services are provided through a unique model featuring therapeutic communities that thrive within attractive apartment complexes with the goal of re-integration into the community at large. Provided in a culturally relevant, strengths-based manner, all services are based on an individual assessment of clinical, rehabilitation, and person-centered strengths and needs.

- C. **Unmet Needs, Successes and Challenges**-Please describe your greatest unmet needs (quantify if possible) by target group, type and amount of housing and or type and amount of services. Please describe your greatest challenges for increasing housing, building management capacity and forming relationships necessary to secure housing resources. Please describe your community's provider capacity to provide evidenced based supportive housing services. Include in this description your success in using Health Choices In Plan services for evidenced based pre-tenancy, move-in and post tenancy services. Also include in this reference examples of your success and challenges for serving your priority populations. Describe your success in securing other services resources for each of your priority groups listed below.

Available housing for individuals with serious mental illness is often thought to be a major barrier to discharge from the state hospital system. For many people receiving treatment within that restrictive setting however, it is not always a lack of housing but a lack of *appropriate* housing that is a barrier. Treatment team meetings for individuals planning for discharge often focus on the need for a continued high level of structure after discharge and the lack of such support available in the community. While living independently after discharge to the community with services and supports may be the ideal, it is necessary to distinguish that some individuals, *due to their behavioral health illnesses and the limitations in functioning that result from such illnesses*, will require a long-term setting that includes structure and supervision.

Development of new services and expansion of existing ones has been difficult in these lean economic times. Westmoreland County has used reinvestment dollars, CHIPP funding in an efficient manner but as demand for services increase so does the unmet need. Westmoreland County has many excellent services throughout the county as referenced previously in the Housing Plan. Due to the large geographic area of the county, lack of efficient, adequate affordable transportation, fragmented services provision, individuals may not always get their needs met in an efficient timely manner. Westmoreland County does not have a Human Services Director to coordinate and educate the community and providers of existing services. In addition, grant opportunities are often times missed or overlooked due to lack of a coordinated grant writer. In the face of the outlined previous obstacles, Westmoreland County has a community action agency and other providers who move forward in providing quality housing options and supports to the residents of Westmoreland County.

Housing Resource Mgmt and Services Capacity -Please describe your capacity to manage and contract current and proposed housing resources. Within that description, include capacity you have in house including but not limited to your Housing Specialist (if you have one) and your contract assistance you are getting or need to successfully implement your housing plan. For example, do you get or need assistance (short term and long term) in working with developers, the Public Housing Authority(ies) or other housing groups to assure your plans will be successful. Please identify how you assure you are getting and using information on best practices particularly for providing services and housing for priority populations.

Westmoreland County BH/DS housing specialist attends state, regional housing meetings and is Vice Chair of the Westmoreland Coalition on Housing (WCoH). The housing specialist facilitates the LHOT meetings, disseminates information, trainings and education to stakeholders including housing provider agencies. The housing specialist attends conferences including but not limited to: Regional Housing, Western Region Coalition and PHFA, to gather information and network with other stakeholders in the housing realm. The housing specialist has frequent contact with consumers, stakeholders, housing developers and providers of services through CSP meetings and LHOT.

D. **Partnerships:** (Please describe your agreements with organizations listed below. Describe the type of agreement (written agreement, liaison activity, working group, informal relationships)? If you do not have an agreement(s), please describe your past, current or planned efforts to achieve one.

E. Agreements/relationships with following entities are working groups, liaison activities and informal relationships.

1. Public Housing Authorities:

Westmoreland County BH/DS has an ongoing good working relationship with our local Housing Authority. Representatives from the Housing Authority are actively participating in LHOT and CoC meetings. The local housing authority is a strong proponent to assist people in obtaining safe affordable housing for disadvantaged residents.

2. Community Development Authority(ies):

A collaboration is in its infancy stages with Mon Valley Initiative and that area's Community Development Authority and our community action agency to partner to possibly develop a second Fairweather Lodge for Westmoreland County.

3. Other Housing Organizations including Developers:

Westmoreland County BH/DS representative is an active participant in Westmoreland Coalition on Housing, Continuum of Care sub-committee. Steering Committee and developed the LHOT. There are also 2 representatives from Westmoreland County who are actively involved with the Southwestern Regional Homeless Advisory Board (RHAB). Bill Connolly, Co-

Chair of the RHAB is a supervisor of Next Steps Supportive Housing, a transitional housing program for families through Westmoreland Community Action (WCA) and Lyndsay Burrik, the supervisor of our Women and family shelter and the new Safe Harbor program. The housing specialist of BH/DS has an ongoing collaboration and working relationship with Homes Build Hope a subsidiary of Adelphoi USA and developer of housing for seniors and low income residents of Westmoreland County. Homes Build Hope is an active stakeholder in the Westmoreland Coalition on Housing and the LHOT. Staff of Homes Build Hope are committed to assisting individuals to maintain their housing and have been a partner in helping to provide safe affordable housing to individuals with mental health issues.

4. Other groups (LHOTs, CoCs, planning groups, etc.):
Since 1994, Westmoreland County has had in existence a Westmoreland Coalition on Housing (WCoH). WCoH has an active core membership who also participate on their Continuum of Care and Steering Committee. A Local Housing Options Team was developed with a “kick-off” meeting on June 12, 2008. The LHOT was having monthly meetings until November 2007 when a core group from the LHOT membership agreed to participate on a MH Housing Plan Team. Then the MH Housing Plan Team met monthly until March 2008. Now the LHOT will be meeting quarterly from March, 2008 to continue oversight of our housing plan and implementation. Westmoreland County also meets regularly with MH residential and housing supports providers gathering input from them for the housing plan. The LHOT continues to meet every other month with an average attendance of 25 stakeholders. Recently, staff from the prison and adult probation departments have attended the meetings. The LHOT has recently been a forum for dissemination of information and education as well as networking. It is the future plan to structure the meetings to identify priority projects to partner, collaborate and initiate development.

The LHOT is comprised of consumer/family members and stakeholders in the community. The stakeholders include representation from the following entities:

1. Westmoreland County Housing Authority
2. Westmoreland County Planning Dept.
3. Mental Health Association –MH advocacy
4. Disability Rights Network
5. Homes Build Hope- low income housing developer
6. Westmoreland Casemanagement and Supports, Inc.(county BSU)
7. Community Action Agency
8. Connect, Inc. who provides a family shelter, transitional living units and currently a Safe Harbor
9. Union Mission Men’s Shelter
10. Blackburn Center domestic violence shelter
11. Alle-Kiski Hope Center domestic violence shelter
12. MH providers including residential and housing supports

13. SPHS (Southwestern PA Human Services) agency who provides both MH and D/A services
14. Westmoreland Intermediate Unit Homeless Initiative
15. FSWP (Family Services of Western Pennsylvania) MH/D/A services along with their CORE (Community Outreach through Resources and Education) transition age program
16. Allegheny Power
17. Community Living Care agency who primarily provides services to individuals with developmental disabilities
18. Southwest PA AIDS Planning Coalition
19. Pressley Ridge agency which provides children's services
20. Westmoreland County MH/MR program
21. Westmoreland County Adult Probation
22. Westmoreland County Prison

- F. Partnerships with Consumer, Family and Other advocacy groups- Please describe your partnerships, formal and informal, with advocacy groups to promote housing, get feedback on satisfaction and to help set your County's housing agenda and develop your housing plan.

Westmoreland County has an ongoing process with community stakeholders including consumers in planning for enhancing and developing housing options for individuals with disabilities. This includes:

- CSP meetings that has an attendance of over 75 people and has a housing sub-committee
- Consultation and collaboration with stakeholders at reinvestment and provider meetings. Based on input from these meetings on housing issues a Rental Subsidies and Contingency Funding Reinvestment Continuation Plan is submitted awaiting approval.
- WCoH (Westmoreland Coalition on Housing), LHOT (Local Housing Options Team) and MH Housing Plan Team Meetings
- A Westmoreland County consumer and PMHCA representative attended the Housing Options and Advocacy Training in January 2006. He is also an active participant on several Housing committees for Westmoreland County.
- A Housing Forum took place on November 2, 2007 which had an attendance of approximately 100 stakeholders from Westmoreland County. This Housing Forum offered a presentation, "Home is Where the Heart Is" from Mike Reber of Allegheny County MHA, a Housing Panel and Housing Resource tables that included information on HUD, Fairweather Lodge, Westmoreland County Housing Authority, Westmoreland County Planning Dept. and Mental Health Residential providers
- Westmoreland County is exploring other avenues as suggested by the MH Housing Plan Team to offer resources and information at Drop-In Centers and other community sites where consumers congregate

- Attendance at Western Region housing coalition conferences and statewide Fairweather Lodge meetings.

G. Partnerships with Provider agencies- Please describe your working relationships with your provider community to promote best practice in supportive housing and to increase the capacity of your provider community to provide evidenced based supportive housing services. Include in this description any efforts underway to assist providers with changing or shifting practice models if you are in the process of adopting new practices approaches.

Program Management/Housing Clearinghouse

The Housing Clearinghouse will provide coordination among housing programs and expedite the access to available housing resources, maintain information for stakeholders such as a database as well as other identified responsibilities. The Housing Clearinghouse entity will also develop a protocol for eligibility criteria as well as distribute the above rental subsidy and contingency funds to referred individuals. One avenue for sustaining this Housing Clearinghouse position will be through realized funds from the conversion of an 8 bed CRR program to a supportive living/shared housing option as our Housing Plan is being implemented over the next 1-3 years.

The Community Action Agency in Westmoreland County assists low-income families and communities to succeed in many ways, from child development to housing programs the agency helps people rebuild lives. Their mission is to develop and provide supportive, educational, social and housing services that encourage self-sufficiency, personal responsibility, and enhance family and community values. This is accomplished through counseling, support, education, intervention, collaborations, partnerships, information and referrals and networking. The Community Action Agency provides a multitude of services including but not limited to: family preservation, life skills, education and prevention, mediation, conflict resolution and anger management, emergency services, mental health crisis services, head start, supported work/supported engagement and housing services such as Next Steps Supportive Housing, Neighborhood Revitalization, Homebuyer Resource Center, Home ownership and Family Savings Account program. The BH/DS housing specialist has a strong, collaborative working relationship with Westmoreland Community Action (WCA) and has partnered in the development of future housing options and resources. Westmoreland County provider agencies work well together and have a strong commitment to provide quality services, easy access and an efficient manner to the residents of Westmoreland County. Moving forward with new approaches and with the implementation of Fairweather Lodges in Westmoreland County, staff and provider agencies began to attend statewide Fairweather Lodge meetings and plan on attending the National Conference for Fairweather Lodges in Carlisle, PA in September of 2011.

F. Sustainability Plan for Housing related Reinvestment Plans-Please describe your overall sustainability strategy and specific strategies by type of resource (rental

assistance, clearinghouse, supportive services and contingency funds) for any housing related Reinvestment Plans approved by DPW since 2007.

Overall sustainability of Reinvestment funding is anticipated to be realized by conversion of present mental health residential programming over the course of the next several years and CHIPPS funding as part of the Torrance State Hospital discharge project. A PATH proposal was submitted in February 2011. Westmoreland County is awaiting whether or not a grant will be awarded. Other avenues of funding including conversion of services to HealthChoices and grants will be considered for pursuing. A Housing Contingency Reinvestment Plan continuation has been submitted awaiting approval.

III. IDENTIFICATION OF PRIORITY CONSUMER GROUPS

- A. OMHSAS has identified persons from your county residing in institutions including Personal Care Homes that have over sixteen residents as the highest priority group for access to supportive housing in your community as it most often the most integrated setting possible for this target group. This includes identifying your housing goals for serving this target group in FY 2011, what services will be made available to them to assure they have access to the most integrated setting possible and steps you will take to do as part of your housing planning. The most integrated settings possible include permanent supportive housing with both In Plan services and other services. If your plan is to assist people leaving institutions to move into CRRs and people from CRRs to move into supportive housing, please describe below your plan to assure this is a one-for-one exchange.

As referenced in Westmoreland County's Personal Care Home Policy effective August 18, 2009, the Westmoreland County BH/DS will make every attempt to provide information about integrated housing options and supports to individuals with a serious mental illness living in PCHs operating within their jurisdiction. In FY 2011, the Base Service Unit (BSU), case management entity will be used as the vehicle to provide such information to individuals who they serve through review and revision of their service plans at least twice annually. Through review and revision of service plans, appropriate need based services will be offered to residents of Personal Care Homes with over 16 residents. It will be the choice of each person to accept additional support services and/or more integrated housing options according to their recovery plans, beliefs and input from natural support systems.

As reflected in the statistical data given for the priority group of TSH discharges/diversions, 10 people leaving institutions (TSH) were assisted to move into CRRs in FY 09/10 and then assisted to move into more independent/supportive living arrangements based on their stability to maintain their housing option choice. Currently there is not a plan for a one to one exchange. Westmoreland County has decreased their CRRs through conversion of 19 beds with development and implementation of shared housing and

expansion/enhancement of a supportive living program. Through stakeholder, provider and county staff input, a small number of CRR beds have been determined to continue to be an integral part to each individual's ability to be more stable as they integrate themselves into independent living arrangements in the community. Therefore, it is not the current plan to reduce any more CRR beds for a one to one exchange with supportive housing. It will continue to be in the housing plan to develop a small Enhanced Personal Care Home. Such housing options as an Enhanced Personal Care Home may fill the gap for the complex, often fragile population being discharged/diverted from TSH.

- B.** Identify up to three additional priority groups (who are MA eligible) for these targeted housing resources. You have a choice of listing them all as “high” priority or may be listed in descending priority order; please indicate which method you are using. Counties can choose to identify the priority group by age, type of disability/need or other designation. In the rationale for priority, please discuss why the priority group is “most in need” of permanent housing to be created by this initiative. Provide local or state data and statistics to support your priority consumer targeting plan. Keep in mind that Reinvestment funds must be targeted to address the “unmet need” for permanent supportive housing among MA eligible persons in your County. In the rationale for priority, please describe any strategic, systems considerations for identifying a priority consumer group.

The following priority groups are all listed as “high” priority and often overlap. All 3 priority groups would benefit from expansion of permanent supportive housing options as well as interim options that provide more structured services to increase stability to obtain and maintain more independent housing on a long term or permanent basis.

Priority Group 2: Torrance State Hospital Discharges/Diversions

TSH discharges and diversions are the most complex, fragile population that often times require the most structured supports available to maintain these individuals in the community. As a foundation for stability, housing is at the forefront of discussions for discharges and diversions. Recovery and individual choice plays a key role in finding and obtaining safe, affordable accessible housing to meet their complex needs.

In the fiscal year 09/10 there were 37 admissions, 13 readmissions and 38 total discharges (one individual passed away). Of the 37 discharges, 2 went to the LTSR, 2 went to an Enhanced CRR, 10 went to a CRR, 5 went to a Personal Care Home, 7 to family, 7 to independent living, 2 to a nursing home and 2 to Dom Care.

In the fiscal year 09/10, thirty three (33) individuals were diverted from going to TSH. Of the 33, nine (9) went to the LTSR, three (3) went to a CRR, two (2) went to a Personal Care Home, fifteen (15) went with family members and 4 went to independent living settings.

Rationale for Priority:

As reflected in the above statistics, individuals being discharged from TSH or diverted from TSH are assessed as needing more structured settings to improve their stability and work on their recovery goals to eventually move toward more independent settings. These types of settings often have waiting lists or are not available in a reasonable time frame. Such housing options as an Enhanced Personal Care Home may fill the gap for this complex, often fragile population. Housing options are limited for those individuals who have been in TSH over 2 years and who have other complex issues such as sex offending, dual diagnosis or physical disabilities.

Available housing for individuals with serious mental illness is often thought to be a major barrier to discharge from the state hospital system. For many people receiving treatment within that restrictive setting however, it is not always a lack of housing but a lack of *appropriate* housing that is a barrier. Treatment team meetings for individuals planning for discharge often focus on the need for a continued high level of structure after discharge and the lack of such support available in the community. While living independently after discharge to the community with services and supports may be the ideal, it is necessary to distinguish that some individuals, *due to their behavioral health illnesses and the limitations in functioning that result from such illnesses*, will require a long-term setting that includes structure and supervision.

Priority Group 3: Transitional Age

Rationale for Priority:

The MH Housing Plan Team identified this group as one of the most complex, fragile and difficult to serve populations. The transition from child to adulthood can be challenging without issues such as mental illness, drug and alcohol problems, dysfunctional families, and/or abuse issues. In recent years, Westmoreland County has developed specialized services for this age group which include targeted case management (TCM), Community Outreach through Resources and Education (CORE), Housing Supports and Transitional Mobile MISA and a Drop-In Center. These service providers have recognized that safe, affordable, supportive housing is crucial to this population's success.

Community Outreach through Resources and Education (CORE) has been in operation since 2001. The mission is to support and promote hope and independence in young adults to develop their fullest potentials and to become productive members of our communities.

During the 2010 fiscal year, the CORE program provided services to a total of 79 individuals: There were 59 individuals who were open to Adult CORE (age 18>) and 20 individuals who were open to Child CORE (age 16-18). Between the Adult and Child CORE Programs, overall, there were 23 new individuals to the program and 54 were individuals that continued to receive services from the previous fiscal year. There were 34 individuals that were discharged from services during 2010. Of these 80 individuals, 65% (51) were male and 35.5% (28) were female. Because of the program criteria, individuals served ranged in age from 16 to 24 with 4% (20) in the 16 to 17 range and 96% (59) in the 18 to 24 range. The individuals served were comprised of 80.00% (64) Caucasian, 7.50% (6) African American, 1.25% (1) Asian, 1.25% (1) Hispanic/Latino, and 9.00% (7) of unknown ethnic background.

Statistics were gathered from the 4 Housing Supports providers which reflected that 12% served were in the transitional ages. In the permanent supportive housing program through Westmoreland Community Action, 35% were in the transitional age group. These statistics reflect an influx of this age group that require assistance in obtaining and maintaining safe affordable housing. In addition, the Day Reporting Center (DRC) is currently providing services to 15 of 35 who are in the transitional age group.

The Transitional Age population has consistently been the most difficult to assess and assist in providing services and housing options especially those who have been involved in multiple systems such as criminal justice, D/A, juvenile and children and youth services. This age group often wants to exert their independence without the necessary skills and support systems in place to succeed. Impulsivity along with mental health issues and other complexities leads to inability to obtain and maintain housing. Resources, services and housing options need to be expanded to meet the overwhelming needs of this age group to promote wellness and recovery to be productive members of the community.

Priority Group 4: Forensic/Criminal Justice involvement/Co-occurring

Rationale for Priority:

It is estimated that in any point in time, 75% of individuals in TSH and the acute community inpatient hospital setting present with both a mental illness and some kind of substance abuse issues. This population often times come into contact with the criminal justice system at some level. These individuals present multiple complex issues and utilize an abundance of resources in many systems. Currently in an agency that provides co-occurring services they have 10 patients active in their Co-Occurring Partial Hospitalization Program in Monessen. Drug and Alcohol Licensing limits us to only 10 clients per therapist. They have 1 Full time therapist assigned to this position and have 10 consumers in treatment as of this date. Over the fiscal year the provider has approximately 100 consumers involved in the Co-Occurring Partial program. Transitional Mobile MISA has 57 consumers involved in services at this time also. In our services provided, statistics show an increase individuals who are involved in multiple systems such as D/A and criminal Justice. In our Medication/Monitoring/Education (formerly Community Psychiatric nursing program) served a total of 210 individuals. 18 were in the transitional age, 87 were adults and 88 were age 60 or older. Of the 210, 8 identified themselves as having criminal justice involvement and 32 indicated D/A issues.

According to the Westmoreland County Adult Probation 2009 Annual Report, as listed under collective service needs of offenders, at least 70% of persons under supervision have a substance abuse problem and are in need of education, evaluation and treatment. For the offender population in general, it is estimated that one in five offenders has a significant mental health problem that needs to be addressed. However, of the persons under supervision, only about 5% are identified as needing treatment and/or medication for their mental health problems. As reflected in the following statistics, individuals who are involved in cross systems issues are more difficult to assess, obtain and maintain safe affordable housing as well as limit the possibility of incarceration. The barriers to finding housing and appropriate services have been increasing especially for those who have complex, stigmatizing issues such as sex offending.

The following **FY 2009/2010** statistics taken from existing programs providing services to those involved in the criminal justice system reflect the priority and need to expand and develop services for those involved in multiple systems such as D/A and the criminal justice system.

DRC (Day Reporting Center) opened November 2010

Total # of clients being served: 52

Ages:

Transitional Age: 15

Adults: 20

Older: 0

Specialized Populations:

Veterans: 2

D/A only: 27

14 in the 18-26 age group

13 in the 27-60 age group

MH/D/A: 11

7 are in the 18-26 age group

4 are in the 27-60 age group

Homeless or imminent risk of being homeless: 3

2 are living in the Safe Harbor program and are 27-60

1 is at imminent risk of being evicted and is 18-26

Casemanagement programs for FY09/10

Jail Liaison

Total: 196

Transitional Age: 37 (19%)

Adult: 140 (71%)

Older: 19 (10%)

Veterans: 2 (1%)

D/A (known): 114 (58%)

Homelessness: 103 (53%)

Forensic TCM for FY 09/10

Total: 122

Transitional Age: 16 (13%)

Adult: 101 (83%)

Older: 5 (4%)

Veterans: 10 (8%)

D/A: 69 (57%)

Homelessness: 26 (21%)

Criminal Justice Liaison for FY 09/10

Total: 110

Transitional Age: 24 (22%)

Adult: 84 (76%)

Older: 2 (2%)

Veterans: 4 (4%)

D/A (known): 61 (55%)

Homelessness: 22 (2%)

Totals for all 3 Casemanagement Programs:

Total served: 428

Transitional Age: 77 (18%)

Adult: 325 (76%)

Older: 26 (6%)

Veterans: 16 (4%)

D/A (known): 244 (57%)

Homelessness: 151 (35%)

County Program

FY 2013-2017 Westmoreland County PlanFORENSIC PLAN GUIDELINES

Using the Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships, please provide available services under each Intercept and corresponding subgroup within the Intercept. Please reference the Intercept Model Diagram attached.

Service	Yes	No	Comments
<i>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</i>			All of these programs are priorities identified in cross systems mapping report. See attached.
911 Training:		X	
Police Training:		X	
Documentation of Contact:		X	
Emergency/Crisis Response:	X		Crisis Hotline & Mobile; DCORT
Follow Up:		X	
Evaluations of Services:		X	
Other:			
Contact information for Intercept 1: Name, email, and Phone number: Carol Dunlap dunlapc@westmoreland.swsix.com 724-830-3617			
<i>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</i>			Criminal Justice Liaisons, Forensic Targeted Case Management, Day Reporting Center
Screenings:	X		
Pre-Trial Diversion:	X		
Service Linkage:	X		
Other:			
Contact information for Intercept 2: Name, email, and Phone number: same as above			
<i>Intercept 3: Jails and Courts</i>			Jail liaison, prison/ probation monitor
Screening:	X		
Court Coordination:	X		
Service Linkage:	X		
Court Feedback:	X		
Jail-Based Services:	X		
Other:			
Contact information for Intercept 3:			

Name, email, and Phone number: same as above			
<i>Intercept 4: Re-Entry from Jails, Prisons and Hospitals</i>			Jail liaison, Day Reporting Center, Forensic targeted case management
Assess:	X		
Plan:	X		
Identify:	X		
Coordinate:	X		
Other:			
Contact information for Intercept 4: Name, email, and Phone number: Same as above			
<i>Intercept 5: Community Corrections and Community Support Services</i>			CJAB, CJAB Mental Health Sub-Committee, Cross-Systems Mapping, Day Reporting Center Collaboration, Forensic Peer Specialist, Probation
Screening:	X		
Maintain a Community of Care/Service Linkage:	X		
Implement a Supervision Strategy:	X		
Graduated Responses and Modification of Conditions of Supervision:	X		
Other:			
Contact information for Intercept 5 Name, email, and Phone number: same as above			

Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:

Criminal Justice Liaison Program: The Criminal Justice Liaisons program provides support and assistance to “intercept” persons with mental illness and co-occurring disorders to ensure: opportunities for diversion, appropriate re-entry to their community, timely movement through the criminal justice system, prompt access to treatment and support services and linkage to community resources. Three Criminal Justice Liaisons, assigned regionally, work collaboratively with representatives from various entities in the county including local district justices, court systems, and community services to achieve the above-mentioned goals. In FY 09/10, 110 individuals were served of which 24 were transition age; 84 were adults; 2 were older adults; and 4 were veterans. Sixty one had known co-occurring drug and alcohol issues and 22 had issues of homelessness. When looking at statistics that were compiled from January through December 2010, 385 individuals have been served.

Day Reporting Center: In partnership with Westmoreland D&A Commission, the Westmoreland County Probation Office and several other court and community agencies, our administrative office assisted in the development of a Day Reporting Center. The program serves criminal justice clients who are at risk of being revoked and sentenced to the county jails due to failure to comply with sentencing court requirements. A high percentage of these individuals struggle with both MH and D&A

issues and the Day Reporting Center will bring all the needed treatment, case management, support services and probation surveillance needs to one centralized location. A total of 35 individuals are being served of which 15 are transition age and 20 are adults and 2 are veterans. Twenty seven have drug and alcohol only issues, of which 144 are in the 18-26 transition age group and 13 are in the 27-60 adult age group. Eleven have co-occurring drug and alcohol and mental health issues. Of those, 7 are transition age and 4 are adults.

Forensic Targeted Case Managers: These case managers are working with individuals on a more long term basis after having worked with the criminal justice liaisons. They also work with individuals who may not have been involved with the criminal justice liaisons, but may have a history with the criminal justice system. They have served 122 people of which 16 are transition age; 101 adults; 5 older adults and 10 veterans. Sixty nine of those served have co-occurring drug and alcohol and mental health issues and 26 had issues of homelessness.

Jail Liaison: The Jail Liaison reaches into the jail to make continuity of care connections and create service plans prior to discharge. In the fiscal year 09/10, the Jail Liaison served a total of 196 individuals, of which 37 were transition age, 140 were adults, 19 were older adults, and 2 were veterans. One hundred and fourteen have co-occurring drug and alcohol and mental health issues and 103 were considered homeless.

Probation: Adult Probation and Parole Services have approximately 8,000 supervisees.

For the offender population in general, it is estimated that one in five offenders has a significant mental health problem that needs to be addressed. However, of the persons under supervision, only about 5% are identified as needing treatment and/or medication for their mental health problems. There is no specialized mental health probation unit at this time.

On average, 75% of probation and parolees have an issue with drug and alcohol abuse, and 50% of those individuals have a co-occurring disorder.

According to the Westmoreland County Adult Probation/Parole Annual Report (2009) 850 people were under supervision for drug law violations and 2,321 for driving under the influence.

The New Kensington and Jeannette areas are in the top three areas in the county for individuals lacking a high-school diploma and living in poverty. These two locales are also in the top four residential areas with individuals under the supervision of Westmoreland County Adult Probation and Parole.

The electronic monitoring program is the third largest in state and is currently over capacity.

The Restrictive Intermediate Punishment/Addiction Treatment Services Program (RIPATS) of Adult Probation and Parole Services was developed with state funding to

divert Level 3 and 4 non-violent offenders from state incarceration while intensively supervising them in the community through inpatient treatment, house arrest with electronic monitoring, and/or intensive supervision. The program focuses on addressing the reasons for criminal behavior and referral to appropriate services. Participants are required to complete community service hours, drug and alcohol evaluation and treatment, employment training or school attendance, and undergo random drug testing.

Forensic Peer Specialist: There are three agencies that provide peer support services with 26 Certified Peer Specialists. Of the 26 peer specialists, 2 were recently trained to provide services to individuals who have forensic issues or have been involved with the criminal justice system at some level. Of the 2 trained, one was selected to be a “train the trainer”.

Cross-Systems Mapping: The symposium held on May 4 and 5, 2010 by the Pennsylvania Center for Excellence was focused on “Cross-Systems Mapping and Taking Action for Change”. A cross section of court systems, forensic systems, human service agencies, and individuals were represented. The result of the symposium was the Pennsylvania Mental Health and Justice Center of Excellence Westmoreland County Report of the Cross-Systems Mapping Workshop. Specific areas of activity were delineated that could be mobilized to address the gaps and opportunities identified by the symposium participants. Priorities identified included both opportunities for tactical interventions to promote “early quick victories” and more strategic interventions to stimulate longer-term systems changes. Listed below are the priority areas as ranked by the workshop participants.

Top Priorities

- Expand housing options (27 votes)
- Develop a broad based training and education initiative (23 votes)
 - Include the “Hearing Distressing Voices” exercise
 - Target staff across the intercepts including 911, law enforcement, and probation; Include State Police who cover a large portion of the county
- Develop system of transitional services after criminal justice jurisdiction ends (14 votes)
 - Incorporate civil outpatient commitment as a strategy
- Reduce the amount of time it takes law enforcement to drop off at crisis centers and improve timeliness of crisis response (11 votes)
- Improve access to services/resources/alternatives for veterans across all the intercepts (10 votes)
- Develop a coordinator/boundary spanner to keep track of criminal justice and behavioral health systems and resources in Westmoreland County (9 votes)

- Act as a resource center to foster cross system collaboration
- Coordinate grants
- Collect data across systems
- Liaison with Supreme Court to identify database capacities to identify people with overlapping criminal justice and human service systems
- Develop forensic peer specialist positions across the intercepts (8votes)
- Expand jail mental health re-entry process to develop seamless continuity of care and address the need for aftercare medications (6 votes)
- Coordinate with Magisterial District Judges and others to intercept much earlier in the criminal justice process (6 votes)

In collaboration with CJAB and other entities and stakeholders the above priorities are being considered for future planning and development of resources and services.

The entire Pennsylvania Mental Health & Justice Center of Excellence Westmoreland County Report of the Cross-Systems Mapping Workshop can be viewed on www.pacenterofexcellence.pitt.edu website.

County Program: Westmoreland FY 2013-2017 County Plan

Contact Person Dawn Hixson

GUIDELINES

Background

In the Spring of 2009, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) formed a representative Workgroup to develop state strategies to expand the availability of evidence-based practices, particularly supported employment, that assist people with psychiatric disabilities to engage in competitive employment in community settings.

The creation of the Workgroup reflected the goals of OMHSAS' March 2008 Call for Change: Employment-A Key to Recovery (http://www.parecovery.org/services_employment.shtml) and its goal of "significantly increasing the number of persons served by the behavioral health system who are competitively employed," itself a response to the continuing high rate of unemployment among those with psychiatric disabilities and the slow development of evidence-based practices to address the employment aspirations of consumers. The Workgroup recommended that OMHSAS require each of the County Mental Health Programs to file, as part of each year's Mental Health Plan or Update, an annual Supplemental Plan to Promote Competitive Employment.

The County Supplemental Employment Plan should: a) reflect an inclusive planning process at the county level; b) provide an overview of the current status of employment services in the county; and c) address the county's strategies to increase competitive employment through: orientation of the county mental health system toward employment outcomes; staff training; new data collection protocols; and shifting current dollars and/or accessing new funding for supported employment.

In developing the County Supplemental Employment Plan, counties should utilize the SAMSHA Supported Employment Toolkit available at <http://store.samhsa.gov/product/SMA08-4365>. The Supported Employment Toolkit was developed by modifying the knowledge base and specific interventions about Supported Employment from the intellectual/developmental disability field and adapting them to the specific needs of the psychiatric field. Supported Employment programs:

- attach primary importance to consumer preferences;
- identify competitive employment as the goal;
- work toward mainstream jobs in community settings;
- seek jobs that pay at least minimum wage;
- find work settings that include people who are not disabled;
- focus on persons with the most severe disabilities;
- provide follow-along supports that are continuous;
- base eligibility on consumer choice;
- integrate employment services with clinical treatment; and
- begin job search activity as soon as a consumer expresses interest in employment.

I. Inclusiveness of the Planning Process.

a. Please briefly describe the planning process for this Supplemental Plan: including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

Operation Employment is a group of stakeholders formed in 2007 and led by Westmoreland Casemanagement & Supports, Inc. The group has active involvement from individuals receiving services, peer specialists, case management, advocates, community employment providers, CareerLink, Office of Vocational Rehabilitation (OVR), National Alliance on Mental Illness (NAMI), AHEDD, Westmoreland Community Action, psychiatric rehabilitation, Clubhouse, Workforce Investment Board, the county administrative office and other provider agencies. Meetings have been held approximately every other month. Data and information sources have come from surveys distributed to individuals about interest as well as perceived barriers to participation in education/training and employment opportunities. Evaluations were distributed after an employment panel that was held at the 2010 recovery conference to elicit what the needs are for further education/information about employment. In March 2011, at the CSP meeting and at drop-in centers and Clubhouse, surveys were distributed that asked individuals what services were helpful or not to their recovery and what services were not available to assist in their recovery. The responses from the surveys cited current community employment opportunities as being helpful to recovery and it was noted that there is a desire for more jobs to be available as well as transportation to work.

b. Please involve a diverse stakeholder group in the planning process, including, but not limited to the entities/groups listed below. Please indicate the number of individuals or group representatives who were involved in this planning process in each category below:

- | | |
|---|---|
| (#) | (#) |
| <u>5</u> Consumers | <u>1</u> The District Office of Vocational Rehabilitation |
| <u>1</u> Family members | <u>1</u> Local Workforce Investment Boards |
| <u>6</u> Provider agencies | <u> </u> Educational organizations |
| <u> </u> Managed Care Organizations | <u> </u> Local business groups |
| <u>11</u> CSP representatives | <u> </u> Individual employers |
| <u> </u> Criminal justice organizations | <u>1</u> Advocacy organizations |
| <u> </u> Drug & alcohol / mental illness dual diagnosis groups | <u>8</u> Others (please describe) |
| <u> </u> Transition-Age Youth | |

2 County BH/DS Office; 2 peer specialists; 1 AHEDD; 3 case management; *Providers include Clubhouse, psych rehab, CEER and FBVR

*Some individuals play dual roles, such as consumer, and CSP rep.

2. Current Service Delivery Data.

Please review the attached tables compiled from the County Income and Expenditure Reports data for FY 2008 – 2009, which identify the dollars spent within the two existing vocational cost centers for your county and answer the questions below.

DEFINITIONS:

Community Employment: Employment in a community setting or employment-related programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported/supportive employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services.

Facility-Based Employment: Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

a) Please complete the following:

- Community Employment and Employment Related Services
\$355,391 Funds expended (**S**) as per your records. Is this amount consistent with the data provided by OMHSAS (Y/N)? If not, please explain.
No, it is not consistent with the data. The CEER amount for Clubhouse that was included in last year's data provided by OMHSAS was not included in this year's data.
49 Number of individuals served (county to provide)
- Facility Based Vocational Rehabilitation Services
\$51,517 Funds expended (**T**) as per your records. Is this amount consistent with the data provided by OMHSAS (Y/N)? If not, please explain.
No, it is not consistent. Our records show a different amount for the actual spent by providers.
13 Number of individuals served (county to provide)

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served (do not include Medicaid Fee-for-Service or HealthChoices funding):

- Cost center in which expenditures appear
There are many cost centers in which county funds are expended for employment services. Some programs assist individuals with employment goals, such as psych rehab and Assertive Community Treatment, thus a percentage of those county funded program budgets were considered. In programs where peers are employed, their salaries were considered.
- Total additional Expenditures for employment services \$920,333 (**U**)
- Numbers of additional individuals served Approximately 460, not an unduplicated count

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

\$10,773,754 Overall total county funding (**V**) as per your records (do not include Medicaid Fee-for-Service or HealthChoices funding). Is this amount consistent with the data provided by OMHSAS (Y/N)? If not, please explain. Yes

\$1,327,241 Total county funding for employment services (**W = S + T+ U**)
12% Percentage of overall county funding for employment services {**X = (W/V)*100**}

d) Indicate the percentage of overall employment funding expended on community versus facility-based services, based upon the cost center definitions above.

\$1,327,241 Total county funding for employment services (**W**)

96% Percentage of total funding expended on community services {**Y = (S/W)*100**}

4% Percentage of total funding expended on facility-based services {**Z = (T/W)*100**}

Please include a brief description of the numbers of consumers served in facility based services and their employment goals. (Interviews with consumers and cost-to-outcome analysis are encouraged.)

There are four providers who provide facility based vocational rehabilitation services: Blind Association serving three people; Westmoreland ARC Pro-Serv serving 5 people; Family Services of Western PA serving three people; and Life'swork serving two people. About half of the individuals are working toward community employment and the other individuals desire to remain in the facility based work environment.

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to community vs. facility-based services. Also, please report on other funds (e.g., Health Choices, OVR, Criminal Justice, etc) currently spent on employment. [Note: OMHSAS expects each county to establish a target goal for increasing funding for Supported Employment including, but not limited to a shift in funds from facility based to Supported Employment programs over the course of the 5-year Plan.]

This year, \$70,856 was allocated to the four providers of facility based services. It appears those providers will be using approximately \$56,163, a significant decrease that shows the continued shift from use of facility based vs. community based vocational services. It is our hope to move some of this funding as well as other base funding to sustain supported employment programming that we plan to start with reinvestment funding. Providers have worked with OVR to hire individuals with funding OVR had available. Westmoreland Casemanagement & Supports is applying for a grant from the Office of Justice Programs to hire peers to mentor individuals in prison and recently released from incarceration. All of these avenues will serve to increase our funds spent on supported employment.

3. Funding for Supported Employment.

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year specifically for Supported Employment programming. **Supported Employment is defined above (Background).**

Total dollars to be expended on SE services \$430,000

- 4. Prior County Activities to Promote Supported Employment.** Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming. Please note that prior activities can fall into one or all three stages of development.

Early-Stage Development Activities. The County has:

- Developed consensus around both the importance of employment and the use of evidence-based employment interventions
- Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices
- Established a funding framework for the development of new evidence-based employment services
- Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices

Familiarized county and local program staff with the elements of supported employment fidelity measures

Other activities: please describe

Middle-Stage Development Activities. The County has:

Established new evidence-based employment services in one or more service sites in the county

Provided information to consumers/families and providers on work incentives

Developed evidence-based employment practices to focus on the types of employment in the local job market

Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services

Developed evaluation mechanisms to insure a focus on appropriate consumer outcomes in competitive employment

Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches

Other activities: please describe

Later-Stage Development Activities. The County has:

Further expanded the availability of evidence- based practices to all consumers in the County

Developed resources to provide benefits counseling to consumers who are returning to work

Supported providers who can serve as a 'model' of evidence-based employment practices in other sections of the Commonwealth

Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs

Integrated supported education opportunities into the delivery of evidence-based employment practices

Used the supported employment fidelity measures to assess and improve program delivery

Other strategies: please describe

Supplemental Plan to Promote Competitive Employment: Proposed County Strategies & Outcomes

County Westmoreland FY 2013-2017

Area	Strategies		Outcomes		Target Dates	Updates on Goal Implementation
A. System Orientation to Employment Outcomes	Strategy 1	Continue to provide training and opportunities for individuals, providers and the community to see the value of work to recovery by having presentations by individuals who are working at CSP, at drop-in centers, & at provider staff meetings & trainings. Also, through the use of media such as DVDs & pictures, the community will experience the positive impact of individuals who are working.	Outcome 1	Increase awareness system and community wide that employment is an important aspect of recovery and needs to be aggressively pursued.	Fall 2011- Fall 2012	
	Strategy 2		Outcome 2			
B. Staff Training and Technical Assistance	Strategy 1	County staff will meet with current providers of supported employment programs to educate them about the SE fidelity standards utilizing SAMSHA's Supported Employment Evidenced Based Practices KITS	Outcome 1	Providers will implement evidence based employment practices.	Fiscal Year 11/12 and 12/13	
	Strategy 2		Outcome 2			
C. Funding Strategies for Employment Services	Strategy 1	The county will submit a reinvestment plan for a supported employment program.	Outcome 1	Start an evidenced based supportive employment program.	Dec 2011	

	Strategy 2	The county will look at shifting some base funds previously used for Clubhouse and investigate other funding avenues to sustain a supported employment program.	Outcome 2	Sustain a supported employment program.	Fiscal Year 12/13	
D. Responding to Local Workforce Needs	Strategy 1		Outcome 1			
	Strategy 2		Outcome 2			
E. Educational Linkages/Joint Projects	Strategy 1	A resource guide developed by Operation Employment listing academic training programs, employment & community resources will be revised into a more user friendly brochure that will be widely distributed by Operation Employment members to CSP, drop-in centers, outpatient centers, psych rehab, primary care physicians, guidance counselors, etc. as well as linked to websites.	Outcome 1	Stakeholders will become more educated about what educational programs, employment programs and community resources are available.	Fiscal Year 11/12	
	Strategy 2		Outcome 2			
F. Utilizing peer Specialists	Strategy 1	Clubhouse will expand the role of peers in the current employment support group that meets monthly at Clubhouse.	Outcome 1	Peers will have a larger role in helping each other with employment issues in the monthly support group and outside the support group.	Fiscal Year 11/12	
	Strategy 2		Outcome 2			
G. Data Collection	Strategy 1		Outcome 1			
	Strategy 2		Outcome 2			

H. Work Incentive Counseling	Strategy 1	Continue to make available the resources of AHEDD by scheduling presentations at providers, drop-in centers, etc. and a yearly presentation at CSP.	Outcome 1	Expose as many individuals as possible to the information provided by AHEDD to minimize lack of information and fear of working in regard to loss of benefits.	Fiscal Year 11/12 & ongoing	
	Strategy 2		Outcome 2			

2013-2017 Westmoreland County Mental Health Plan Public Hearing

The Public Hearing for the 2013-2017 Westmoreland County Mental Health Plan was held on May 20, 2011 at 2:30 PM at West Place Clubhouse. There were nineteen people in attendance.

There were two comments made by individuals in attendance:

- 1) The importance of having peers in the alternative crisis assessment center that we are proposing as a transformation priority, as well as the importance of peers throughout the system. We advised that peers are planned as an integral part of the crisis center and also that we are continually striving to have peers in all aspects of the system.
- 2) Concern for the ability to obtain housing if a person has a criminal background and limited income. This person was referred to the Rental Subsidy Program and to the housing case management specialist.