



Armstrong Indiana BDHP

Behavioral and Developmental Health Program

2018-2019 Annual Report



**Operating together with our
Community and Human Service Partners**

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Armstrong-Indiana Behavioral and Developmental Health Program Leadership FY 2018-2019

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George J. Skamai, *Secretary*

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David Norris

Michael Jacobson, M.D.
AIBDHP Administrator

Tammy L. Calderone

AIBDHP Staff

Joe Bujdos, Mental Health Director
Shari Montgomery, ID Coordinator
Joni Putt, BH QM Coordinator
Denise Mamros, Clinical Care Manager
Karen (Winning) Semetkoskey, CASSP Coordinator
Dennis Stewart, IT Coordinator
Danna Haffey, ID QM Coordinator
Melissa Peace, Waiver Coordinator
Jessica Bailey, Waiver Coordinator
Missi Williams, EI Coordinator
Amy Cline, Court Coordinator
Regina Gesalman, CASSP Caseworker
Anna Salsgiver, CASSP Caseworker
Christa Zubik, County Fiscal Officer III
Rachel Oakes, Accountant I
Thomas Meredith, Fiscal Technician
Elizabeth McDaniel, Admin. Asst. II – Human Resources
Michelle Armitage, Admin. Asst. I

Our Vision:

To develop a person-centered, community oriented behavioral and developmental health system that supports recovery and resiliency through hope, experience, advocacy and education while ensuring dignity and respect to individuals.

Our Mission:

The Armstrong-Indiana Behavioral and Developmental Health Program dedicates its efforts to the initiation, development and maintenance of a broad spectrum of quality community oriented behavioral and developmental health services and supports that are readily accessible, efficiently managed and provided without discrimination in a recovery and resiliency based environment.

A MESSAGE FROM THE ADMINISTRATOR



Dear Armstrong-Indiana BDHP Community Partners ~

As I write this message we are in the midst of an unprecedented pandemic as a result of the Coronavirus 19. The virus has tragically caused sickness and death to many members of our communities not only locally but across the Commonwealth, the United States and in every part of the world. This virus has impacted how we live our lives and how we do business. It is with this in mind that I reflected on the work that was accomplished in FY 2018 -2019.

COVID has made me realize that we need each other now more than ever. Our behavioral health system is an integral part of our community's human service system. It is imperative that we interact with all of our community partners, much like a series of gears working together to make a bike or piece of machinery move, we must work together to create a human service system that is not only moving forward but also stable. We are fortunate to live in counties where the working relationships with our criminal justice systems, children & youth systems, Area Agency on Aging offices, the Drug & Alcohol Commission, and community action programs are well established and respectful. This year's annual report emphasizes how operating from this strong foundation of collaboration and cooperation we can continue to offer an abundance of supports and services to over 6, 000 citizens of Armstrong and Indiana Counties who receive behavioral health, intellectual disabilities and early intervention services annually.

As each year passes it is vital that our program continues to partner with our local human service agencies to maximize funding and improve continuity of care for the consumers that we serve. A great example of this occurred this year when Armstrong and Indiana Counties became Human Services Block Grant Counties. Through this unique joinder model we have been able to effectively use all the funds allocated to our programs (page 18). Throughout this report you will find charts explaining how our \$7.6-million-dollar budget is utilized; see our audited financial statements (page 17); along with statistics on our mental health services (page 5), data on quality management (page 8), referral information for the early intervention program (page 15) and so much more. I hope you will take the time to read about the incredible work that occurred in FY 2018-2019.

In closing I would like to thank, not only our human service partners but also, all of the incredibly talented and hardworking AIBDHP staff, the Armstrong County and Indiana County Boards of Commissioners, our Advisory Board and our service providers for all the great work you do. You all are the driving force that keeps our human service system operating every day. Even in uncertain times please be assured that we will continue to stay focused on our vision to develop a *person-centered, community oriented behavioral and developmental health system that supports recovery and resiliency through hope, experience, advocacy and education while ensuring dignity and respect to individuals.*

Sincerely,
Tammy Calderone
Administrator

2018- 2019 Mental Health Program Highlights



Guardianship

Due to the continued increase in need for education about guardians and more guardianship providers in our counties, AIBDHP MH and ID staff collaborated with the PA Link Program to present a Guardianship Training on March 19, 2019 at the Kovalchick Center and Athletic Complex. There was an overwhelming response with all 75 slots filled. Sechler Law Firm presented on responsibilities and roles for being a guardian and what would qualify someone to be a guardian, Representative Payee and Power of Attorney.

Behavioral Health Resource Guides for Seniors

Education about behavioral health care and services available to the aging population in Armstrong and Indiana Counties was a priority that was set when the Armstrong-Indiana Behavioral Health Senior Care Task Force was formed in FY 2016-2017. The Education Committee of the Task Force felt that creating a resource guide would be a good way to reach seniors, family members and community stakeholders with this information. As a result, in August of 2018 county specific resource guides were created and made available in both hard copy and online. Each resource guide includes information about common mental health conditions impacting seniors; where and how to access services; brief descriptions on the types of services available in both Armstrong and Indiana Counties and phone numbers to get in touch with the resources seniors may need. (Armstrong County's Guide can be found at <https://www.aibdhp.org/upload/542971/documents/9639EF3C5248164A.pdf> and Indiana's Guide at <https://www.aibdhp.org/upload/542971/documents/F093E9520C41E299.pdf>)

Project Stepping Up

During 2018-2019, AIBDHP Mental Health Director Joe Bujdos along with representatives from the Armstrong County Prison, Armstrong County District Judges, and Armstrong County Commissioner Pat Fabian continued participating in Project Stepping Up. The project's objective is to better identify people with serious mental illnesses in jail and use data to identify, implement, and measure the impact of policy and programmatic actions on the number of people with mental illnesses in jail. Meetings were held in December and January at the Armstrong County Prison, as well as various webinars and a region wide meeting held in June in Cranberry.

Veterans Treatment Courts created in Armstrong and Indiana Counties

Both Armstrong and Indiana Counties have announced their intentions to start Veterans Treatment Courts to address the growing number of Veterans involved in the criminal justice system. Veterans Treatment Court promotes sobriety, recovery, and stability through a coordinated response involving the County's Judges, Court Administration, the District Attorney, Public Defender, Adult Probation, the Mental Health Program, Domestic Relations, County Veterans Affairs and the U.S. Department of Veterans Affairs. In addition, there are Veteran Volunteers, some of whom serve on the Treatment Team and others who serve as Mentors. The goal is to give each program participant the best possible chance of getting back on track as a healthy, productive Veteran and citizen. The Veterans Treatment Court will be overseen by Judge Michael Clark in Indiana County and by Judge James Panchik in Armstrong County. Both counties have emphasized the importance of the mentoring aspect of this court and the 97% success rate.

CONSUMER IMPACT AND STATISTICS FOR FISCAL YEAR 18/19

20% less A/I residents were receiving treatment at Torrance State Hospital.

69% of A/I residents were diverted from admission to Torrance State Hospital.

Of the nine diversions from Torrance State Hospital, 67% went back to living in the community.

TORRANCE STATE HOSPITAL STATISTICS 2018 – 2019	
Total BH In-patient referral requests to CCM	13
Total referrals CCM authorized to TSH	5
Total admissions to TSH	5
Total diversions from TSH	9
Percentage of diversions	69%
Consumers returned to community	6
Consumers diverted to the Butler LTSR	2
Consumers diverted to the UPMC-NW EAC	0
Consumers diverted to SNF	1

Clinical Care Manager Highlights

- AIBDHP Clinical Care Manager highlights included the following:
- ✓ facilitating diversions from acute behavioral health (BH) inpatient (IP) and higher levels of care;
 - ✓ conducting face-to-face assessments in acute BH IP units with consumers with complex cases;
 - ✓ coordination of consumer treatment needs with various level of care providers, including physical health (PH) care needs;
 - ✓ conducting community support team/plan (CST/P) meetings;
 - ✓ collaborated with the ID department to obtain appropriate services for ID consumers with complex BH needs and included Beacon Health Options in this process;
 - ✓ provided assistance to several providers cross referencing high utilizers of local BH IP units and education regarding the EAC and LTSR and provided education and assistance in creating crisis plans.

Program Showcased

The Clinical Care Manager along with the Indiana Physician's Group (IPG) social workers provided a joint presentation at the Pennsylvania Association of County Human Services Administrators (PACHSA) County Showcase and Best Practices Conference in June. The presentation was entitled County Behavioral Health and Social Work: Integrating, Communicating, and Improving Care in Indiana County and provided an overview of how the IPG works with the CCM and the service providers in developing a person centered plan addressing both their behavioral health and physical health needs.



Rachel Grove MA, MSW, LSW

IRMC Physician Group Social Services Manager (Front) and

Denise Mamros MA

Armstrong/Indiana Behavioral Developmental Health Program Clinical Care Manager (Back)

At the June 20, 2019 PACHSA Conference

TORRANCE STATE HOSPITAL STATISTIC TOTALS 2018 – 2019				
	Totals	18 - 19 Percentage	17 – 18 Percentage	Percentage Difference
CAP	268	100 %	100 %	
Monthly Beginning Numbers	156	58	79	-21 %
Admissions	5	42	35	+7
Discharges	7	58	65	-7
Monthly Ending Numbers	154	57	77	-20
Total Bed Days Available	8150	100	100	
Total Bed Days Used	4709	58	78	-20
Difference	-3441	-42	-22	-20

Mental Health Commitments

The AIBDHP Administrator’s Office maintains a 24 hours a day, 7 days a week coverage for emergency commitments of persons who are mentally ill and dangerous to themselves or others as a result of their mental illness and coordinates all civil court commitments. For Fiscal Year 2018-2019, the following statistics identify the commitments needed and civil court hearings held. ***It is important to note that there was an overall 21% decrease in 302 involuntary commitments from last year.*** This year saw a decrease in Armstrong County commitments by 15% and Indiana County by 24%.

INVOLUNTARY COMMITMENTS – 302’s (through the AIBDHP Administrator’s Office)

	FISCAL YEAR 2018-2019		FISCAL YEAR 2017-2018	
	Armstrong	Indiana	Armstrong	Indiana
TOTAL	87	134	101	172

CIVIL COURT COMMITMENTS (through the AIBDHP Administrator’s Office)

Type of Commitment Hearing	FISCAL YEAR 2018-2019				FISCAL YEAR 2017-2018			
	303	304	305	306	303	304	305	306
TOTAL	145	33	95	4	158	43	110	4

Community Support Program (CSP)

Community Support Program (CSP) meets monthly in Armstrong and Indiana Counties. The Armstrong County meetings are held at the Kittanning Empowerment Center and the Indiana County meetings are held in the Indiana Borough building. Each of these meetings has a guest speaker. Some of the topics of 2018-2019 include: LGBTQ issues, increased psychiatric challenges for consumers, the structure of the Community Support Program, the 10 interventions of self-care, focus group discussions, diabetes, and the opioid epidemic.

Suicide Task Force (STF)

The Suicide Task Force (STF) in Indiana County and the Suicide Prevention Task Force (SPTF) in Armstrong County continue meeting regularly. Both counties have hosted various events including: International Survivors of Suicide Loss Day on November 17 and the 6th Annual Walk for a Wonderful Life on September 23, 2018 at Mack Park in Indiana. Information for the STF can be found online at www.stf32.com and information for the SPTF can be found online at www.sptfac.org and also on Facebook at <https://www.facebook.com/SuicidePreventionTaskForceArmstrongCounty>.

Spreading Mental Health Awareness

During the month of May, AIBDHP helped to promote MH Awareness month in both Armstrong and Indiana Counties. County Commissioners in both Armstrong and Indiana Counties made a proclamation on May 2, 2019 proclaiming May as Mental Health Awareness month. Additional events included speakers on the steps of the Indiana Courthouse, including Mayor Hood, followed by a walk through downtown Indiana on May 2, 2019 and in Armstrong County May 17, 2019 at Riverside Park in Kittanning where there were community resources, wellness and fun fitness activities, crafts, drum circle, giveaways, food and more.

Photos from these events are included in this annual report.



May 2019 Indiana County Mental Health Awareness Walk
Joe Bujdos (Podium)
Indiana County Commissioners
(left to right) Mike Baker, Sherene Hess, Rod Ruddock



May 2019 Riverfront Park Kittanning –Wellness and Recovery Day (Left to right) Denise Mamros, Armstrong County Commissioner Pat Fabian, Tammy Calderone

Children's Highlights

New ID/MH Residential Treatment Facility (RTF)

After starting in September 2017 with a reinvestment plan for an ID/MH RTF, the process of getting the RTF set up and ready to operate continued through the 2018/2019 fiscal year. In March 2019, the provider, Beacon Light, was also able to purchase property in Kittanning, PA. Various meetings were held with Beacon Light to review the program, discuss community resources, the referral process, plan service coordination, and securing the educational component with the Armstrong School District. Beacon Light began advertising for the staff positions and started the hiring process. The program opened in January 2020. The ID/MH Residential Program will be an eight (8) bed facility. The target population will consist of youth between the ages of six (6) and eighteen (18) who have a documented autism diagnosis and have a secondary, concurrent ID diagnosis who would benefit from RTF services.

Children participating in this program will gain the skills needed to decrease negative behavior and increase their independence skills so that they can be successful in their home and community. This program will also provide support and education to the parent/guardian/care givers to assist them in implementing effective interventions that will aid their child/adolescent in meeting their individual goals.

Youth and Young Adult Peer Support Program

A Request for Proposal was issued to develop a Youth and Young Adult Peer Support Program in Armstrong and Indiana Counties in the 2018-2019 fiscal year. AIBDHP staff reviewed the proposals for each county, met with prospective providers, and was available to help providers as they developed the programs. In January 2019 the following agencies were awarded the RFP: for Armstrong County it was the Center for Community Resources (CCR) and for Indiana County it was the Community Guidance Center (CGC). Both agencies are moving forward with service description development and hiring staff.

In School Behavioral Health Services and Student Assistance Program (SAP)

In February 2019 Administrator Tammy Calderone and CASSP Coordinator Karen Winning attended a School Based Mental Health Outpatient/SAP (Student Assistance Program) meeting that was set up by the Armstrong County Commissioner's to discuss the availability of behavioral health services in the schools, how SAP is being utilized, and what are the needs of the schools. All of the Armstrong School District Superintendents were present along with representatives from the Family Counseling Center. The districts still continue to utilize their SAP teams to make School Based Outpatient Therapy referrals. All of the districts spoke highly of Anita Smith, Armstrong County's Mental Health SAP Liaison.

In June 2019 Ms. Calderone and Ms. Winning held a similar meeting with the Indiana County Superintendents at Armstrong Indiana Intermediate Unit (ARIN IU) to discuss SAP and School Based Mental Health Outpatient.

Prior to both of these meetings all the schools had completed a survey related to the utilization of services and needs. As a result of the surveys and the meetings it was determined that there is an increased need for behavioral health services in the schools, along with a need for training for staff and teachers especially involving evidence based programs. Plans were made to offer a training in FY 2019-2020

Respite Support

AIBDHP offered funding for up to one week of summer camp that is non-medical assistance funded to those children and adolescents who were involved in Behavioral Health Rehabilitation Services (BHRS), Family Based, and/or Case Management services. We were able to fund all 18 requests made. Some

of the programs attended were for Camp Allegheny, Belmont Complex, Armstrong Center for Community Learning, IUP Basketball Camp, and IUP Sports Camp

Indiana Area School District Safety and Security Symposium

The Indiana Area School District, in collaboration with Indiana University of Pennsylvania, PA Representative Jim Struzzi, as well as the Indiana County Tourist Bureau hosted a free safety and security symposium on March 15, 2019. Over 500 educators from Erie to Philadelphia attended the event held at the Kovalchick Convention and Athletic Complex in Indiana.

Two of the many breakout sessions held throughout the day were related to behavioral health. The first was a presentation by the Clinical Director of the Community Guidance Center entitled “Suicide in the School: Safe to Say is Great, But Safe to Say What?” This presentation offered the current best practices at suicide prevention and intervention, with a strong focus on local efforts and resources. Next was a panel discussion designed to address how Indiana responds to school safety threats. The panel was made of an Indiana County Court of Common Pleas Judge; the Director of Indiana County CYS; the AIBDHP Mental Health Director, and the Executive Director of the Armstrong – Indiana – Clarion Drug and Alcohol Commission. The group discussed the legal framework in which Indiana County operates, as well as the major successes and challenges facing our programs.

**Armstrong & Indiana CASSP/ISPT Meetings Summary
(Child and Adolescent Service System)/(Interagency Service Planning Team)**

FISCAL YEAR 2018-2019			FISCAL YEAR 2017-2018	
	Armstrong	Indiana	Armstrong	Indiana
ANNUAL TOTALS	503	874	457	823



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Mental Health Program – Quality Management

Four programs were reviewed for contractual compliance by AIBDHP’s Behavioral Health Quality Management Coordinator throughout fiscal year 2018-2019. Programs surveyed included the Crisis Program operated by the Open Door; the Program for Assistance in Transition from Homelessness (PATH), Bridge Rental Subsidy, Housing Contingency Fund and Housing Liaison Programs operated by the Indiana County Community Action Program; the PATH, Housing Contingency Fund and Housing Liaison Programs operated by the Family Counseling Center; and the Armstrong-Indiana Consumer/Family Satisfaction Team (C/FST) Program.

The Consumer/Family Satisfaction Team went through a restructuring process that began late in fiscal year 2018-2019.

Numerous staffing and program/policy changes occurred to help improve the overall quality of the program. The new staff has been working with AIBDHP’s BH Quality Management Coordinator to improve the reporting and problem resolution feedback process. The team will also continue working on its goals to increase the overall numbers child/adolescent and family member interviews and the overall number of face to face interviews conducted by team members. Progress for all initiatives will continue through 2019-2020 with support and oversight from the AIBDHP.

C/FST Interview Statistics: Below is a brief snapshot of surveys conducted by the team during the 2018-2019 FY

SURVEY STATISTIC	NUMBERS	PERCENTAGE
Surveys completed	602	100%
Face-to-face surveys completed	61	10%
Telephone surveys completed	541	90%
Adult surveys completed	454	75%
Child/Adolescent surveys completed	24	4%
Family member surveys completed	124	21%

■ **Quality Management Root Cause Analysis:** The Root Cause Analysis (RCA) Workgroup established in Armstrong and Indiana Counties in early 2018 continued meeting through the 2018-2019 fiscal year. Members of the workgroup included staff from the Family Counseling Center of Armstrong County, the Community Guidance Center, Armstrong County Memorial Hospital, Indiana Regional Medical Center and AIBDHP. Work continued on the following initiatives:

- Create a qualitative study to interview consumers as to why they do not follow up with outpatient care after an inpatient hospitalization. The study will also look at the discharge planning process and connections made to outpatient services. This project is ongoing.
- Create a detailed list of all available transportation and budgeting/financial assistance resources available in the two counties. This was completed in June of 2018.
- Create a plan to work with high utilizers of service and those who have multiple readmissions to try to reduce readmission rates as well as improve outpatient follow up rates after discharge. This initiative is still in progress and will continue through the 2019-2020 fiscal year.
- Create a guide to transfer information between inpatient and outpatient providers to enhance communication, improve treatment, and enhance discharge planning to help increase outpatient compliance. The guide was implemented in January of 2019. Staff from the Community Guidance Center and Armstrong County Memorial Hospital will track the outcome of this initiative.

■ **Incident Reporting:** AIBDHP's Mental Health Incident Reporting Policy became effective on January 1, 2019. The policy outlines specific incidents that must be reported to AIBDHP by all contracted providers. Various staff of AIBDHP reviews submitted incidents on a daily basis and will follow up with providers as per the policy and procedure. The Quality Management Coordinator also tracks all incidents and monitors for trends. In fiscal year 2018-2019, there were a total of 435 incidents reported. The most reportable incident involved Childline reports being initiated by the providers for various levels of reported abuse. The top level reporting level of care for the year was Outpatient Services.

Intellectual Disability Program – Quality Management

- The Quality Management Plan for AIBDHP's ID program continued to be a priority.
- The goals and results for the two year 2017 -2019 Quality Management Plan are:
 - Reduce/Eliminate medication errors, specifically omissions. This goal was met in 18/19. The baseline for medication errors was 142. In FY 18/19 the number decreased to 137.
 - Reduce/Eliminate individual to individual abuse. This goal was not met. The baseline was 224. Our goal was a reduction to 201; however, there was an increase to 233. This goal will continue in our next plan.
 - Reduce/Eliminate restraints. This goal was met. Restraints were reduced by 35% over the 2 years. The baseline was 58 and the goal was 52. There were 38 restraints tracked in the 2 years.
 - Interested individuals complete necessary employment process with OVR. This goal was accomplished. Small group employment grew immensely this fiscal year and it enabled individuals to get minimum wage jobs.
 - Progress in communication made for Harry M. identified individuals (deaf individuals served through consolidated waiver). This goal was accomplished. AIBDHP's waiver coordinators became in person team members and attended most communication quarterly meetings for anyone identified through the Harry M. process.

Mental Health Housing Program



Regional Housing Plan

■ **Bridge Rental Subsidy Housing Programs:** As part of the ongoing 2017 Regional Housing Plan, AIBDHP's Bridge Rental Subsidy Housing Program continued providing short term rental assistance to consumers in Indiana County. To be eligible for the program, the individual must be at least 18 years of age and have a documented mental health diagnosis. Individuals must have or be able to 1) secure an income, and 2) have and maintain Medical Assistance coverage.

- **Indiana County:** In fiscal year 2018-2019, the program was expanded by six additional units. Operated by the Indiana County Community Action Program (ICCAP), the program served a total of 11 individuals from July 1, 2018 through June 30, 2019. A total of 7 referrals were made to the program with 4 of those individuals being admitted in the fiscal year. As of June 30th, there were 7 consumers in the program. Four individuals left the program by June 30th; three of which were able to secure an income and were able to assume full responsibility for their rent.
- **Armstrong County:** A new Bridge Rental Subsidy Program in Armstrong County began development in fiscal year 2018-2019. The program will be a partnership between AIBDHP and the Family Counseling Center of Armstrong County, and various landlords in Armstrong County including the Non Profit Development Corporation, Incorporated. It is anticipated that the first tenants of the program will be admitted in second half of FY 2019-2020. The program will have the capacity to serve at least 6 individuals initially. The Armstrong County program will operate similar to the one in Indiana County. All referrals will be processed through the Family Counseling Center's Behavioral Health Housing Liaison/PATH Case Manager.

■ **Capital Expenditures/Housing Development/Renovation:** The Capital Expenditure/Housing Renovation Project between AIBDHP and the Alliance for Non Profit Resources and the Non Profit Development Corporation which began in 2018 continued through the 18-19 fiscal year. Two units are in the process of being renovated and are expected to be completed by fall 2020. The decision was jointly made that both units will be operated as a Bridge Rental Subsidy Housing Program.

■ **Housing Contingency Fund:** Funds remained available through the Housing Contingency Fund for both counties in fiscal year 2018-2019. The funds provide one-time rental and utility assistance to avoid eviction, assistance with first month rent and security deposits, and the purchase of necessary household items to gain and/or maintain housing stability. In Armstrong County, a total of 18 individuals and families received assistance. A total of 7 individuals and families accessed the funds in Indiana County. The most requested and approved assistance was for first month's rent and security deposits.

■ **Behavioral Health Housing Liaisons/PATH Case Managers:** These individuals provide housing case management services to mental health consumers in both counties. Liaisons are employed by the Indiana County Community Action Program and the Family Counseling of Armstrong County. In addition to providing overall housing case management services, the housing liaisons also serve as case managers for the Armstrong and Indiana County Program for Assistance in Transition from Homelessness (PATH) Programs, manage the Housing Contingency Fund in conjunction with AIBDHP housing staff, and operate the Bridge Rental Subsidy Housing Programs. In fiscal year 2018-2019, the decision was made to increase staff by one additional liaison at each provider location. Liaisons carry a caseload size of approximately 20 to 30 individuals who need housing assistance.

■ **Armstrong and Indiana PATH Programs:** The PATH Programs that operate in each county serve to prevent and reduce homelessness for the behavioral health population. The programs are made possible by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant obtained by the Commonwealth of Pennsylvania and divided amongst participating counties within the state. Oversight of the program is provided by the Pennsylvania PATH Contact and AIBDHP housing staff.

The Behavioral Health Housing Liaisons (BHHL) operate the PATH Program by providing outreach and education, assistance with finding safe and affordable housing options and by intervening to help avoid evictions. A strong component of the Armstrong and Indiana County PATH Programs is the case management services provided by PATH staff. The BHHL/PATH Case Managers link and refer individuals to local human service agencies and physical and behavioral health care to help improve the consumer's overall life situation. The PATH Program can also provide limited financial assistance to those meeting the program's eligibility criteria (documented mental health diagnosis and must meet the federal definition of homelessness). In 2018-2019, the program provided financial assistance to a total of 16 individuals helping them with new rental/utility costs to end homelessness or rental/utility assistance to avoid eviction. This was a 50% increase from the previous year.

PATH Data Comparison: Part of the reporting requirements for the PATH Program is completing the annual report. The report is submitted and approved by the state PATH contact and then submitted to the federal Department of Housing and Urban Development and SAMHSA, the funding source. The chart below presents the main data

Category of Funding	ID Consumers Served FY 2018-2019*	ID Consumers Served FY 2017-2018
Consolidated Waiver	270	269
Community Living Waiver	52	29
Person/Family Directed Support (P/FDS) Waiver	198	196
Base Funded Utilizing Base Funding	106	59 receiving Base Funded services- 161 Open with SC services only
SC Services Only	50	
Private ICF/ID; State Center	34	
TOTAL	29	714
Please Note – Numbers may fluctuate due to death, transfers or close outs. *Enrollment indications have changed; numbers separated for a more accurate depiction.		

Community of Practice The regional collaboration with Butler, Beaver and Lawrence Counties for the ODP initiative, “Communities of Practice: Supporting Families throughout a Lifespan” continued to grow this fiscal year.

- The ID department’s focus on the Communities of Practice this fiscal year has been outreach. We strive to provide useful and relevant information to individuals, families and providers. The goal is to promote community information and activities to help individuals live their best lives. We continue to collaborate with the Alliance for Non Profit Resources (ANR) to produce and publish our countywide newsletter, “The Community Connection”. Items included in the newsletter are ‘Around the Town’, HCQU Health Spotlight and new programs and important information for family/caregivers. This newsletter is our way to get information to individuals, families, and the community. Also included are upcoming trainings and activities around the counties for individuals and families to participate in. The newsletter is available by mail and email. The 2nd AIBDHP/ANR newsletter was mailed out in October 2018 and the 3rd newsletter was sent out to individuals and providers at the end of March 2019. Feedback has been very positive. The goal is to publish the newsletter 3 or 4 times a year.
- The first Community Connections Group was held on May 16, 2019 from 6:00 - 8:30 PM at AIBDHP’s Kittanning office. This group was developed to provide support and education to individuals and families and is intended for everyone- individuals receiving services, family members, friends, agency/provider staff, and friends. The agenda for the Community Connections Group includes a presentation on a relevant topic and afterward time to connect, share and socialize with each other. Snacks and drinks are provided and ANR partnered with us and provided staff to work on crafts/games with anyone who may not want to sit in the support group the entire time. This is provided so family members are not held back from coming because of support issues with their loved one. For the first meeting, the PA Family Network presented on Creating a Vision for a Good Life. The PA Network is a valuable resource that is supported by ODP as part of the Community of Practice. They offer a wide array of workshops available to individuals and families. They also have family/individual mentoring services. Favorite moments from the first meeting included seasoned family members willingness to talk about their experiences with other parents that are newer to the system. The Community Connections Group will continue in FY 19/20.
- ID intake packets have been updated to reflect the Life Course framework. This gives the Support Coordinators a good foundation to start Individual Support Plan (ISP) development. It also gets individuals and families involved with the tools from the beginning of services.
- Questions have been added to the IM4Q survey asking families and individuals about the Community of Practice and the Life Course Framework. This will provide data about how information is getting out. Quality Assessment and Improvement (QA&I) individual interviews also ask questions about the Community of Practice and Life Course Framework tools.

- The Western Region held a Community of Practice Leadership meeting on October 23rd, 2018 in Clarion. This was a great way to learn what other Administrative Entities (AEs) are doing with their work around the Life Course framework. There were also National and Statewide updates. Western Region ODP plans to continue this Leadership forum.
- Our Community of Practice Regional Collaborative at the Butler County Community College on June 11th, 2019 was a success. Al Condeluci, the CEO of Community Living and Support Services (CLASS), who teaches at the University of Pittsburgh, was the morning speaker and in the afternoon, ODP presented the Life Course Framework.
- The Statewide Community of Practice meeting was held on June 12, 2019 in State College. Self-advocates presented, explaining how the framework is helping them live the life they desire. It is exciting to see practices put into place and how they are working for the individuals we serve.

ADMINISTRATIVE ENTITY OPERATING AGREEMENT IMPACT (effective March 1, 2019)

Human Rights Committee

A top priority for our department is protecting the rights of individuals registered with our counties. In the new AE operating Agreement, ODP revised instruction to AEs and clarified how the Human Rights Committees should be conducted at the county level. AIBDHP already had an established Human Rights Team in place that reviewed and approved or disapproved restrictive plans at the request of providers. With the new process put in place by ODP this team was reorganized into the new Human Rights Committee which now conducts systematic reviews of restrictive support plans and restraints. We will issue recommendations and guidance to the providers. After receiving stakeholder feedback, it was determined that the Human Rights Committee framework would include systemic reviews of 20 restrictive plans per year and restraint data to look for trends. This new committee meets quarterly. Of note, several providers are still using the previous process for Human Rights Teams to review plans for approval.

Provider Screening Tool

ODP identified a gap in provider risk screening and risk management processes following a root cause analysis in 2017. Following discussions between Administrators and ODP, a uniform risk screen tool and communication protocol consistent with the requirements outlined in the AE Operating Agreement was developed. The risk screening and risk mitigation approaches are based on principles of improving the quality of the service by collaborating to identify and address concerns and not to be punitive to providers. The intent of this screening is to strengthen our role in developing collaborative relationships with providers and assuring the provider's ability to provide quality services.

Four domains the risk screening focuses on:

1. Financial
2. Organization and Operations
3. Regulatory
4. Health and Welfare

The initial risk screening evaluates our experiences with a provider in the past year, based on the ODP Provider Agreement and ODP Policies and Procedures. Risk mitigation strategies can range from technical assistance and process improvement in collaboration with providers, to requiring improvement plans that do not rise to the level of a Corrective Action Plan, Corrective Action Plans, and if not resolved may rise to a Directed Corrective Action Plan. If concerns remain unresolved ODP may enact provider sanctions.

Quality Assurance and Improvement (QA&I) 2018-2019

AE: As a part of the Quality Assurance and Improvement process, AIBDHP completed a self-assessment, which was submitted to ODP in August 2019. There were not any non-compliance issues that needed a corrective action plan.

PROVIDER: AIBDHP monitored 4 providers this fiscal year. They included on-site monitoring visits to Community Living and Learning, Merakey, ICW and Sunrise. This consumes a majority of our department's time in the fall and winter. Final comprehensive reports were sent out as no corrective action plans are due for these providers. We were very impressed with the quality of services the agencies are providing.

Early Intervention Program Highlights



3rd birthday. A child can qualify for Early Intervention services by: showing a 25% delay in one area of development: Physical development including vision and hearing; communication development; social or emotional development; self-help or adaptive development; or cognitive development; **OR** being diagnosed with a physical or mental condition which has a high probability of resulting in a developmental delay **OR** by Informed Clinical Opinion: children who are identified by an evaluation team from forming a determination regarding difficult to measure aspects of current development status and potential need for EI.

AIBDHP currently contracts with Family Counseling Center in Armstrong County and The Community Guidance Center in Indiana County to provide Service Coordination for Infant/Toddler Early Intervention. The Service Coordinator ensures that the family is connected to all necessary supports and services for their child. We also contract with 2 evaluation providers to complete initial and annual evaluations and 13 service providers to work directly with families. Early Intervention is provided in the child's natural environment and may include the child's home, child care center, and community setting or play group. Services are currently provided at no cost to the family.

AIBDHP Early Intervention Coordinator Missi Williams is responsible to provide annual monitoring of all service providers, including the evaluators as well as both Base Service Units. On-site Verification from the state occurs every 4 years and was held at AIBDHP in February 2019. The next on-site Verification for the Early Intervention Program will occur in 2023.

There were 368 children referred for Early Intervention services during the FY 2018-2019. This number is down from last year's numbers of 397. Numerous child find activities have been completed over the past year to increase the number of referred children in Early Intervention. Just to highlight some of the child find activities in both counties: attendance at community events, LEARN Meetings, Early Childhood Education Committee meetings and Drug and Alcohol Coalition Committee meetings. New to this Fiscal Year is attendance at Multi-disciplinary meetings in Armstrong County, Plans of Safe Care and Interagency Behavioral Support Committee meetings. Referrals have not increased significantly over the past several years but remain steady.

Referral Sources		
	FY 18-19	FY 17-18
Physicians	197	187
Parents/Family Members	51	45
Hospital or Pre/Postnatal Facility	64	88
Other Social Service Agencies	16	19
EI Provider	2	4
Head Start/Early Head Start	3	7
CONNECT Direction Service	18	17
Education Agencies/Child Care Agencies	3	8
Other Health Care Providers	4	2
Family Center	2	0
Other	8	20
TOTAL:	368	397

During the Fiscal Year 2018-2019, 453 infants and toddlers were served in Early Intervention and received services which included: Service Coordination, Speech Pathology, Physical Therapy, Occupational Therapy, Special Instruction, Special Instruction-Hearing and Special Instruction-Vision.

More Mental Health Awareness Event Photos...



May 2019
Riverfront Park Kittanning
Wellness and Recovery Day



May 2019
Indiana County Courthouse
Indiana Mental Health Awareness Walk



May 2019
Indiana, PA
Mental Health Awareness Walk



May 2019
Riverfront Park Kittanning
Drum Circle

Administrative & Fiscal Highlights



Human Services Block Grant

In July 2018, Armstrong County and Indiana County were approved to participate in the Human Services Block Grant Program by DHS. Armstrong County and Indiana County designated Armstrong-Indiana Behavioral and Developmental Health Program to be the Block Grant Designee. Since AIBDHP would be acting in the role of a fiduciary for the Armstrong and Indiana Counties Block Grant Funds, AIBDHP entered into agreements between the Block Grant Funded Agencies (Armstrong-Indiana-Clarion Drug and Alcohol Commission, Indiana Department of Human Services, and Armstrong County Community Action) to establish payment and reporting expectations.

Funds included in the Human Services Block Grant (HSBG) received by AIBDHP include mental health, intellectual disabilities, mental health behavioral health special initiative funds, human services development funds, homeless assistance program funds, Act 152 drug and alcohol services funds, and drug and alcohol behavioral health special initiative funds. AIBDHP will receive all block grant funds from DHS for Armstrong and Indiana counties and will distribute them to the block grant agencies.

The HSBG Funded Agencies are required to complete their portion of DHS annual Income and Expenditure report and submit it to AIBDHP's Fiscal Officer, who compiles all of the reports into one workbook and submits it to DHS. The HSBG Agencies are required to maintain books, records, documents, accounting procedures, and other practices and evidence sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred pursuant to participation in the block grant.

The Human Services Block Grant Committee made up of representatives of the block grant agencies meet on a quarterly basis to discuss service needs and plan updates. The committee is also responsible for creating a retained earnings plan for any retained year end funding. The retained earnings plan for FY 18-19 included funding for a Rides for Recovery Program, support for the Pathways Homeless Shelter, computers for the Indiana Department of Human Services and COVID-19 Remote Support.

Financial Statements and Program Expenditure Charts

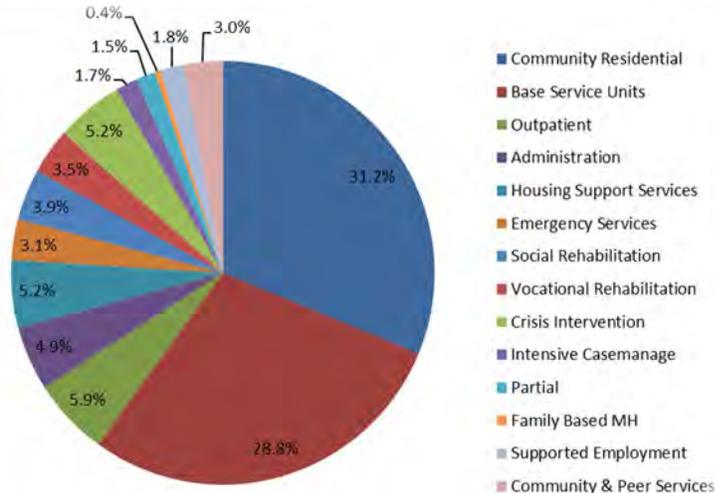
AIBDHP operates primarily as the administrative entity which manages and distributes all Mental Health, Intellectual Disabilities, Early Intervention program funds, and Human Services Block Grant Funds for D&A, HAP, and HSDF funds received from the Local, State, and Federal Government, on behalf of Armstrong and Indiana Counties. Although the financial statements for the AIBDHP are presented as one fund, the funds for each distinct program are tracked and recorded separately. The following statements and charts included in this document are audited figures for the period July 1, 2018 through June 30, 2019.

Mental Health, Intellectual Disabilities, and Early Intervention Balance Sheet

<u>Assets</u>	<u>2019</u>	<u>2018</u>	<u>\$ Change</u>	<u>% Change</u>
Cash and cash equivalents	\$ 1,616,630	\$ 1,057,694	\$ 558,936	52.8%
Accounts receivable	188,113	290,848	(102,735)	-35.3%
Prepaid expenses	43,287	43,335	(48)	-0.1%
Fixed assets, net	<u>211</u>	<u>1,054</u>	<u>(843)</u>	-80.0%
Total Assets	<u>1,848,241</u>	<u>1,392,931</u>	<u>455,310</u>	32.7%
<u>Liabilities and Net Position</u>				
Accounts payable	1,454,713	978,358	476,355	48.7%
Deferred county match revenue	19,455	39,543	(20,088)	-50.8%
Deferred grant revenue	87,218	96,930	(9,712)	-10.0%
Human Service Block Grant retained earnings	144,414	-	144,414	100.0%
Carryover funds	17,422	152,294	(134,872)	-88.6%
Accrued compensated absences	<u>71,370</u>	<u>66,524</u>	<u>4,846</u>	7.3%
Total Liabilities	<u>1,794,592</u>	<u>1,333,649</u>	<u>460,943</u>	34.6%
Net Position	<u>\$ 53,649</u>	<u>\$ 59,282</u>	<u>\$ (5,633)</u>	-9.5%

Mental Health, Intellectual Disabilities, and Early Intervention Income Statement

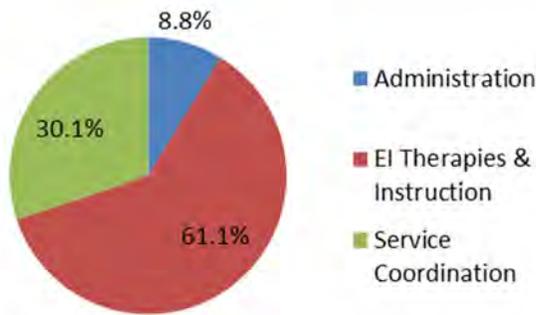
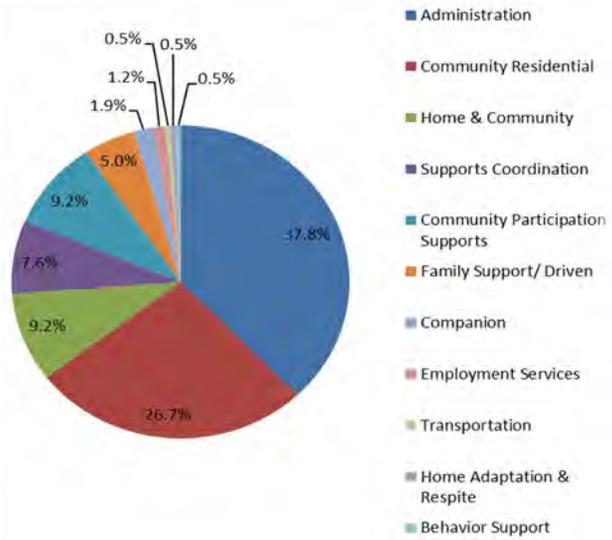
<u>Revenues</u>	<u>2019</u>	<u>2018</u>	<u>\$ Change</u>	<u>% Change</u>
Mental Health non-block grant	\$ 50,757	\$ 5,164,162	\$ (5,113,405)	-99.0%
Mental Health block grant	5,620,723	-	5,620,723	100.0%
Intellectual Disabilities non-block grant	-	1,759,722	(1,759,722)	100.0%
Intellectual Disabilities block grant	1,580,070	-	1,580,070	89.8%
Early Intervention	677,407	706,528	(29,121)	-4.1%
Human Services Block Grant (D&A, HAP, HSDF)	1,092,458	-	1,092,458	100.0%
Interest - crisis	62	62	-	0.0%
Other revenue	<u>11,298</u>	<u>48,709</u>	<u>(37,411)</u>	-76.8%
Total Revenues	<u>9,032,775</u>	<u>7,679,183</u>	<u>1,353,592</u>	17.6%
<u>Expenses</u>				
Salaries	963,783	984,876	(21,093)	-2.1%
Benefits	184,423	243,210	(58,787)	-24.2%
Operating	478,084	486,561	(8,477)	-1.7%
Provider services	6,319,660	5,946,750	372,910	6.3%
Human Services Block Grant (D&A, HAP, HSDF)	<u>1,092,458</u>	-	<u>1,092,458</u>	100.0%
Total Expenses	<u>9,038,408</u>	<u>7,661,397</u>	<u>1,377,011</u>	18.0%
Excess (Deficiency) of Revenues over Expenses	<u>\$ (5,633)</u>	<u>\$ 17,786</u>	<u>\$ (23,419)</u>	-131.7%



**FY 2018-2019
MENTAL
HEALTH
EXPENDITURES
\$5,210,028**

**NON-
HEALTHCHOICES**

**FY 2018-2019
INTELLECTUAL
DISABILITIES
EXPENDITURES
\$1,580,824**



**FY 2018-2019
EARLY
INTERVENTION
EXPENDITURES
\$854,319**