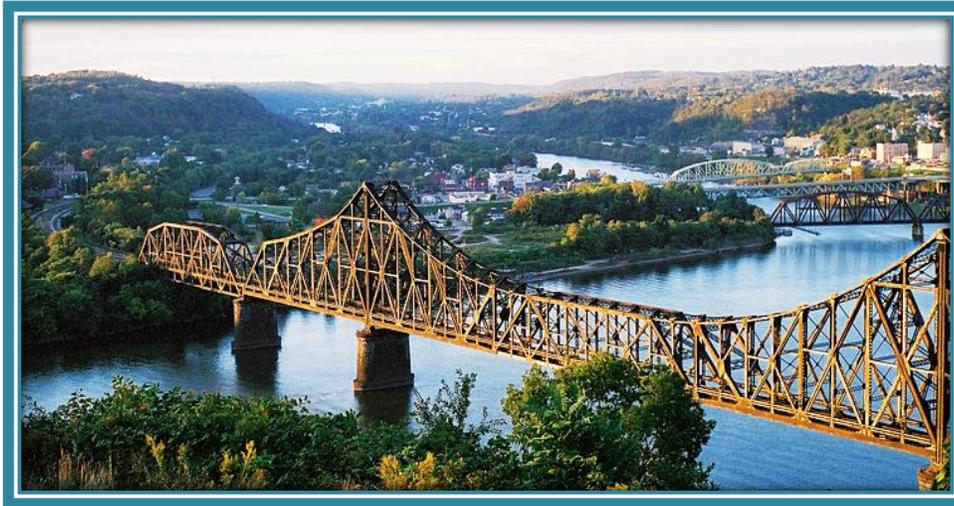




Beaver County Behavioral Health (BCBH) Annual Report – 2015



Gerard Mike, Administrator

1040 Eighth Avenue, Second Floor, Beaver Falls, PA 15010

Hours: 8:00 AM – 4:30 PM; www.bcbh.org/

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Under the Leadership of

The Beaver County Board of Commissioners

Sandie Egley, Chairman – Daniel C. Camp III – Tony Amadio



Annual Message from Gerard Mike

It is with great pleasure that we share with you our 2015 Annual Report. Each year, we highlight different aspects of BCBH initiatives and operations, along with a summary of our finances. This year, we have selected the following topics to share with you:

1. The BCBH School-to-Work Program
2. Our innovative Electronic Service Plan (eSP)
3. Work conducted by our Regional Health Care Quality Unit, and
4. BCBH summary financials

School-to-Work

These programs started some two decades ago with Federal legislation focused on career training. Some programs discontinued when Federal money stopped, but Beaver County has found great value in ours and it continues. The School-to-Work program at the Beaver County Rehabilitation Center (BCRC) has provided education and employment support to students since 1993. Please read more about this important program in our Report.

Electronic Service Plan (eSP)

In 2013, Beaver County implemented its electronic Service Plan (eSP) application with funding from a system transformation grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Staff can log and track key consumer information including, demographic information, housing information, and social, natural and clinical supports. Staff can also link a consumer's service plan in eSP. A key part of the system functionality supports crisis and prevention planning. As you'll see in the article we provide, we have plans for connecting to a larger number of human services and other resources in the County.

Health Care Quality Unit (HCQU)

Information about the HCQU with which we participate was kindly provided to us for this report by Natalie Symons, Director, Milestone HCQU West – participating counties include Armstrong, Beaver, Butler, Clarion, Crawford, Indiana, Lawrence, Mercer, and Venango Counties. Take a few minutes to learn some of the background of this important program that helps build capacity in our system to support persons with Intellectual and Developmental Disabilities.

Summary Financials

We are very pleased that in 2015 we have successfully maximized programs and service access within existing allocations, keeping County financial support to less than one percent of the total dollars spent overall.

I hope that you enjoy this report, and we look forward to a great 2016 serving the community.



School to Work Program

School-to-Work (STW) programs began over 20 years ago with Federal legislation to improve education by offering student career training for habits and skills that employer's value. The law supported the development of three elements:

- Work-based learning to provide participating students with work experience and on-the-job training;
- School-based learning, involving upgrading and integrating the occupational skills participating students learn in school and the workplace; and
- Program coordination for the planning, implementation, and operation.

The School to Work program at Beaver County Rehabilitation Center (BCRC) has provided education and employment support to students since 1993. Nineteen school districts in Beaver, Butler, and Allegheny Counties have participated (15 from Beaver County). The program, funded by the various school districts, strives to prepare students for the workforce. Over the life of the program over 236 students have been served.

Referrals for the program come from their respective School Districts, but are initiated by a variety of sources including parents, probation officers, caseworkers, Children and Youth Services, and Wraparound program staff. Once the School District makes the referral, a representative from the STW program attends the student's Individual Education Plan (IEP) meeting to discuss available services. The meeting attendees decide as a team, which services are most appropriate.

The STW program is broken down into three components: Pre-Vocational, Community Integration, and Individualized. Depending on the needs of the student, the appropriate service is provided.

- The Pre-Vocational component offers students the opportunity to gain experience in a work center. With a ratio of one job coach to fifteen students, there is a combination of paid and non-paid work activities as well as work readiness classes and community exploration.
- Community Integration consists of group activities with a ratio of one provider to six students. It consists of both classroom and community based education that focuses on employment, post-secondary education, independent living, and community socialization.
- Creating Alternative Pathways to Success (CAPS) is an individualized service with a ratio of one staff member to one student. By focusing on goals developed by each student, the program exposes students to opportunities that will help them reach those goals. CAPS students typically have involvement with one or more Human Service System (Mental Health, Behavioral Health, Criminal Justice, or Drug and Alcohol Abuse Services). CAPS is available for any "at risk" student and has also been ideal for those on the Autism spectrum.

Students often start in one program component and move to another or are involved with more than one at a time.

STW program services assess how a youth is functioning, the skills and supports they have and need, and then work with them and their family to set goals, teach skills, and develop supports. Services promote quality of life, community integration, and successful transition to adulthood. Program goals are to empower young people and their families to develop the skills and access the resources needed to



increase their capacity to thrive in the living, working, learning, social environments of their choice.

The approach is holistic and outcomes oriented, focusing on employment skills and resources needed to thrive. Services can be delivered individually or in a group format and may include: coping skills, organizational skills, positive problem solving, anger management, relationship building, self-esteem, personal awareness and boundaries, and personal hygiene and nutrition. Young people demonstrate growth and mastery of skills and strategies as they pursue successful participation in meaningful roles in their community.

With the input of the youth and family, specific goals relating to the areas of personal care, behavioral management, social skills and others, will lead the youth and his/her family to a more positive future, independent of or with less intensive supports and services. Other team members may include: School personnel (guidance counselors and social workers), Special Education Providers (IU), Independent Living Programs, Children and Youth Services, Child and Adolescent Mental Health Providers, or Residential Treatment Facilities.

Community Service/Support Agencies

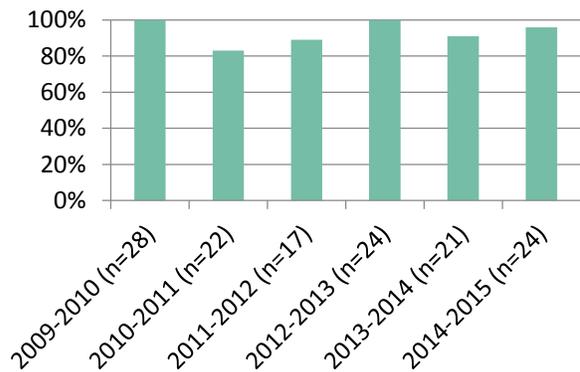
Eligibility criteria for students to participate in the STW program require that students are between 16 and 21 years old, proper identification, a physical exam, and a work permit if under 18 years old. For the most recently completed school year (2014 / 2015), enrollment in the programs was:

Program Component	Number of Students
Pre-Vocational	32
Community Integration	10

CAPS	3
Community Integration & CAPS	26
Total	71

Graduation rates over the past 6 school years have consistently exceeded 80% (see chart below):

Senior Graduation Rates



An STW Success Story

Nineteen-year-old “Damian” had been in alternative placement since middle school because of behavioral issues. He dreamed about working for a mailing services agency such as the US Postal Service. Damian attended CAPS two days per week, but when he increased to five days per week, he truly excelled. He successfully performed community based assessments at local companies and even received a job offer as a result.

However, Damian was determined to pursue his dream. After developing a relationship with a FedEx human resources representative, who is an advocate for hiring individuals with disabilities, Damian began working as a Parcel Assistant for FedEx. He is currently earning a competitive salary and living his dream.



Electronic Service Plan Story

In 2013, Beaver County implemented its electronic Service Plan (eSP) application with funding from a system transformation grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of eSP is to increase care coordination and collaboration through the use of technology by providing a tool for staff that serve as the Single Point of Accountability (SPA) in Beaver County.

This includes case management (children and adult) and Community Treatment Team services, with Family Based providers targeted for inclusion in the next year. In addition, plans for further rollout include access to the crisis plan component for Child Welfare, the Aging Office, Child Probation, Jail and the 911 Center. Presently, the crisis plan is shared with Adult Probation for clients on probation teams, which are comprised of a probation officer, case manager and peer. Staff can log and track key consumer information for people supported by SPA services in the County; including, demographic information, housing information, and social, natural and clinical supports. SPA staff can also link a consumer's service plan in eSP as well.

A key part of the system functionality supports crisis and prevention planning. During system design, crisis plans from the county SPA agencies were reviewed and combined to form one universal plan. This plan was then developed within the eSP application and now serves as the standard county crisis prevention plan in use by all agencies.

With appropriate authorization, associated providers, county crisis services, and county inpatient units/emergency departments have view-only access to consumer crisis plan information to facilitate overall treatment coordination and crisis support.

Further, consideration is being given to expanding access to crisis plans with other partners within the system of care for those consumers who are supported by other county departments within the community.

Consumers are connected to five separate SPA agencies. Almost all (98%) of these consumers have a crisis prevention plan completed in the system that is accessible to county crisis services and hospitals if needed. This information is managed through various security roles and user accounts, and is secure and accessible anywhere with an internet connection. Currently in the system are 835 consumers, 832 of whom have been assigned an SPA and 821 of them have a crisis plan in place.

Additionally, the eSP system serves as the foundation for the county's data warehouse, which integrates county Base data, HealthChoices (Medicaid) claims data, critical incident tracking information, and grant management data. Various consumer, management, and user audit reports are generated to support the Beaver County system of care, in addition to ad hoc reporting as needed.

As noted by Elisia (McCary) Majors, Crisis Intervention Supervisor: eSP is a helpful tool for the crisis team. The crisis plans provide us with helpful information to use when we are intervening with consumers in crisis. We can review with consumers the techniques they have specifically identified to help them de-escalate in a crisis situation. We have access to their identified natural supports and emergency contacts. Rather than starting from scratch with consumers, we have a great tool and resource already develop for us to reference and review with individuals in crisis.



Health Care Quality Unit – an Interview with Natalie Symons, Director of Milestone HCQU West

According to the Pennsylvania Office of Developmental Programs, “Health Care Quality Units (HCQUs) work to support and improve the health information and knowledge for the intellectual disabilities community service system by building capacity and competency within the physical and behavioral health care systems as well as the stakeholders of the ID (intellectual development) system.” To read more about them, please access this link to their website:

<http://www.odpconsulting.net/hcqu/#.VmQxYYRWeS0>

For our 2015 Annual Report, we interviewed Natalie Symons, who is in charge of the Milestone HCQU that includes Beaver County.

Can you provide a brief history of the HCQU with a focus on key initiatives?

Milestone HCQU West first began operations in the year 2000 under the name Allegheny East Community Health Connections. We provide services in Armstrong, Beaver, Butler, Clarion, Crawford, Indiana, Lawrence, Mercer, and Venango Counties. Health Care Quality Units or HCQU’s were first created to assist agencies who support people with intellectual and developmental disabilities navigate the community health care systems and identify areas to prevent medical complications. Since that time, our HCQU has progressed to add a behavioral services division.

Milestone HCQU West provides training on both medical and behavioral topics to over 10,000 people per year. While the majority of our training is focused on providing Direct Support Professionals the information that they need, a portion of our trainings are given directly to people with ID/DD. These trainings vary based on the person’s individual needs.

Trainings include topics such as building friendships and Internet safety to healthy meal choices and smoking cessation. Our HCQU also completes Intensive Technical Assistance (ITA). The agency or county generates these requests. They typically require one of our Nurses and Behavioral Consultants to gather a person’s history and then speak with the person as well as their team. Then the HCQU Consultants offer the team suggestions to prevent or treat illnesses or behavioral concerns.

In FY 14/15 Milestone HCQU West hosted 65 trainings and provided education to 996 people. We also completed seven Intensive Technical Assistance sessions.

Can you provide a brief statement on key initiatives you plan going forward?

Currently, we offer trainings via in-person, online, webinars, and self-study modules. We plan to increase the numbers of trainings that are offered via the Internet to meet the needs of our providers. Provider staff will still receive the high quality training that they require without the cost of travel or overtime.

Beginning in the spring of 2016, we will offer a certificate in Mental Health First Aid and Youth Mental Health First Aid. These 8-hour trainings will be at no cost. Mental Health First Aid is a national program that helps to assist someone experiencing a mental health related crisis. In the Mental Health First Aid course, we will educate about the risk factors and warning signs for mental health, addiction concerns, and where to turn to for help. The training will also address strategies for how to help someone in both crisis and non-crisis situations and where to turn for help. **(Continued on next page.)**



This upcoming year, we plan on increasing the awareness of the importance of physical activity and proper nutrition. Studies have shown that a minimal increase in exercise can have a tremendous positive effect on one’s wellness. Physical activity can also combat mental health disorders, such as depression, and decrease the likelihood of falling. Each person attending our trainings will receive tips on how they can assist the person they are supporting to increase physical activity.

We are also developing a daylong training event on the topic of Trauma. Studies on abuse indicate that many people with disabilities have been victims of physical or sexual assault. This in-depth training will inform participants of the history of abuse in the disability field. It will engage them to consider what it may feel like to be a person who cannot communicate about the abuse. The training also provides ways to support someone through such difficult times.

This year we will also be hosting training events with Dr. Ruth Myers and David Hingsburger. Dr. Myers will be presenting a training on “Communicating with a Psychiatrist” and “Behavioral Indications of Seizures”. Mr. Hingsburger will be presenting trainings in the area of abuse prevention.

Can you provide any results you have achieved with your DDTT efforts with a brief description of the program?

The Dual Diagnosis Treatment Team currently operates in several of the counties that we support. Although, we have not had the opportunity to work in tandem with the Dual Diagnosis Treatment team on a specific case, we have been able to offer support. We have provided education and documentation to the DDTT Team regarding their open cases, so that they may begin implementation.

For more information, please access this website:
<https://milestonepa.org/health-care-quality-units/milestone-hcqu-west>

Beaver County Behavioral Health Revenues for 2015

We now provide a revenue summary for 2015. First, a summary of individuals served by federal and state grants; next, a chart with each funding stream, including which receive match dollars from Beaver County, including the number of clients served; last, we have a pie chart of that same graph how each contributes to overall revenues.

Program	Enrolled
Chances R	1,321
BC-COURTS	11
BC-PROBATION	2
BC-REACH	201
Project Recovery	606
HELPIng BC SCORES	60

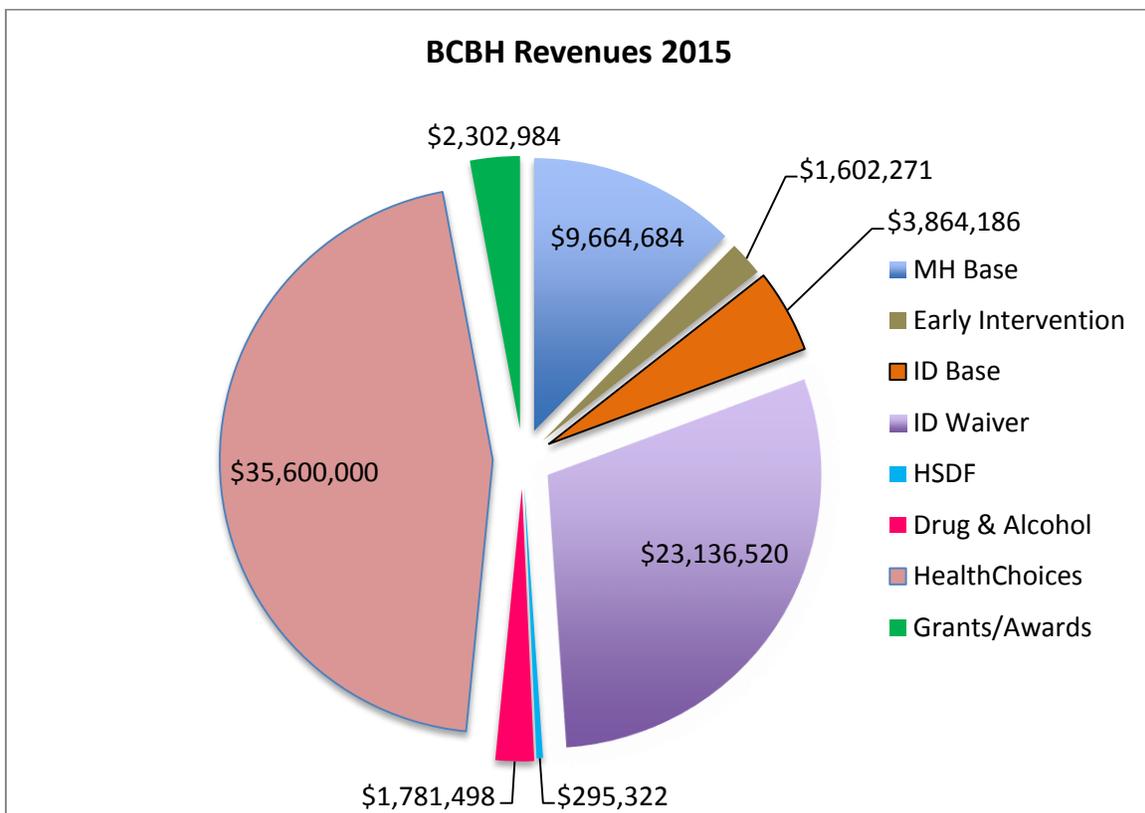
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For BCBH’s regular programs, the following numbers are provided:

PROGRAM	REVENUES	COUNTY CONTRIBUTION	CLIENTS SERVED
MH Base	9,664,684	366,630	1940
Early Intervention	1,602,271	143,687	511
ID Base	3,864,186	108,455	801
ID Waiver	23,136,520		447
HSDf	295,322		652
Drug & Alcohol	1,781,498	80,000	1327
HealthChoices	35,600,000		7644
Grants/Awards	2,302,984		1569
TOTALS	76,843,648	698,772¹	

Here are the BCBH revenues by program type:



We thank you for reading our BCBH 2015 Annual Report for our community, and we look forward to collaborations and successes in 2016.

¹ County Contribution is 0.9% of total Revenue