



Armstrong Indiana BDHP

Behavioral and Developmental Health Program

Fiscal Years 2019-2020-2021 ANNUAL REPORT



Support through a Pandemic

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A Message from the Administrator



Dear Stakeholders,

COVID-19, and the resulting safety protocols and policies, has impacted all aspects of the behavioral health system from outpatient therapy to Torrance State Hospital admissions and discharges. Consumers were presenting to the emergency department with increased severity of acute psychosis not only from mental health challenges, but also as a result of the surge in methamphetamine use. Behavioral health inpatient admits significantly increased beginning in late April of 2020. Over the last two years the Armstrong-Indiana Behavioral and Developmental Health Program has been focused on handling the various issues that have occurred as a result of the pandemic. These new job responsibilities have included participating in multiple Zoom meetings and/or calls sometimes daily, facilitating vaccine information, reporting on case outbreaks, tracking program closures or re-openings, following infection rates, monitoring mask mandates, and making decisions on remote work policies just to name a few. With an enrollment of over 700 Intellectual Disability/Autism (IDA) consumers in our two counties, there were 59 COVID infections reported and tragically 2 deaths. From our mental health program with over 5,500 enrolled consumers 194 cases were reported with 4 deaths noted over the two-year period. This is the sad reality of the pandemic. Although our numbers were much lower than many of the counties throughout the state the impact on all of our lives was just as real and significant.

This impact was most felt by the providers and the direct service professionals that have had to endure a very difficult and exhausting experience. We will be forever grateful for all the direct service professionals, caseworkers, supports coordinators, service coordinators, clinicians, therapists, doctors, nurses, medical staff and any other staff member who continued to provide direct services to our consumers. You are to be commended for your work in keeping the health and safety of others a priority.

The information presented in this two year report provides not only details about how our office addressed specific pandemic needs but also how we provided ongoing support to our providers and consumers. The expenditure charts found on page 13 provide information on how our \$7.6 million-dollar annual allocation is utilized. Additionally, found throughout the report, are tables, charts and graphics offering details about Community Integrated Care Plans, consumer statistics, and housing services just to name a few. There are new sections highlighting both our ID and MH quality management efforts and so much more.

I will close by offering again my thanks to all our system partners our dedicated and hard-working Armstrong-Indiana Behavioral and Developmental Health Program staff, the Armstrong and Indiana County Boards of Commissioners, and our Advisory Board for all your support and encouragement. I hope you will take the time to read about all the great work our staff is involved in and what has been accomplished over the last two years. I can assure you that as we are hopeful to be transitioning to a post – pandemic era we will continue to support and develop person centered quality and community oriented programs and services.

Be safe and take good care everyone,

Tammy Calderone

Administrator

Adult Mental Health Program Updates

Community Integrated Care Plans

The Clinical Care Manager and the CHIPP Caseworker, which was hired in October 2019, have been facilitating more formal Community Integrated Care (CIC) plan meetings. A name change from Community Support Plan to Community Integrated Care was made to capture better the all-inclusive team approach that we are taking. Some examples of people included in the meetings, with consumer agreement, are medical health insurance companies, behavioral health insurance companies, providers, case managers, peer specialists, family, friends, primary care physicians and home health agencies.

During the 2019 – 2020 fiscal year, a CIC guide was developed to give to social workers, case managers, insurance companies, and providers. It helps explain the process and how to contact BHDP to request a CIC meeting for a consumer. The meetings have been beneficial in helping consumers reach their goals by getting services set up, by opening up communication between the team, by decreasing hospitalizations and by providing positive feedback on a regular basis.

During 2020-2021 there were over 20 individuals who had CIC planning meetings.

Clinical Care Management Highlights

- ✓ 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;
- ✓ 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;
- ✓ provided education and assistance in creating crisis plans.

Consumer Impact and Statistics

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

In FY 20-21 86% of A/I residents were diverted from admission to Torrance State Hospital.

In FY 19-20 of the six diversions from Torrance State Hospital, 17% went back to living in the community.

Torrance State Hospital Statistics	FY 2019-2020	FY 2020-2021
Total BH In-patient referral requests to CCM	10	14
Total referrals CCM authorized to TSH	4	7
Total admissions to TSH	4	2
Total diversions from TSH	6	9
Percentage of diversions	60%	86%
Consumers returned to community	1	0
Consumers diverted to the Butler LTSR	3	4
Consumers diverted to the UPMC-NW EAC & Highland Hospital EAC	2	5

Adult Mental Health Program Updates

Enhanced Transitional Housing

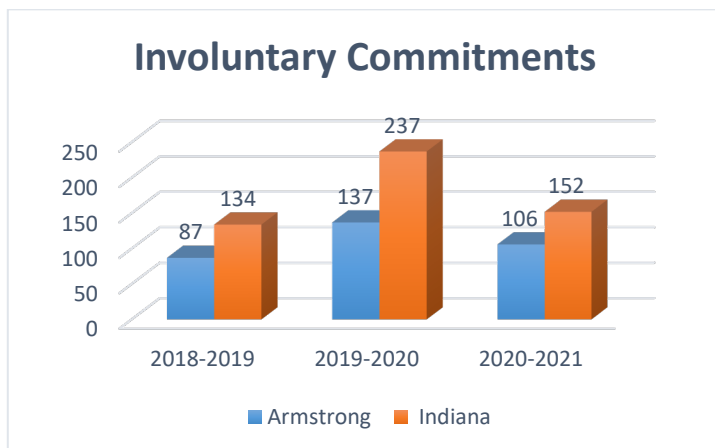
AIBDHP partnered with SPS Behavioral Health to develop an Enhanced Transitional Housing (ETH) Program during the 2019 – 2020 fiscal year. The community residence is a three bed home in Kittanning, PA, that has been developed for the purpose of enhancing the capabilities of persons 18 and older who are diagnosed with serious and persistent mental health disorders. The program helps the residents achieve optimum levels of self-care, social confidence, tenure in the community and economic self-sufficiency. By the end of the 19/20 fiscal year, all three beds had been filled at the home with the first participant moving in on March 16, 2020. The staff are there 24 hours a day, 7 days a week and provide the support needed for residents to enhance their independent living skills. Hospitalizations have decreased significantly due to assistance with medications and the use of coping skills being encouraged and utilized. The added support during the pandemic was invaluable.

Kittanning Empowerment Center

At the Kittanning Empowerment Center (KEC), despite regular operations having to cease due to COVID-19, the center was able to provide free bag lunches to 14-24 individuals a day from the KEC three days a week from mid-March through July. This not only provided a meal, but also a brief opportunity for staff to talk to individuals and ensure they were staying well and determine if any help was needed.

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 our Court Coordinator coordinates all civil court commitments. During the pandemic commitment hearings transitioned to a conference call format. In FY 2019-2020 during the height of the pandemic **there was an overall 41% increase in 302 involuntary commitments from the previous year.** This was an increase in Armstrong County commitments by 36% and Indiana County by 55%. In FY 2020-2021 the commitments decreased to a level that was just over 17% of the pre-pandemic levels. Civil Court Commitments (303, 304, 305, and 306 Hearings) also increased by -19% from the previous year in 2019-2020.



6th Annual Wellness & Recovery Day

With COVID cases declining, the postponed May event was able to take place on Friday August 13, 2021. The 6th Annual Wellness and Recovery Day was held at Riverfront Park in Kittanning, PA. This year's theme was Hoedown in the Park. The event featured twenty-seven vendors providing food, gifts and handouts to the approximately 100 participants. Despite the hot temperatures it was great to be outdoors and gather together to celebrate mental health awareness! Rod Agras took the picture above and the others presented throughout this report. Thank you Rod!

Mental Health Housing Programs



Bridge Rental Subsidy Housing Programs

The AIBDHP's Bridge Rental Subsidy Housing Program continued providing short term rental assistance to consumers who met the eligibility criteria for the program (be at least 18 years of age, have a documented mental health diagnosis, have or be able to secure an income, and have and maintain Medical Assistance coverage). The Indiana County Community Action Program (ICCAP) operates the program for Indiana County. The Family Counseling Center of Armstrong County operates the program for Armstrong County. There were 4 consumers enrolled on June 30, 2021. They continue working with the Behavioral Health Housing Liaisons to secure an income or more permanent housing assistance.

Individuals	FY 2019-2020	FY 2020-2021
Enrolled	10	9
Closed	5	5
Active at the End of the Year	11	4

Capital Expenditures/Housing Development/Renovation

The Capital Expenditure/Housing Renovation Project between AI BDHP and the Alliance for Non Profit Resources and the Non Profit Development Corporation which began in 2018 concluded in January 2020. Two units located in Kittanning, PA were renovated. One unit was designated as a bridge program apartment, and the other as a short term housing unit.

Housing Contingency Fund

Funds remained available through the Housing Contingency Fund for both counties in fiscal year 2019-2020. 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. For FY 2019-2020 in Armstrong County, a total of 5 individuals and 12 families received assistance. A total of 10 individuals and 5 families accessed funds in Indiana County. The most requested and approved assistance was for first month's rent and security deposits. In FY 2020-21 there was a dramatic decrease in requests for assistance, most likely due to COVID and the eviction moratoriums at both the federal and state level. In Armstrong County 7 individuals received assistance and only 1 was referred for assistance in Indiana County.

Behavioral Health Housing Liaisons/PATH Case Managers

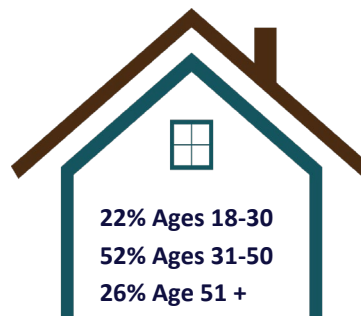
These individuals provide housing case management services to mental health consumers in both counties. Liaisons are employed by the Indiana County Community Action Program and the Family Counseling of Armstrong County. In addition to providing overall housing case management services, the housing liaisons 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 the AI BDHP housing staff, and operate the Bridge Rental Subsidy Housing Programs. Liaisons carry a caseload size of approximately 20 to 30 individuals who need housing assistance and served approximately 100 individuals with housing needs during 2019-2020 fiscal year.

The liaisons worked through the pandemic, providing as much case management as possible to consumers and families who were homeless or faced housing needs. Although eviction moratoriums were put into place, the liaisons served approximately 80 individuals during the 2020-2021 fiscal year. Also, in September of 2020, the Armstrong County liaisons along with staff from the Armstrong County Community Action Agency and the AI BDHP met to create plans to improve coordination for when the housing eviction moratoriums ended so that no behavioral health consumer would become homeless.

The AI BDHP encouraged all the housing liaisons to complete the application to become Certified Community Health Workers (CCHW). The certification allows additional funding to become available to support the housing liaison positions. The certification also allows the liaisons to showcase the work they're doing to improve the everyday lives of those they serve by linking them to health and human services and by improving the coordination of care and communication between the individual and the local providers. By June 2021, all liaisons had been fully certified as CCHWs. The Indiana County Community Action Program staff will begin working with staff from the Southwest Behavioral Health Management Corporation (SBHM) to develop a new assessment tool which will capture all the social determinants of health that may impact an individual.

Mental Health Housing & Forensic Programs

PATH Demographics



44 Females 38 Males

Armstrong and Indiana PATH Programs

The Program for Assistance in Transition from Homelessness (PATH) Programs that operate in each county serves to prevent and reduce homelessness for the behavioral health population. The programs are made possible by a SAMHSA grant obtained by the Commonwealth of Pennsylvania. Oversight of the program is provided by the Pennsylvania PATH Contact and the AI BDHP housing point person. The Behavioral Health Housing Liaisons (BHHLs) in each county operate the PATH Program by providing outreach and education, assistance with finding safe and affordable housing options and by intervening to help avoid evictions. 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 2019-2020, the program provided financial assistance to a total of 4 individuals. They received assistance with rent to secure a new place to live or rental/utility assistance to avoid eviction.

PATH Data Comparison by County FY 2019-2020

PATH Service	Armstrong	Indiana	Totals	+ or - from 18/19
Individuals contacted by PATH staff	33	52	85	-15
Instances of contact by PATH staff	44	456	500	+16
Contacted who became enrolled in the PATH Program during FY 2019-2020	13	16	29	-30
Total number of individuals enrolled in PATH as of 6/30/2020	14	49	63	-20
Total number of individuals who were homeless	3	28	31	-15
Total number of referrals to human services made by PATH staff during FY 2019-2020	17	30	47	-40
Total number of PATH services provided in FY 2019-2020	29	49	78	-26
Total number of individuals enrolled in PATH identifying as MH/D&A (co-occurring)	4	22	26	-1

PATH Data Comparison by County FY 2020-2021

PATH Service	Armstrong	Indiana	Totals	+ or - from 19/20
Individuals contacted by PATH staff	41	26	67	-18
Instances of contact by PATH staff	158	385	543	+43
Contacted who became enrolled in the PATH Program during FY 2020 -2021	0	6	6	-23
Total number of individuals enrolled in PATH as of 6/30/2021	5	17	22	-41
Total number of individuals who were homeless	2	8	10	-21
Total number of referrals to human services made by PATH staff during FY 2020-2021	4	70	74	+27
Total number of PATH services provided in FY 2020-2021	12	80	92	+14
Total number of individuals enrolled in PATH identifying as MH/D&A (co-occurring)	5	17	22	-4

Law Enforcement Liaison Programs

Law Enforcement Liaison (LEL) positions are now available in both Armstrong and Indiana Counties. The Indiana County LEL is an employee of the Community Guidance Center and began working on June 1, 2021.

In Armstrong County the jail was on lock down to prevent COVID from November 2020 until January 28th 2021. The LEL provided 2 education groups on anxiety and depression during that time. When the jail has no limitations the LEL provides 2 groups a month on mental health and community service topics.

Armstrong LEL FY 2020-21 Highlights

- The LEL is the mental health professional on the Veteran's Court
- Offered 75 inmates informal counseling within the Armstrong County Jail - 42 had a documented mental health diagnosis.
- Attends medication management sessions with the CRNP.
- Provided community services and case management services to 17 inmates who were released and 8 individuals referred from alternative resources, and 2 out of county residents.
- Of the 27 assisted 21 had a documented mental health diagnosis, 4 had a TBI and 3 had an intellectual disability diagnosis.

Intellectual Disability & Autism Program



Covid 19 Response

The 2019-2020 fiscal year was like no other. AIBDHP began working remotely as soon as guidelines were put in place to keep everyone healthy and safe. Our partnering day program providers, agencies and Supports Coordination Office's (SCO) were closed and employees began working from home. Face to Face visits were switched to phone or online. There were no delays in communication, responses, or approval of our individual's services and supports. Throughout it all, our direct support professionals continued to work in our group homes to keep individuals safe. They went to individual's private homes to bring them food and check in on them. We will forever be thankful for their commitment to the people they serve and their profession.

In Fiscal Year 2020-2021, The AE, providers, and SCOs continued to operate under the guidance of Department of Health in relation to the Covid-19 Pandemic. The AE and SCOs continued working remotely and conducted face to face visits via phone or online unless an emergency prompted an in person visit. Our day program providers slowly began re-opening day facilities to provide services, however, many operated at limited capacity. Providers continued to offer CPS Remote services to individuals. Providers faced the challenges of facility closures while following the Guidance for Thresholds for Community Spread. Education and Planning began for Individuals, families, Direct Support Professionals, Provider Management Staff, and AE staff to receive COVID-19 Vaccination. Our Agency with Choice Program expanded during the Pandemic due to staffing shortages. Family members were able to care for their loved ones at home while being employed.

Within the AE, we began internally tracking individuals who had confirmed or suspected cases of Covid-19. We were trained on Appendix K: Operational Guides for Appendix K: Emergency Preparedness and Response for the Person/Family Directed Support, Community Living, Consolidated Waivers and Adult Autism Waivers relating to exceptions in services. We began working with our providers immediately as they made changes in health and safety protocols by following the CDC Guidelines in the Red, Yellow, and Green phases of business operations.

Technology Improvements

Technology has always been a limited resource for most individuals with intellectual disabilities. Because of cost or not having knowledge of how to use devices, individuals did not have the same access to technology that most people use in everyday life. The pandemic made this fact very clear to us, but it has always been on our mind. Even before the pandemic, the AE attended a Technology Conference hosted by ODP and participated in several webinars and demonstrations throughout the fiscal year. The pandemic jump started our entire system to explore creative ways for individuals to have independence in their home, remain healthy and safe, and reduce the amount of physical staff in their homes. The realization that individuals need more technology to keep them safe and connected with families, friends and provider staff was more obvious than ever. If we are looking for positives coming out of the pandemic, we now have agencies that are able to provide remote services and monitoring from the safety of the individual's home. The use of iPhones, iPads, FaceTime, Zoom, Microsoft Teams platforms, cameras, computers etc., will continue long after the pandemic is over. Most of our day programs opened using the Zoom meeting platform to keep individuals connected with staff and friends. They also learned valuable lessons in cooking, exercise and how to use the technology they have set up in their home. In fact, some individuals prefer to receive services remotely by using technology.

Changes in Individual Support Plan Review

During the 2019/2020 fiscal year, ODP enabled Support Coordinators to submit annual ISPs for Auto Approval. In October 2019, the Administrative Entity (AE) attended a training on Residential Staffing Ratio Changes within the ISP. Staffing is more than a number, it is based on the needs of each individual in the home. The SCOs began implementing the changes in January 2020 after they also received training. SCOs submitted Annual ISPs to the AE by Manual Approval. The AE had requested the Manual Approvals from January 2020 to January 2021 in order to read, review, and approve one full cycle of Annual reviews.

During fiscal year 2020-2021, the AE reviewed ISPs for the inclusion of the Fatal 4 (constipation, dehydration, aspiration and seizures). These 4 major health issues are commonly linked to preventable death in individuals with a diagnosis of intellectual and developmental disabilities. The AE also reviewed ISP for information from the HRST (Health Risk Screening Tool). The HRST is completed by provider agencies for all individuals who reside in residential settings.

Intellectual Disability Program Quality Management Data



Polk Center Transitions

In the fall of 2019, ODP announced the projected closures of Polk Center (pictured above) and White Haven. AIBDHP began meeting with our individuals and families residing at Polk Center to discuss future plans. Many meetings were held at Polk Center with provider agencies talking directly with families. AIBDHP had family meetings to explain the community services we have in place. However, at the beginning of the pandemic, all outreach paused. ODP still has the expectation to close the center within the 3 year timeframe. We have slowly started reaching back out to families to restart discussions. We have 10 individuals to relocate. Some have decided to go to another state center and others are looking into community providers.

Waiver Enrollment Chart

AIBDHP's ID program, under the direction of the Office of Developmental Programs (ODP), contracts with agencies that provide services and supports to individuals residing in Armstrong and Indiana Counties. The follow chart shows the number of consumers enrolled in services during the last three fiscal years.

Category of Funding	ID Consumers Served FY 2018-2019*	ID Consumers Served FY 2019-2020	ID Consumers Served FY 2020-2021
Consolidated Waiver	270	272	272
Community Living Waiver	52	63	65
Person/Family Directed Support (P/FDS) Waiver	198	200	198
Base Funded Utilizing Base Funding	106	174	119
SC Services Only	50	66	44
Private ICF/ID; State Center	29	28	27
TOTAL	689	735	725
Please Note – Numbers may fluctuate due to death, transfers or close outs.			
*Enrollment indications have changed; numbers separated for a more accurate depiction.			

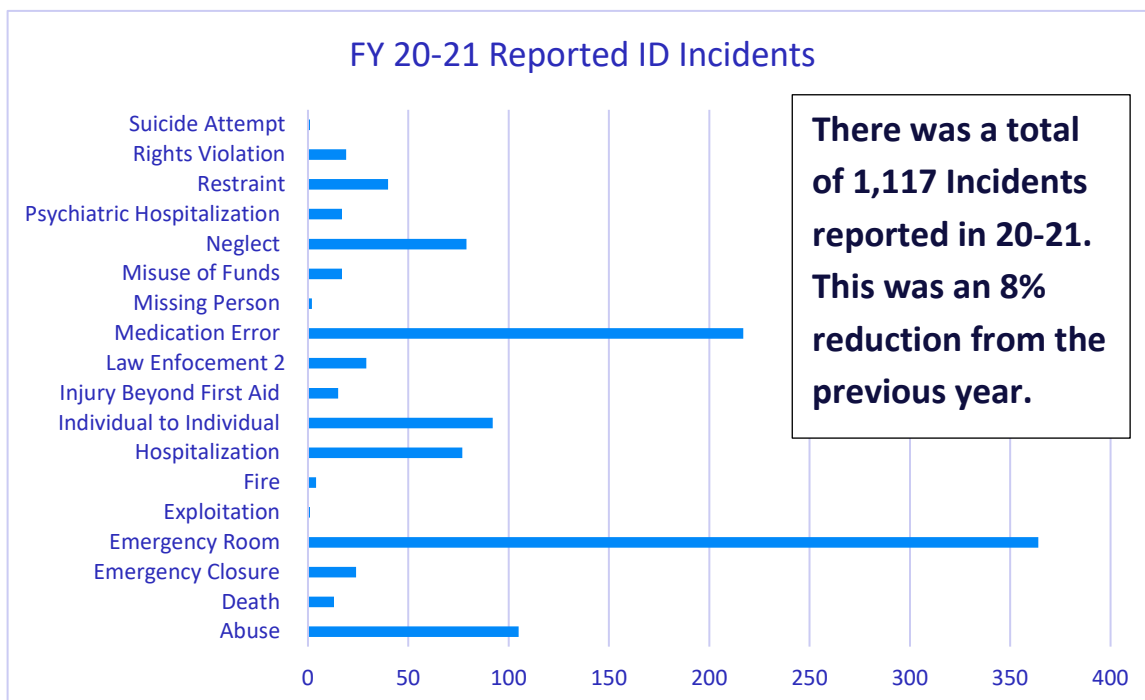
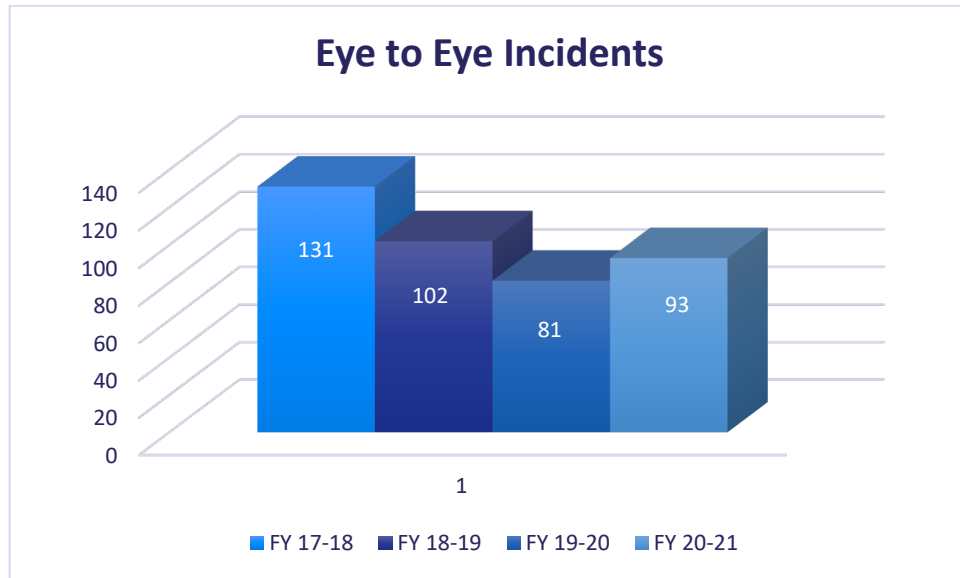
Intellectual Disability Program – Quality Management

The Quality Management Plan for AIBDHP's ID program continued to be a priority. The goals and results for the three year 2019 -2022 Quality Management Plan are:

- Gain baseline data regarding Individual Support Plan review and approval. Specifically, number and percentage of Individual Support Plans (ISP) returned by Waiver Coordinators. **IMPROVEMENT MADE**
 - Annual ISP review total = 298
 - Critical revisions total = 754
 - FY ISP Total=655
 - Total ISPs needing approved=1707
 - Approved by AIBDHP 1st time total = 1583
 - Returned by BDHP total = 124
 - % rate returned= 8% This is an improvement from 2019/2020 of 20% returned.
- Reduce/Eliminate Restraints and Gain Baseline data for Restrictive Plans and Restraints. **IMPROVEMENT MADE**
 - Baseline for Fiscal Year 19-20= 59 restraints (14 individuals had a restraint in FY19/20)
 - Total for FY20/21: 40 restraints (which is a reduction from previous plan year of 59 restraints) 10 Individuals had a restraint in FY20/21. 27.5% of 40 total restraints (11 of 40) were from 1 unique individual.

Intellectual Disability Program Quality Management Data

- 3. Reduce/Eliminate Individual to Individual Abuse(s). Our Outcome for Individual to Individual Abuse is to decrease by 5 percent. SOME IMPROVEMENT MADE





Trainings

The **Infant and Early Childhood Mental Health training funds** received through the Human Services Community Block Grant supported the following Infant and Early Childhood Mental Health Training programs in July and October of 2019, April of 2020 and in March 2021 in both Armstrong and Indiana Counties via Zoom.

- The full day Infant Mental Health Training offered instruction to anyone working with children and families to be able to identify positive ports of entry with families as well as areas where the parent- child relationship could use more supports.
- AIBDHP also hosted multiple session on Trauma Informed Care Trainings which were targeted for Youth, Family, and System Partners. The Lakeside Global Institute provided the instructors for these trainings and were offered in collaboration with PA Care Partnership and Southwest Behavioral Health Management.
- AIBDHP was also able to fund a three-day training for the Armstrong and Indiana County School Districts. The training was Creating Trauma-Sensitive Schools Train the Trainer and The Attachment Trauma Network provided the instructor for this program. ARIN Intermediate hosted the training and took care of the registration and sending out the information to the districts. Ten Districts participated.
- The Sprout Center presented a 3-hour ZOOM training entitled The Complex Emotional Needs of Children Exposed to Parental Substance Misuse. The presentation focused on the children who have been affected by multiple losses and changes as a result of parent or primary caregiver substance misuse.
- They also presented Building Attachment and Attunement Techniques to Support Infant and Early Childhood Mental Health Work
- *Over 350 participants were impacted by the efforts from these trainings!*

The new **Intensive Behavioral Health Services (IBHS)** Regulations became effective on January 1, 2020. The new regulations are a transformational change for the children's behavioral health system across Pennsylvania. IBHS Regulations encompass four services which include Individual Services, Applied Behavior Analysis Services, Group Services, and Evidence Based Services. Some of the highlighted changes include:

- Agencies providing these services must become licensed
- Interagency Service Planning Team (ISPT) Meetings are no longer required
- An Order is completed instead of an evaluation. The order can be written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders.
- The number of hours for each service will be prescribed per month instead of per week
- Therapeutic Staff Support is now called a Behavioral Health Technician
- Staff qualifications are different
- AIBDHP developed a new policy and meeting procedure and provided trainings to various groups

AIBDHP staff assisting families and providers through these changes include Karen Winning, CASSP Coordinator, and Anna Breggenti, Service Navigator.

The **Beacon Light Residential Treatment Facility (RTF)** began serving their first child in January 2020. The ID/MH residential program is an 8 bed facility serving youth between the ages of six and eighteen who have a documented autism diagnosis and have a secondary, concurrent intellectual disability diagnosis and who would benefit from RTF services.

Community Guidance Center (CGC) had been doing a pilot for **Elementary SAP** in the Indiana Area School District Elementary Schools since October 2019. The SAP Liaison had been attending the Elementary SAP meetings and was available if needed to do assessments. We met in January 2020 with CGC and Indiana Area School District to discuss the progress and concerns of the pilot program. The pilot was continued for the remainder of the school year.

Due to the COVID-19 pandemic our Children's Mental Health providers began offering **telehealth** for outpatient, IBHS, Crossroads Site Based Autism Program, Family Based, Multi-systemic Therapy (MST), and Case management. This has been a beneficial option for our children and families. Children/Adolescents that were in RTF placement had increased phone calls/Zoom sessions with their families due to family visits and home visits being put on hold during COVID-19.



Service Changes



New Programs

Early Intervention



Early Intervention Services are provided to children from the age of birth up until their 3rd birthday. Early Intervention provides supports and services for children that are determined to have a developmental delay or disability. Families' independence and competencies, along with families' strengths, values and diversity are taken into consideration when supporting the child. Supports and services are designed to meet the developmental needs of children with a disability, as well as the needs of the family related to enhancing the child's development in one or more of the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

Armstrong/Indiana Behavioral and Developmental Health Program 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.



Total Infants and Toddlers Served	
FY 2019-2020	434
FY 2020-2021	451

The Armstrong/Indiana Behavioral and Developmental Health Program continues to 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 provided at no cost to the family.

Due to the COVID-19 pandemic, Early Intervention services were switched to virtual "tele-intervention" services in mid-March 2020.

There were 470 children referred for Early Intervention services during the FY 2019-2020 and 314 children referred in FY 2020-2021. Due to the COVID-19 Pandemic, there were no in-person child find activities held in 19-20 and very few in 20-21. Meetings were all held via Zoom. Referrals remained steady throughout 19-20, but due to all services being held virtually for the majority of the time, some families opted not to receive the services. In 20-21 referrals began to return to pre-COVID levels.

Referral Sources			
	FY 18-19	FY 19-20	FY 20-21
Physicians	197	282	177
Parents/Family Members	51	79	68
Hospital or Pre/Postnatal Facility	64	44	30
Other Social Service Agencies	16	26	18
EI Provider	2	1	8
Head Start/Early Head Start	3	4	0
CONNECT Direction Service	18	12	7
Education Agencies/Child Care Agencies	3	4	1
Other Health Care Providers	4	1	3
Family Center	2	8	2
Other	8	9	0
TOTAL:	368	470	314



Management and Fiscal Highlights



Working Remotely

In April 2020 all AIBDHP staff had the opportunity to work remotely. We put in place an Emergency Telework Agreement, provided laptops to everyone, and implemented additional cyber security measures in order to accomplish this transition. We further developed a schedule of coverage so that our Kitting office has remained open. Through the purchase of Zoom licenses we have been able to continue to hold meetings and conduct business as usual with consumers, providers, the various DHS program offices and all our stakeholders. From a management perspective we are very proud of what our staff have done to transition to a new work environment and still accomplish their necessary duties. The side benefits of the new way of doing business has been improved team work, enhanced computer skills, and reduced travel expenses.

Personnel Changes

With the support of the Commissioners we were able to implement some personnel actions in FY 2019-2020 that have helped to promote our program's vision to develop a person-centered, community oriented behavioral and developmental system that supports recovery and resiliency. This included the creation of a Caseworker 3 position to work with Torrance State Hospital discharges and facilitate individualized Community Integration Team Meetings; and the creation of a MR Specialist 1 position to be the ID Administrative Entity Incident Management Coordinator. This position ensures that reported incidents are properly reviewed, analyzed and completed so that all consumers are safe. Finally, we created an ID Director position to head up the ID department. This position was filled through a promotion from within. The final significant personnel change was the retirement of our long time IT Generalist, who oversaw all of the agencies IT functions. This position was filled at the end of the fiscal year.

Retained Earnings Plan

Since participating in the Human Services Block Grant there is the opportunity for retained earnings up to five percent of the State HSBG allocation. For fiscal year 2018-19 we did not spend all of our State HSBG funds and were able to submit a proposal to utilize those funds during fiscal year 2019-20. The HSBG Committee developed a plan that was approved by the Commissioners and Department of Human Services. The plan included funds for the Pathways Homeless Shelter, Rides for Recovery Program, Indiana Department of Human Services and COVID19 Mental Health Remote Support services. In prior years unspent dollars would have been returned to the state. Now that we are participating in the HSBG we have the opportunity to utilize those funds to support the human services programs serving our counties' residents.

Computer System Upgrade

In February 2020 we started the process to update our current computer backup system and update the operating systems on our servers. We selected an effective data backup solution that included on site and cloud storage to minimize the downtime and prevent data loss should a disaster or cyber-attack occur. Our server software had reached end of support which meant we would no longer receive the security patches, leaving us vulnerable to attack so we proceeded with the software upgrade. It is so important that we keep this technology up to date as it is vital for our daily operations and confidentiality of our information.

Financial Statements Overview

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 follow financial statements are the final audited statements for FY 2019-2020. At the time of this report the audit for FY 2020-2021 had not yet been completed.

Financial Statements

Audited 2019-2020

Armstrong-Indiana Behavioral and Developmental Health Program - Balance Sheet

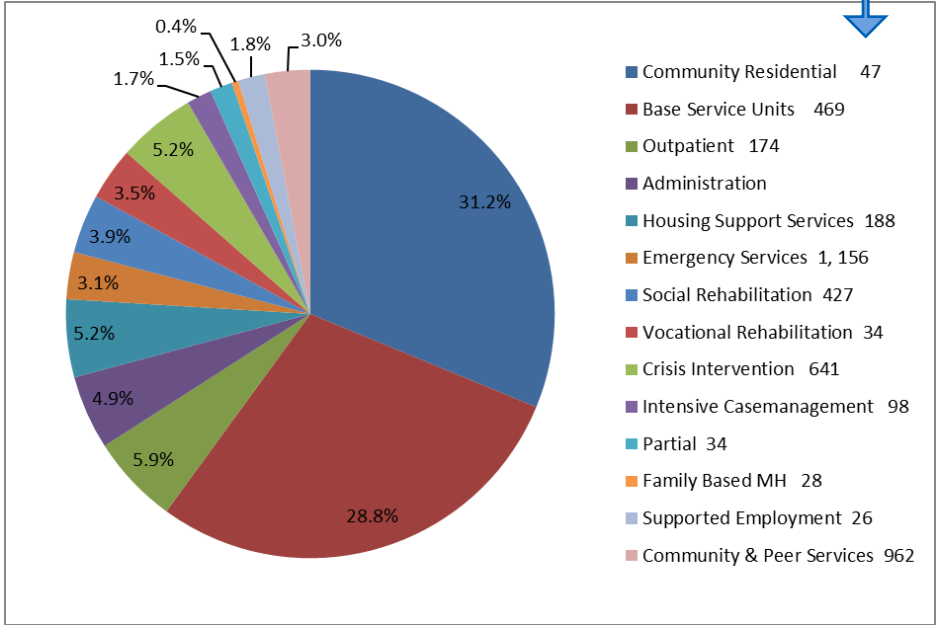
<u>Assets</u>	<u>2020</u>	<u>2019</u>	<u>\$ Change</u>	<u>% Change</u>
Cash and cash equivalents	\$ 1,590,814	\$ 1,616,630	\$ (25,816)	-1.6%
Accounts receivable	289,218	188,113	101,105	53.7%
Prepaid expenses	55,531	43,287	12,244	28.3%
Fixed assets, net	5,792	211	5,581	2645.0%
Total Assets	<u>1,941,355</u>	<u>1,848,241</u>	<u>93,114</u>	<u>5.0%</u>
<u>Liabilities and Net Position</u>				
Accounts payable	1,396,838	1,454,713	(57,875)	-4.0%
Deferred county match revenue	40,000	19,455	20,545	105.6%
Deferred grant revenue	71,349	87,218	(15,869)	-18.2%
Human Service Block Grant retained earnings	247,665	144,414	103,251	71.5%
Carryover funds	54,841	17,422	37,419	214.8%
Accrued compensated absences	85,165	71,370	13,795	19.3%
Total Liabilities	<u>1,895,858</u>	<u>1,794,592</u>	<u>101,266</u>	<u>5.6%</u>
Net Position	<u>\$ 45,497</u>	<u>\$ 53,649</u>	<u>\$ (8,152)</u>	<u>-15.2%</u>

Armstrong-Indiana Behavioral and Developmental Health Program – Income Statement

<u>Revenues</u>	<u>2020</u>	<u>2019</u>	<u>\$ Change</u>	<u>% Change</u>
Mental Health non-block grant	\$ 46,993	\$ 50,757	\$ (3,764)	-7.4%
Mental Health block grant	5,947,251	5,620,723	326,528	5.8%
Intellectual Disabilities block grant	1,551,428	1,580,070	(28,642)	-1.8%
Early Intervention	647,037	677,407	(30,370)	-4.5%
Human Services Block Grant (D&A, HAP, HSDf)	1,256,308	1,092,458	163,850	15.0%
Interest - crisis	63	62	1	1.6%
Human Services Block Grant Retained Earnings	126,340	-	126,340	100.0%
Other revenue	1,525	11,298	(9,773)	-86.5%
Total Revenues	<u>9,576,945</u>	<u>9,032,775</u>	<u>544,170</u>	<u>6.0%</u>
<u>Expenses</u>				
Salaries	1,033,692	963,783	69,909	7.3%
Benefits	246,047	184,423	61,624	33.4%
Operating	488,749	478,084	10,665	2.2%
Provider services	6,433,962	6,319,660	114,302	1.8%
Human Services Block Grant (D&A, HAP, HSDf)	1,256,307	1,092,458	163,849	15.0%
Human Services Block Grant Retained Earnings	126,340	0	126,340	100.0%
Total Expenses	<u>9,585,097</u>	<u>9,038,408</u>	<u>546,689</u>	<u>6.0%</u>
Excess (Deficiency) of Revenues over Expenses	<u>\$ (8,152)</u>	<u>\$ (5,633)</u>	<u>\$ (2,519)</u>	<u>44.7%</u>

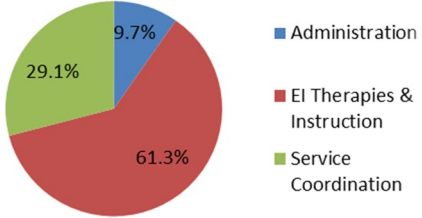
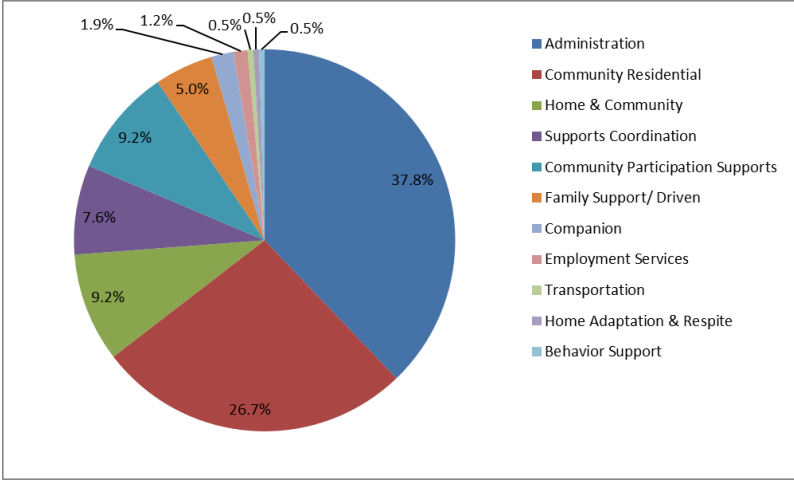
Program Expenditure Charts FY 2019-2020

Consumers Served



FY 2019-2020
MENTAL HEALTH
BASE FUND
EXPENDITURES
\$5,476,360
Non-HealthChoices

FY 2019-2020
INTELLECTUAL
DISABILITY
BASE FUND
EXPENDITURES
\$1,552,324



FY 2019-2020
EARLY INTERVENTION
EXPENDITURES
\$805,592

Contractual Compliance Reviews

Three programs were reviewed for contractual compliance by the AI BDHP's Behavioral Health Quality Management Coordinator in fiscal year 2019-2020. Programs surveyed included the Crisis Program operated by the Open Door; the PATH, Bridge Rental Subsidy, Housing Contingency Fund and Housing Liaison Programs operated by the Indiana County Community Action Program and the PATH, Housing Contingency Fund and Housing Liaison Programs operated by the Family Counseling Center. Due to surges in COVID cases, no in-person monitoring was completed in 20-21. The QM Coordinator participated in 24 licensing exit conferences with provider and OMHSAS staff throughout the year.

Consumer and Family Satisfaction Team

The Armstrong/Indiana Consumer and Family Satisfaction Team Program continued with efforts to restructure staff and reporting practices during fiscal year 2019-2020 and 2020-2021.

- All data entry was updated. All new data is entered immediately into the team's data base as well as the databased used by Beacon Health Options.
- Tablets were purchased for team members so that they can collect interview data as interviews happen. The information is then able to be electronically transferred by the data entry staff instead of having to be recorded by hand.
- The team now produces monthly statistical reports. Not only can the reports include overall team statistics such as the number of interviews completed, but also information on any data point being monitored by either the team or the AI BDHP Quality Management Coordinator.
- The team initiated a series of COVID and telehealth specific questions. The questions will help the AI BDHP monitor the effects of COVID on lives and services received by consumers and family members, including the shift from in-person service to telehealth.
- The C/FST Supervisor and the AI BDHP Quality Management Coordinator began monitoring the number of consents received by providers to avoid this transitioning into a low number of completed surveys.
- Quarterly accountability calls have been restarted between C/FST staff, the Ombudsman, and the AI BDHP Quality Management Coordinator. These meetings were put on hold during the pandemic as meetings shifted to monthly support and monitoring calls between the C/FST Supervisor and the AI BDHP Quality Management Coordinator.

C/FST Interview Statistics

The next page provides a snapshot of surveys conducted by the team during the 2019-2020 and 2020-2021 fiscal years. Despite ending the year in the middle of a pandemic, the total number of surveys completed increased significantly during the 2019-2020 fiscal year with the team being at full staff. The team exceeded its contracted total survey goal of 1000 for the year. The COVID pandemic had a direct impact on the team's ability to conduct face to face interviews with interviewing being switched to solely phone interviews in March of 2020. Despite this, the team increased their overall number of face-to-face surveys during the year, conducting 21% of all surveys in person. This was an 11% increase from the previous year. The team also increased the overall percentage of family member surveys by 3% in FY 19/20. As COVID continued there was a sharp decrease in the overall number of surveys completed by C/FST interviewers in FY 2020-2021.



SURVEY STATISTIC	FY 2019-2020	%	FY 2020-2021	%
Surveys completed	1172	100%	774	100%
Adult surveys completed	845	72%	518	67%
Child/Adolescent surveys completed	47	4%	49	6%
Family member surveys completed	280	24%	207	27%

Quality Management Root Cause Analysis

Monitoring of the initiatives created as part of the 2017 Root Cause Analysis (RCA) to improve high readmission rates and follow up after hospitalization with community outpatient services. The transportation /budgeting project was completed. The three remaining initiatives include:

- 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. COVID impacted getting the project approved and conducting interviews. The actual interviewing of consumers and staff began in FY 2020-2021 and will continue at least through FY 2021-2022.
- Community Integration Support Planning Meetings that are designed to provide assistance and support to high utilizers of service and those who have multiple readmissions in an effort to reduce readmission rates as well as improve outpatient follow up rates after discharge. This project showed success with an overall reduction in the number of hospitalizations and better engagement and follow up with outpatient services. This initiative will be ongoing.
- An inpatient and outpatient communication project aimed at enhancing communication, improve treatment, and enhance discharge planning to help increase outpatient compliance. The guide was implemented in January of 2019. By June 30, 2020, twenty-seven cases were discussed between the Community Guidance Center and Armstrong County Memorial Hospital. COVID had a direct impact on the project with a reduction of hospitalizations.

Incident Reporting

The mental health staff at the AI BDHP reviewed a total of 547 reportable incidents in fiscal year 2019-2020 and 479 incidents in 2020-2021. Despite the 112 incident increase in 19-20 there was 68 incident decrease in 20-21. The most reportable incidents involved Child Line reports being initiated by the providers for various levels of reported abuse, and COVID case reports. Twenty-seven percent of all reported incidents fell into this category. The top reporting levels of care for the year were Outpatient Services and Nursing.

Thanks for making it to the end of the report! We hope you found this informative.

