



Butler County 2025-2026 Human Services Block Grant Plan

**2025-2026
Human Services Block Grant Plan**

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PART I: COUNTY PLANNING PROCESS

Butler County operates an integrated human services department, with a Human Services Director that oversees seven program areas, including Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth Services, Homeless Services, and Area Agency on Aging. Each of these programs is managed by a Program Director who is part of the Human Services Administrative Team. Our integrated human services model has allowed us to focus on developing services that meet the multiple and sometimes complex needs of the individuals and families we serve rather than trying to make their needs fit within the existing programs. Our structure promotes cost efficiencies through the braiding of funding, sharing of resources, such as personnel, equipment, and data, and the streamlining of service delivery and business practices.

1. Critical stakeholder groups:

The Butler County Human Services Block Grant Planning Team was created in the first year we began participating in the Block Grant. Team members were recruited by the Human Services Administrative Team based upon their active participation in the human service system. The Planning Team is comprised of 12 members and includes each of the program directors within Butler County Human Services, the Human Services Director, the Human Services Finance Director, a County Commissioner, representatives from the local United Way, Community Action, and the community hospital system, and a parent with a transition-age child involved with the intellectual disabilities system. The role of this group is to provide input regarding needs and implementation of the Block Grant.

In addition to the Block Grant Planning Team, our Administrative Team interacts regularly with critical stakeholder groups in the community for the purpose of continuously assessing the need for changes in the system, gaps in services, etc. These groups include individuals, families, and youth who are involved with the various service areas and providers of services, as well as representatives from other sectors in the community, such as consumer groups, education, business, and faith-based.

2. Stakeholder opportunities for participation in the planning process:

For the Planning Team to be an effective vehicle to oversee the planning and implementation of the Human Services Block Grant Plan, it is necessary to maintain a manageable number of members. In light of this, it is extremely important to note that we view planning for the use of the Human Services Block Grant not as a once-a-year occurrence, but as a year-round process of networking and collaboration. We continuously aim to assess the ever-evolving needs within the community and develop a plan to utilize available community resources and funding streams in a way that will be most effective and efficient.

Multiple stakeholder groups from the community, including people who utilize services, service providers, and representatives from various sectors such as business, faith-based, and education, are involved in a number of working committees within the County, such as the Butler Collaborative for Families, Local Housing Options Team, Early Care and Education Council, Community Support Program, Joint Older Adult Crisis Team, Criminal Justice Advisory Board, Butler County Prevention Council, Aging and Disability Resource Center, Community Action Advisory Board, the Advisory Boards for the human service program areas (MH/ID, CYS, Aging, D&A), and many others. A majority of these committees meet on a monthly basis and all have representation from the Butler County Human Services Planning Team as part of their membership. These working committees provide informative data and a real-time assessment of the needs of our target populations, which is critical in developing

solutions. This information is then provided back to the Administrative and Planning Teams by the representative members and is considered as we move forward with the development and implementation of the Block Grant.

For the last seven years, we have also administered a Human Service System Participant Survey. This is a voluntary survey that is conducted once a year on a single day and is administered by our provider agencies to all individuals served on that day. The purpose is to gather input and feedback relating to our three system outcomes: 1) People we serve are safe; 2) People we serve have new opportunities and experiences that support their personal growth; and 3) People we serve have a good quality of life. The 2025 survey was administered on June 12th and the results and follow up questions will be shared with provider agencies in Fall 2025.

Beyond the Planning Team, the feedback from the various collaboratives and the participant survey, the Human Services Administrative Team (as described in the first paragraph of this document) meets twice a month in order to stay attuned to what is happening within each program area and to develop plans on an ongoing basis for collaboration and further integration of the services we administer. Also, each Program Director receives quantitative data through reports, many of which are received quarterly, as well as through the annual monitoring process. This helps us to better understand the anecdotal information that we hear throughout the year and to assess where the greatest gaps and level of needs exist within our system. We also utilize information from the monthly SW PA 2-1-1 reports as a means of identifying needs and gaps in services.

In addition, we hold two public hearings each year in preparation for the development of the Block Grant Plan. These meetings are publicized widely among all of the groups mentioned above, as well as through the local newspaper and flyers posted in service providers' offices and other areas throughout the community. All community members, especially individuals and families who have accessed or are in need of services, are encouraged to attend. Our first public hearing was held in conjunction with the Butler Collaborative for Families, a coalition of various human service providers, businesses, faith-based organizations, educational institutions, and community members all working together to enhance services and supports for residents of Butler County. The second public hearing was in conjunction with the Community Support Program, a coalition of MH consumers, family members and professionals working to help adults with serious mental illnesses and co-occurring disorders live successfully in the community. We also advertise that community members can submit their comments, questions, testimonies, etc. via email or mail at any time during the year.

3. Advisory Boards involved in the planning process:

All of our advisory boards (MH/ID, D&A, Aging, CYS) were invited to participate in one of the public hearings held in preparation of the Block Grant plan. Also, it is important to again note that we view planning as a year-round responsibility of our office and conversations relating to the Block Grant and community needs occur at these advisory board meetings regularly.

Another advisory board that was involved in the planning process is the Butler County Local Housing Options Team (LHOT). The LHOT is a community collaborative made up of all housing and homeless providers in the county, as well as other service providers, and interested community members. This group functions as the advisory board for our local housing and homeless service system and their ongoing input is invaluable as we continuously assess needs and plan for strategies to fill service gaps.

4. Use of funds to provide services to residents in the least restrictive setting appropriate to their needs:

Participation in the Block Grant has led to increased cross-systems planning, much of which is described in detail throughout this plan. This is especially true in situations that are very complicated and often require multiple, intensive services. The focus of this planning is always on serving the person in the least restrictive setting appropriate. This guiding principle of service delivery is undoubtedly supported through the flexibility of the Block Grant. Through the cross-systems planning efforts, we are able to brainstorm and learn about methods of intervention from one another that we might not otherwise consider. Ultimately, we can devise a plan that meets the needs of the person/family in the least restrictive setting possible, rather than working to make the person/family fit into the categorical services for which funding is available. The flexibility of the Block Grant funding then allows us to make the shifts necessary to pay for the plan that is created.

5. Substantial programmatic and funding changes being made as a result of last year's outcomes:

We do not plan to make any substantial programmatic or funding changes in 2025/2026.

PART II: PUBLIC HEARING NOTICE

In preparation for the 2025-2026 Human Services Block Grant Plan, Butler County held two in-person public hearings for the purpose of providing the public with information about the Block Grant and for gaining direct input from the community regarding the priorities and issues they feel should be addressed as part of the plan. A majority of the time at each public meeting was scheduled to hear testimonies from individuals and families accessing services, as well as providers, advocates, and other stakeholders. The public hearings were held on Thursday, May 8, 2025 and Wednesday, June 25, 2025.

The public hearings were advertised widely within the community. A flyer was created announcing both public hearings (see Attachment A, Public Hearing Flyer). This flyer was emailed to various collaborative groups and organizations in our county as well as the advisory boards working with each of the program areas under our Human Services Department. In addition, the flyer was emailed to all provider agencies with the request that they print and post prominently within their offices and share to their email lists. The public hearings were also advertised in the local newspaper on April 27, 2025 (see Attachment B, Proof of Publication #1 in Butler Eagle) and May 2, 2025 (see Attachment C, Proof of Publication #2 in Butler Eagle). In addition, we included the public hearings on the County Calendar located on the front page of the County's website (see Attachment D, County Calendar Posts). The summary from each public hearing is included as attachments to this plan (see Attachment E, Public Hearing #1 Summary and Attachment F, Public Hearing #2 Summary).

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

Employment has been identified as a top priority for our stakeholders at a majority of the public hearings we have held in preparation for the block grant plan over the past thirteen years. The common complaint that we have heard is that there are people being served across the categorical programs that want to work but because of a number of barriers, including lack of employment experience due to their disability, poor employment histories, criminal backgrounds, etc. people are not given a chance by employers. However, we also know that employers are struggling to fill positions due to an ongoing shortage of workers in various sectors and many are desperate for help. This reality has led us to the

recognition that the disconnect between employers and potential employees is a larger community issue which, in order to address as effectively as possible, requires a response from more than just the human service system. The County Commissioners previously led efforts to hold employment focused forums aimed at educating employers about the benefits of providing opportunities to people with disabilities, as well as people reintegrating into the community upon release from a correctional facility.

We continue to work closely with our Board of Commissioners and many community partners to expand on current employment efforts within the County and we will continue to do so this fiscal year. For example, we are currently in the process of scheduling a planning meeting with Twin Cities Rise to discuss new strategies about employment efforts and how we can take a more comprehensive approach to empowering the citizens of Butler County.

Employment is also a major focus across all categorical areas of human services. Employment supports are delivered within the mental health, substance abuse, and homeless service systems as a core component of all case management and recovery-based services provided. In the Intellectual Disabilities field, we are committed to the Employment First initiative and utilize base funds to support employment goals of individuals. We also provide funding to support a collaborative transportation initiative called Rise Up Rides. Rise Up Rides was created out of a Transportation Council and is dedicated to breaking through transportation barriers to ensure that Butler County residents have access to everyday necessities. One of those barriers is transportation to employment and Rise Up Rides has successfully bridged that gap for residents by providing time limited transportation to and from employment so individuals can save for a vehicle, pay for car repairs or find an alternative option. Approximately 40% of the rides provided by Rise Up Rides are employment related.

Housing:

Housing related concerns have also been identified as a priority during Block Grant public hearings each year. In light of the serious need for additional housing options in our community, Butler County Human Services has adopted the goal of eliminating barriers to accessing safe, decent, affordable housing options for our target populations. We clearly recognize housing as a major social determinant of health and understand the impact that safe, stable housing can have on individuals and families, both on their overall health and well-being, as well as their ability to become the most self-sufficient, productive members of society they can possibly be.

Our first step toward achieving this goal was to create a position within our organization in 2014 called the Community Housing Coordinator. This position, which is overseen by our Director of Integrated Services, focuses on increasing the efficiency and effectiveness of housing-related services we currently offer and also on securing and maintaining additional resources for housing and supports. This position has provided us with the necessary capacity to seek and obtain additional resources for housing and homeless services. In the eleven years since this position was created, we have brought in around \$10 million in competitive grant funding (not including ERAP- Emergency Rental Assistance Program) outside of the Block Grant to serve individuals and families who are homeless or at imminent risk of homelessness.

We continue to focus our efforts on enhancing private/public partnerships including relationships with landlords and our collaboration with the Housing Authority of Butler County. Landlord engagement is essential in order to increase access to existing rental units. Landlord engagement events are scheduled throughout the year and also on a one-on-one basis as needed. During the events, we provide education and training on topics such as the Housing Choice Voucher process, passing a housing quality standards inspection, risk mitigation, landlord leasing concerns, pest infestations, fair housing, service animals and the benefits of working with agency supported housing programs.

Our department has focused efforts on strengthening our working relationship with the Housing Authority of Butler County amongst changes in leadership. We have been successful in enhancing communication and collaboration between our two organizations, thus resulting in improved coordination of housing resources and supports for our target populations. In 2017, our department began to function as the County's Local Lead Agency, and, in this role, we work directly with the Housing Authority in implementing the Section 811 voucher program for people at risk of institutionalization in our community. This partnership has led to many individuals being successfully housed in independent settings who otherwise might not have had the opportunity.

Our goals for this year are to continue to build relationships with landlords and the Housing Authority of Butler County in order to begin to develop a shared housing program. Shared housing allows for increased access to a diverse housing stock, reduced cost burden, increased socialization and sustainability as well as many other potential benefits. Housing stock and affordability have always been two primary barriers to housing and shared housing is a possible solution. In addition, the threat of potential cuts to housing related resources only heightens the need for us to explore other options to ensure individuals are adequately housed and do not become homeless. A partnership with the Housing Authority of Butler County to support shared housing in the Housing Choice Voucher program would increase voucher utilization and maximize the use of limited housing stock. Our goal is to pilot this program with individuals who utilize Overnight Winter Warming Center during the 25/26 season.

The Butler County Local Housing Options Team (LHOT), which is led by Butler County Human Services, is a collaborative committee of housing and homeless providers, treatment providers, support service providers, and partners from the private sector that functions as the county's advisory committee for homeless services and is charged with general oversight of the homeless continuum of care. One goal of the LHOT is to work on a community level to implement the regional, state and Continuum of Care goals and objectives within our local communities. This advisory committee's role is also to address program, funding, and networking gaps within the homeless and housing service system. The LHOT also assesses housing and homeless service needs within the community, coordinates state and federal grant applications, and serves as an essential information and feedback source for the regional board on homeless programming, services and outcome data. The LHOT participates in many annual needs assessments within our community, focusing on such things as drug prevention, childcare needs, and housing and other basic needs. This information is used on a county-wide level to drive planning and programming. Representatives from Butler County Human Services also hold leadership roles within the PA Western Region Continuum of Care (CoC).

Butler County Human Services continues to work on increasing permanent supportive housing opportunities for individuals needing that level of support. We currently have 12 units of PSH for families and 63 units for individuals with serious mental illness or co-occurring disorders. This fiscal year we are planning to secure 2 additional permanent supportive housing units for people with serious mental illness.

Since the COVID pandemic, we have seen an increased request for rental assistance. With Emergency Rental Assistance Program funds, we were able to assist more 4,000 households to stabilize their housing situation. When that funding was gone, we were concerned about our capacity to continue providing assistance to households. A program that has made huge impact to help fill that gap is the SDoH commodities reinvestment funds. With these funds, we were able to provide financial assistance to households facing housing instability. Funds were used to prevent eviction, provide security deposit and first month rent and to help prevent sheriff sales by assisting with property tax payments. Another funding source that has been invaluable is the Home4Good Funds that were awarded to each county throughout the Western PA Continuum of Care. These funds were designed with flexibility in order to

assist coordinated entry agencies across the continuum with housing problem solving. Funds are able to be used to prevent a household from entering homelessness, to secure safe alternatives to entering shelter, to help individuals quickly exit shelter or street homelessness and to provide essential items and resources to support long term housing success.

We will also continue to support and enhance our shelter system. For families with children, we have partnered with our CYS to create a prevention program in order to address the needs of at risk or unhoused families to offer temporary shelter while providing connections to mainstream services and supports and access to safe and stable housing prior to these households potentially being referred to CYS for investigation. This program, is called Family Connections and is operated by Catholic Charities, with additional services provided by The Care Center, Inc. This program provides 6 interim apartments for families who are literally homeless, and the goal is to connect families with safe and sustainable permanent housing as quickly as possible. In 2024-2025, Family Connections served 40 families for a total of 1279 bed nights. 85% of the families exited to a successful housing placement and the average length of stay in the program was 33 days.

For individuals, we created an Overnight Warming Center (OWC) that also began operating in December 2022. The OWC provides shelter to individuals during the winter months. During the 24-25 season, we served 88 individuals for a total of 1,357 bed nights. Of the individuals who stayed at the Winter Warming Center last season and completed an exit interview (many people stayed for only a few nights and never completed an exit interview), 82% of them had a positive housing outcome and moved to a more permanent housing situation. This program is operated by Glade Run Lutheran Services and is funded through HAP funds, as well as EFSP and ESG. Prior to the upcoming winter season, we are working on plans to enhance the Warming Center program by increasing the hours of operation , increasing case management supports for guests and also by building more partnerships in the community to help address some of the gaps faced by those who utilize the Warming Shelter, including storage of their belonging until they find permanent housing, as well as safe options for places to be during the daytime hours.

Finally, at this time, Butler County has seven state licensed recovery houses by the Department of Drug and Alcohol Programs (DDAP). DDAP administers a recovery house licensure program based on licensing regulations that contain a number of provisions designed to protect residents in the areas of health and safety, finances, and resident rights. Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from the disease of addiction.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussion in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, Health Choices, reinvestment funds, and other funding.

a) Program Highlights: *(Limit of 6 pages)*

- Suicide Coalition – Over this past year, the Suicide Coalition continued to meet virtually. Butler County had 35 people die by suicide in 2024, which was an increase from 2023. The Coalition continued to focus on increasing awareness and prevention for Suicide Awareness Prevention Month

in September. Their goal this year was to increase suicide awareness and prevention within the elderly population.

- The Coalition again received permission from the Butler County Commissioners to have a suicide awareness and prevention table in the lobby of the Butler County Courthouse for the entire month of September. On the table were two trees with 35 paper cranes to remember the 35 Butler County residents we lost to suicide. Also on the table were suicide prevention resources that individuals could take with them.
- The Suicide Coalition again held one event per week during the month of September to maintain awareness throughout the entire month.
- The annual Suicide Awareness Remembrance Rally was held on September 4th. Four speakers shared their personal stories. Everyone in attendance received a “You Matter” keychain and Suicide Coalition shirt to take home with them. Those in attendance had the opportunity to write messages of encouragement and hope for the Suicide Awareness Remembrance Rally display. The finished display is hanging in the Butler Crisis Line office with the displays from previous years.
- The following week two QPR- Question, Persuade, Refer suicide prevention trainings were held at BCHS.
- The Suicide Coalition then partnered with the Butler VA and the Penn Theater to host a showing of The Ripple Effect on September 18th.
- The final event for September was a Game Night at Your Parent’s Basement. Your Parent’s Basement is a local business that provides a wide selection of board games and welcoming atmosphere to play them in. The goal of this event was to provide an opportunity for fellowship while also distributing suicide prevention information.
- The co-chairs again visited businesses on Main Street in Butler and asked them to display a flyer for the September events as well as prevention resources. All businesses were very open to displaying this information and said they supported the Coalition’s prevention efforts.
- On November 23, 2024, the Coalition hosted an event for International Survivors of Suicide Loss Day (ISOSLD). Sixteen individuals who had lost a loved one to suicide attended. One of the attendees was featured as a speaker and shared their story and the others in attendance talked about their loved ones and provided support to each other. Lunch was provided. After lunch staff from Steel’s Brushes and Ceramics led the group in painting a flower on 10x10 canvases that they then took home with them. The Coalition received positive feedback about this event.
- On February 28, 2025, the Coalition partnered with Your Parent’s Basement for a Winter Game Night. This event was held as a way to alleviate winter isolation. Fifty-five people attended.
- On July 13, 2025, Butler held their annual Jeep Fest that includes the Jeep Invasion on Main Street. This event brings in thousands of people and Jeeps from the surrounding area and other states. Jeep owners put rubber ducks on other Jeeps as a way of saying they like their Jeep. The Coalition saw this as an opportunity to get prevention information out into the local community and beyond. The Coalition had the 988 Suicide Line number printed on 750 ducks and then added a tag to each duck that explained what 988 is. The ducks were distributed to attendees at the Jeep Invasion and placed onto Jeeps.
- The Suicide Coalition tabled at several community events this year including: the VA Stand-Down, the VITA tax preparation event, Bundle Up Butler, and the Burn the Jukebox Mental Wellness event, Stop the Stigma SRU event, and Jeep Fest.
- The Coalition partnered with the Butler Area Agency on Aging to distribute prevention resources with meals delivered to homes. Prevention information was also given to community meals to distribute.
- Question Persuade Refer- During FY 23-24 the Suicide Coalition held 11 trainings and trained 161 individuals. The trainings were held in a variety of settings including all Butler County Senior

- Centers, Iron Mountain, Breathe PA, and the Overdose Coalition Summer Conference. The Coalition plans to continue holding QPR trainings for any organization interested in hosting them.
- The County sponsored a series of CALM trainings through Calm America: a 4 hour CALM Clinical Workshop, a Train the Trainer Session on CALM Conversations of which two of The Coalition QPR trainers completed, and two CALM-SAFE virtual trainings. This is a suicide prevention training that focuses on temporarily limiting access to lethal means when an individual is at risk for suicide. The Coalition will begin offering this training in addition to the QPR training.
 - The MH Service Coordination Committee (MHSCC) has continued to meet weekly in a hybrid in-person and Zoom model. This meeting is collaborative and ensures that providers are aware of individuals with mental illness who are receiving higher level of care services. The Outpatient Consumer Concerns agenda item remains a frequently used opportunity to discuss individuals in outpatient services who are not involved in higher LOC services. The Outpatient Consumer Concerns agenda has increased discussion of complex situations and problem resolution during the MHSCC meetings. It also provides an opportunity to share knowledge of resources. There were very few requests for rental assistance and stabilization funds this year due to the availability of SDOH Commodities funding due to an extension of SDOH funding.
 - Butler County's Community Support Program (CSP) continued to meet in person and started meeting at the YWCA in 2024. The CSP meeting again served as one of the Public Block Grant meetings. Operation Reindeer is the name given to Christmas activities for our individuals in Torrance State Hospital, the Butler LTSR, and inpatient units at Butler Memorial Hospital, and a local personal care home that accepts many of our mentally ill population. CSP was permitted to hold an in-person Christmas party at both Torrance State Hospital and the LTSR.
 - Torrance State Hospital (TSH) – The BH MCO provided wish list gifts for fifteen Butler residents. The CSP provided all Butler residents with stocking stuffers and a catered meal in place of their usual TSH meal. An EPIC Psychiatric Rehabilitation Program consumer made Christmas cards for all residents. CSP was able to go back to having an in-person Christmas party. The party was held in the President's House at TSH. The CSP provided snacks and a hot cocoa bar. The LTSR made two cookie trays for the party. Party activities included holiday bingo and a photo booth and "decorate your own sugar cookies". Residents opened their stocking stuffers at the party and their wish list gifts on Christmas morning.
 - LTSR – The MHA board provided wish list gifts for all 8 LTSR residents. The CSP provided stocking stuffers. An EPIC Psychiatric Rehabilitation Program consumer made Christmas cards for all residents. Members of the CSP attended the LTSR Christmas party.
 - Washington Manor Personal Care Home-volunteers "adopted" 25 residents and provided them with wish list gifts. CSP provided them with stocking stuffers. A donation provided the 25 residents a dinner from Firehouse Subs.
 - Butler Memorial Hospital mental health inpatient units received pizza.
 - The CSP is holding a Speaker Jam at Alameda Park on July 19. So far there are 25 vendors signed up and 6 speakers. Dr. Fuller, from Carelon Behavioral Health, will be MCing a panel discussion.
 - Butler County continues to support the usage of Supported Housing units. The total number of beds is currently 31 with four empty. SH will be expanding to include a Transitional SH house. These beds are intended as an additional step-down for individuals who are ready to leave the CRR but are not yet ready for the level of independence in the SH program. We continue to explore options to better serve individuals and to support their housing. There were six individuals who moved from SH into permanent housing during the 24-25 FY.

- For the third year, Butler County opened an overnight warming center for homeless individuals. This year the center was open from October 28, 2024 to March 31, 2025. Case management entities (one was a homeless services provider, the other a SDOH provider) providers met with willing individuals every morning to offer services and supports. Anyone willing to be connected to housing resources were engaged with and moved through the system. Anyone with SDOH needs were offered the opportunity to work on improving their situation. The Grapevine Drop in Center again this year shifted their hours so that when the warming center closed at 8 AM, individuals could walk to the drop in to keep warm during the day. This year 62 males and 26 females were served for 1357 bed nights. 82% of people who stayed longer than 5 days located permanent housing.
- Again, this year, the County continued to braid funding together so that SAP Liaisons would have the ability to provide I&R resource functions to the various school districts they support. This led to the identification of social determinants of health needs that can then be met, which led to a greater partnership between the county, CCR (as our representative), and the schools within the county. We saw more families accessing SDOH supports this year.
- Butler County continues to hold the annual Bundle Up Butler event to help keep kids and adults warm over winter. This continues to increase every year with various schools asking for their own BUB events which CCR gladly supports.
- Butler County works with Glade Run Lutheran Services for an Acute Children's Partial Hospitalization Program. This program has truly integrated into the array of services for our county, including year-round partial. The County continues to meet with them monthly to discuss discharge-planning and for collaboration with other providers and referrals. This helps kids get connected to services more quickly; ensuring that post-discharge services are started prior to leaving the partial program.
- The County CASSP Coordinator supported and worked collaboratively with school districts so that they could learn about mental health services in the community for children struggling in the school setting. CASSP Coordinator provided education on multiple children's services to the school districts. The need for this has increased significantly over the past year.
- The Children's Consultation Committee met regularly and includes staff from MH, CYS, Juvenile Probation, and Intellectual Disabilities. These meetings occur monthly and are extremely important and provide an opportunity to discuss shared cases, complex members, and shared experiences. We have had a lot of success with complicated issues in these meetings.
- Butler County's semi-annual SAP meeting meets twice a year; in April and October, with all of the Butler County School Districts. Butler County provides updates on any new mental health providers, changes in the children's MH world, discusses the struggles the children are having, and collaborates on ways to help. The trainings offered to our school districts consisted of Social Determinants of health and The Positive Painting Project. Butler County served 329 students in SAP the 24/25 school year.
- Butler County continues to collaborate with Carelon, The Center for Community Resources, local providers, and families to help connect our children and families to services. Butler County, Carelon, and CCR have met individually with providers to help solve some of the issues with written orders, wait lists, and provider staffing struggles. Although, we could not always solve all the issues, the collaboration proved to be beneficial.
- Butler County worked with MHY to develop the MST Sexual Maladaptive Behaviors program. The program opened for referrals October of 2024. This program primarily targets youth, 10-17.5, who

present with sexual behavior problems. These sexual behavior problems can place others at risk and/or may also place the youth themselves at risk for vulnerability and sexual exploitation.

- Mental Health First Aid and Youth Mental Health First Aid continued this year, we offered monthly classes. While several were canceled due to low attendance, there were five Adult MHFA classes held, two YMHA classes one MHFA for First Responders.
- CCR continues many of their outreach events to support people in need such as Bundle up Butler which focuses on the whole community by providing coats and resources. Several schools have also asked for specific events at their schools which CCR has graciously done for them. They also do a large-scale Easter egg hunt every year and Halloween event to share information and resources with the community.
- Butler County, in collaboration with Westmoreland County, again held four Crisis Intervention Trainings (CIT) for law enforcement personnel this past year. Trainings continue to be consistently full in Butler County and some county precincts are now 100% CIT trained. A new diversity section was added to the training curriculum this year.
- The Forensic Services Manager position, which was born out of Butler County's Stepping-Up Initiative, continues to be invaluable to coordinate cases for individuals in the mental health system who are also legally involved. A monthly forensic services meeting was initiated by the forensic services manager this year. This provides the opportunity for all forensic service programs to come together for case consultation and collaboration. This year the Forensic Services Manager resumed quarterly Stepping Up meetings, bringing key Stepping Up stakeholders together regularly to discuss cross collaboration and systems flow.
- Two Butler County residents were referred to the Regional Forensic LTSR during FYI 24/25.
- Though the use of ARPA funds, Butler County was able to increase the wages of Crisis staff to stabilize the Crisis program. We were also able to assist with moving to two person team mobiles, adding a peer specialist, enhancing their database with additional collection fields and vehicles for mobiles.
- Through the use of ARPA Cross system collaboration funds, we continued our meetings with Law enforcement and first responders in regards to working with the Crisis program and other Human Services branches. We were able to have two staff trained in MHFA for First Responders and offer that class. We were able to enhance the database for law enforcement by adding a behavioral health tab and we have established monthly cross system individual review meetings to brainstorm difficult cases with our first responders.

b) Strengths and Needs by Populations: *(Limit of 8 pages #1-11 below)*

1. Older Adults (ages 60 and above)

Strengths:

- A provider continues to provide a mobile therapy and therapeutic group program known as the Professional Assessment and Treatment of the Homebound (PATH) program. The goal of the program is to enhance the level of functioning through increasing access to

therapy services. The program provides therapeutic interventions in the community to those who cannot access traditional mental health services due to physical health or behavioral health symptoms. The program provided services to older adults this year and has a contract with LIFE Butler to provide services to individuals enrolled in LIFE.

- Butler County again offered geriatric therapist competency trainings to better meet the needs of this population. This is a regional collaboration through SBHM. Two Butler therapists and one nurse completed the training this year.
- The North Street Interim Housing program continues to provide temporary shelter to those older adults who are experiencing homelessness or who need temporary shelter when transitioning from unsafe housing to new housing or care programs.
- The Joint Older Adults Crisis Team meets quarterly and consists of representatives from Area Agency on Aging, Crisis Services, Mental Health, Drug/Alcohol, Housing, Forensic Mental Health Services, and Intellectual Disabilities. The team meets quarterly with the goal of coordinating cross-systems services to meet the presenting needs of elderly individuals living in the community with the intention of preventing crises. In the past year, the needs of 11 older adults were reviewed by the team, which provided suggestions for service options for their unique situations. JOACT is a collaboration that provides service options for elderly individuals while respecting individuals' rights to accept or decline service options as they maintain as much independence in the community as possible.
- Through our meeting with First Responders, we have been able to discuss cases that impact law enforcement, Area Agency on Aging and Mental Health services.

Needs:

- Individuals who are aging have limited options for housing and there is a lack of affordable personal care homes within the county. We are down to one PCH that will take individuals who only have Social Security; it is a 25-bed facility so we are not permitted to assist them in any way. This facility is struggling to remain open. The only reason they remain open is because they do have 25 beds and they can spread their costs across those beds. The staff only make \$9 an hour. If we lose this PCH, we will have no option in our county for individuals who need this type of housing to meet their needs.
- An ongoing need is the lack of Medicare only credentialed providers throughout the behavioral health system. Last year, Butler County had one mental health provider credentialed with Medicare. This has resulted in significant access issues for people seeking a service. We are trying to locate providers out of county, which is not ideal.
- A psychiatrist is needed who is willing to complete competency evaluations of older adults; especially those who need assessed for involuntary interventions through the Aging Office.
- Individuals who experience severe mental illness and need the care provided by a skilled nursing facility are having difficulty finding placements.
- There is a need for housing older adults that are being discharged from a state hospital. The programs utilized for in home services do not allow a person to apply prior to them living in the county, but these individuals are unable to be in the community without the needed services for their ADL and IADLs, so they remain in the state hospital.

2. Adults (ages 18 to 59)

Strengths:

- The PH/BH nurse continues to successfully manage a caseload of individuals with complex physical and behavioral health needs. These individuals have been diverted or transitioned from the state hospital and now reside in the community. Nineteen individuals were served during FY 24/25 which was a decrease from previous years; however, individuals served this year were more complex both medically and psychiatrically. At times, this program has a waiting list.
- Social Determinants of Health (SDOH) Commodities Program had a decrease in funds, so we narrowed our focus of who we were serving with these funds. Our largest expense focused on individuals who had eviction notices.
- The Mental Health Service Coordination Committee allows cross system coordination to ensure individuals' needs are being met and that they are connected to Butler County's robust continuum of care. Adding the section of outpatient concerns has shown to be helpful to let all providers know when an individual may need extra eyes on them.
- The Butler County LTSR has continued to be utilized as a valuable regional resource to divert individuals from the state hospital.
- The Psychiatric Mobile Medications program continues to be an essential support to our residents by assisting individuals in managing their own medications and providing education to assist them to move to independence.
- The Regional Forensic LTSR program continues to offer an additional level of care for those individuals actively involved in the criminal justice system.
- Our regularly scheduled collaborative meetings with First Responders has allowed us to discuss cases that impact law enforcement, Crisis services, D&A and Mental Health services.

Needs:

- While Butler County has continued to grow the Supportive Housing program, there is a need for intermediate housing between the Supportive Housing and CRR to complete the housing continuum. Additionally, there is a need for young adults; where they can learn independent living skills.
- Specialized treatment is needed for those individuals diagnosed with Borderline Personality Disorder.
- The need for psychiatrists who are willing to serve the SMI population continues to be an issue.
- There is a need for a program that can be immediately accessed for behavioral health issues that do not rise to the level of hospitalization.
- There is a growing Latino population in Butler County, and there are cultural and linguistic barriers to accessing treatment.
- Eating-disorder specific focused services are needed.
- There is a need for a personal care home that employs staff who are trained in mental health behaviors and symptomology and de-escalation that accepts individuals with SMI. Many individuals who discharge from a State Hospital as well as the aging SMI population in the county, need this level of care to safely live in the community.
- Medicare only providers needed for individuals who fit into this category.

3. Transition age Youth (ages 18-26) –

Strengths:

- Housing for transition-age youth is available through the Lighthouse Foundation which offers opportunities for individuals to achieve goals of education, employment, job training, and ultimately permanent housing.
- Supportive Housing is available through Catholic Charities to support the unique needs of transition-age youth who are literally homeless and have a mental illness and/or substance abuse disorder.
- The county has a vibrant independent living program with a community provider that helps to link transition-age youth to housing, employment, and educational options.
- Family Group Decision Making is offered to transition-age youth to develop plans and to identify their support system.
- The CRR can serve young adults who need assistance increasing independent living skills before transitioning to housing that is more independent.
- Our Mental Health Crisis Intervention provider continues to offer to include text and chat services, which has proven to be a valuable tool when trying to connect with the transition-age population.

Needs:

- There is a need for a more robust life skills training program. There is also a need to educate youth more on how to connect to programs offering life skills within the county. Transition-age youth have difficulty finding employment, affordable housing, and transportation. All of these are essential for self-sufficiency. Ongoing work with the other systems to develop strategies to increase options in these areas should continue to be a focal point of the county.
- Support is needed for transition-age individuals with trauma history/CYS history to prevent long-term hospitalization.
- Support is needed for youth who have spent the majority of their childhood in structured settings and therefore do not have the life skills or decision-making skills needed to be an independent adult.

4. Children (under age 18) -

Strengths:

- By adding diversionary services into our continuum of care, such as Partial, MST Psychiatric and MST SMB, we are devoting resources to keeping children in the community. Through the various cross system meetings that we hold, we strive to increase communication with our partners and brainstorm ways we can work together to meet the needs of families. Our CASSP Coordinator works hand in hand with CYS and JPO as well as the schools and has direct contact with families to explain options. CCR's I&R and SAP workers assist with linking families to traditional services as well as to Social Determinants of Needs supports in the hopes that meeting the basic needs of families, the overall stress will decrease as well as the need for formal services.
- The Children's Acute Partial Hospitalization program (CAPHP) opened in September 2019 to enhance the county's continuum of services available to youth, which is a yearlong

- program. The County and the CAPHP continues to meet monthly to discuss discharge planning, new referrals, and collaboration with outside providers. This has been very valuable level of care to decrease inpatient admissions and help families in Butler County.
- On-site outpatient mental health therapy remains within community schools. This has made treatment more accessible to children and their families and has provided families with another option for obtaining outpatient treatment. The outpatient providers continue to seek assistance when needed for our families.
 - The Student Assistance Program continues to serve children in the school setting throughout all school districts within the county. Our SAP teams coordinate and collaborate with our outpatient providers to help our struggling children and families. A total of 329 students were served during FY 24/25 via this service. We had two SAP Coordination meetings with the school districts, CCR, Butler County, and the State; they were all well attended. The fall session focused on the Social Determinants of Health and the spring session heard a presentation by The Positive Painting Project on suicide prevention and everyone painted a sign. These meetings continue to be extremely helpful to the school districts and Butler County to continue to see what services are needed to help our children. We reviewed how to access services and where to go to for help if needed. Additionally, the County meets with the SAP staff monthly to collaborate and to be a resource as needed.
 - Butler County continues to partner with school districts. The County is utilizing mobile Information & Referral staff from CCR who mobile to the schools to meet with families and address their social determinants of health needs and to establish resource centers within each school building.
 - The County has added 2 more IBHS providers to the network to work on decreasing the waitlist and offering more services to families.
 - Bulter County is offering an IBHS Center based program starting in July 2025.
 - Butler County continues to reach out to all IBHS providers with recommendations and support if needed.
 - Butler County helps families connect to IBHS providers along with other unmet needs they may have.
 - Butler County helps families access Family Base Services in Butler County. We provide provider options and answer any questions the family may have. We can also facilitate finding a provider.
 - MST Psychiatric began in February 2022 and is currently at capacity.
 - MST/SMB began in October of 2024 and is currently at capacity.
 - Butler County continues to meet monthly with JPO, Children & Youth, and ID to meet and discuss shared cases. We also provide support regarding questions about levels of care for families.
 - Butler County worked with Southwest Six to contract with Pressley Ridge for an Enhanced Community Residential Rehabilitation (CRR-E) home treatment program. The home is for children under 18 who have cognitive, developmental, and physical impairments. There are licensed and trained staff to support the child and the family to achieve goals to establish stability for children in their own home and improve the functioning of the environment. The program will be in use this fiscal year. Through our partnership, we will have several beds to access when needed.
 - We continued our collaboration with families, schools, providers, etc. to provide access to everyone to best support the child's needs. Managed care, including the physical health side, collaborates with us to discuss difficult cases to keep children out of the hospital and RFT placements.
 - Through our meeting with First Responders, we have been able to discuss cases that impact law enforcement, CYS, ID/Autism services and Mental Health services.

Needs:

- There is a need across county providers to attract and retain staff to provide the necessary treatment services.
- There is a system-wide need to provide an alternative to residential treatment facilities.
- There is a need for support groups for children whose parents were or are incarcerated. Additional support groups in various topics are also needed.
- There is a need for summer drop-in programming for youths.
- Butler County continues to have a wait list for IBHS services.

5. Individuals transitioning from state hospitals**Strengths:**

- There are a variety of programs that can be utilized in State Hospital diversion plans including ACT, EAC, LTSR, CRR, Physical Health/Behavioral Health Nurse Coordinator, Mobile Medications, CPS and Psychiatric Rehabilitation. These programs are also available to those discharging from the state hospital, so individuals can utilize a variety of programs to create a personalized, supportive treatment team in the community. The LTSR can't be used as a step down from the State Hospital.
- Individuals with forensic involvement transitioning from the civil unit can step-down to the Regional Forensic LTSR program to allow them an additional period of stability in a structured setting before transitioning to outpatient programming and supports in the community.
- The Psychiatric Mobile Medications Program continues to be an additional needed support for individuals who are transitioning out of the State Hospital.
- The County Torrance Liaison facilitates or participates in treatment team meetings with the community treatment teams working with individuals discharged from the State Hospital as follow-up to the Community Support Plan (CSP) discharge process. These meetings are held at regular intervals that are increasing in length as the individual increases tenure in the community.
- The ACT program was able to expand capacity so that more individuals can be served by the program, including those transitioning from the State Center.

Needs:

- It continues to be difficult to find affordable Personal Care Homes that will accept an individual being discharged from a State Hospital.
- It continues to be difficult to find affordable Skilled Nursing facilities to work with individuals discharged from State Hospitals.
- There is a need for temporary staffed housing to allow individuals to be discharged safely from a State Hospital while applying for State and Federal Programs that assist with their daily needs.

6. Individuals with co-occurring mental health/substance use disorder

Strengths:

- A new recovery center opened in Butler County in May 2024; this was funded by Opioid money and a reinvestment plan. The Center continues to build programming and offer activities to the community.
- North Street interim housing program routinely temporarily houses individuals with co-occurring disorders and provides individuals with a safe place to stay prior to entering an appropriate treatment program. This past year we braided funding between opioid dollars and block grant monies to hire a housing manager to oversee this program and to provide more intensive assistance to individuals in the interim.
- The Mental Health department continues to be a team member involved with the Drug and Alcohol Specialty Court.

Needs:

- With the high prevalence of co-occurring disorders, clinicians and providers would benefit from additional trainings to maintain awareness of current trends to best meet the needs of individuals they treat.
- There is a need for MAT training for providers to increase understanding of how to best meet the needs of the individual.
- There is also a need for a specialized program to treat those with addiction issues who also have a SMI diagnosis.

7. Criminal justice-involved individuals

Strengths:

- The FSSP program provides case management services to inmates who plea into Butler County's Re-Integration Program to assist them with community transition and follow through with services.
- Butler County continues to have three specialty courts: Veterans, Behavioral Health, and Drug Court. Each of these courts has a team that spans across numerous disciplines. This model has enabled participants in the program to be connected with an appropriate support network that extends across the human services and criminal justice systems.
- In response to ongoing MH inmate needs, three Mental Health Professionals have been added within the county prison.
- Butler County continues to have a strong Criminal Justice Advisory Board (CJAB) that works collaboratively to promote system change to best meet community needs.
- MH services continue to be offered in the county prison and prison diversion continues to be a major focus. Materials on the Stepping-Up Initiative, crisis services, specialty courts, and diversion techniques have been disseminated to community stakeholders. Increased networking with attorneys, county magistrates, and law enforcement agencies has resulted in better communication across systems.

- A Mobile Competency Restoration Team continues to be a resource available for individuals in need who are facing legal challenges.
- The Forensic Housing Program continues to provide a valuable resource. An additional part time position was added, providing even more support to those utilizing the program. The program began work on a female house that is targeted to open in July 2025.
- Butler County holds a monthly Forensic Services Meeting that allows all forensic programs to come together to collaborate and consult with each other on common cases.
- Using ARPA funds, we have been meeting with our law enforcement and first responders to better the overall system. These meetings have helped to build rapport and provide education on what the human services system can and cannot do. This year we began monthly case review meetings which brings together law enforcement and all areas of Human Services leadership to discuss difficult cases. This year we also partnered with a software company who supports the majority of law enforcement entities in our county to build a Behavioral Health tab within their system. Officers will be able to enter information that other officers can see as far as triggers to avoid, hooks to help deescalate a situation and any other pertinent information that would assist another officer if they come in contact with that individual.

Needs:

- Staffing for the FSSP in the prison was a hurdle this past year due to long amounts of time to find staff and staff retention was low.
- Continuing to work with the prison around obtaining appropriate psychiatric evaluation documentation so that SMI inmates can be successfully referred to higher level MH services in the community.
- The wait time for individuals to go to Torrance forensic has put a huge strain on the prison and county relationship. We meet with the prison to discuss these cases.

8. Veterans -

Strengths:

- VA police continue to be a participant in the Crisis Intervention Training (CIT) classes provided throughout the year. Butler County's CIT Committee continues to have VA police representation.
- The Veterans Response Team (VRT) rolled out in Butler County. The Butler VA and Sherriff's office spearheaded this initiative.
- The Butler VA is an active member of the Butler County Suicide Coalition.
- A representative from Butler County Veteran's Affairs is working in collaboration with BCHS to assist with meeting the needs of Veterans with a mental health diagnosis(es).
- Butler County continues to work closely with the Veterans Administration in Veterans Court. This has led to positive outcomes in the transition of services received through the community and the Veterans Administration.
- The LTSR continues to prioritize Veterans when this level of care is needed.
- There is a new Veterans Resource Center in the community to assist individuals.

Needs:

- There is a need for Veterans Administration to offer services at non-traditional hours. Some appointments/services are available during evenings, but the availability does not always meet the need.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**Strengths:**

- A strength is that a county provider facilitates a weekly group for LGBTQIA+ consumers.
- One provider has therapists who specialize in LGBTQIA+ services and the County also utilizes Persad for service needs.
- Crisis Intervention Training (CIT) added a Diversity section to its curriculum that includes LGBTQ+ information.
- Butler now has a PFLAG chapter.

Needs:

- There is a lack of resources for youth and adults who identify as LGBTQIA+ both within the community and in residential facilities.
- There is a need for ongoing system-wide training to bolster the understanding of the LGBTQIA+ population across human services and the criminal justice system to better serve the population. We have made some strides but need to continue.
- Additional practitioners who are skilled at providing services to LGBTQIA+ consumers are needed.
- Additional LGBTQIA+ support groups for teens and adults. We have found some virtual groups for private funded individuals that seem to be helpful.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**Strengths:**

- A diversity section has been added to Crisis Intervention Training (CIT) for this year.
- Our providers all have processes in place to support individuals with limited English proficiency by either using apps or phone translation services.

Needs:

- Butler County has small pockets of individuals with RELM, none of these groups are large enough to build a program around at this point. We have very few therapists as well who speak a language other than English.
- Through a regional initiative, Butler County will soon be able to offer telehealth services with a Spanish speaking clinician.

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Strengths:

- A provider has funding through the Jewish Healthcare Foundation to run a support group for individuals with HIV/AIDS and other supportive services.

Needs:

- Housing options for SMI and chronic medical concerns, specifically for homeless individuals who wanted access to the Warming Center. The Center could not meet their medical needs and therefore they could not be admitted.

c) Recovery-Oriented Systems Transformation (ROST): *(Limit of 5 pages)*

Priority 1

Short Term PRTF

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

Since the last update, a provider responded to the RFP and as group of counties under SBHM, we have been meeting with the provider to discuss what the program would look like. The provider has purchased property located in Butler County. The Service Description is currently being worked on as it is a regional reinvestment plan through SBHM.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

Since the last update, a lot of progress has been made. The Regional team of counties has met with the provider and SBHM monthly to fine tune the service description. The hope is to have the service description finalized within the 2nd quarter of this year. The provider has begun to renovate the property and offered a very preliminary tour to the counties in July 2025. The provider and SBMH are continuing conversations around the contract and the reinvestment plan. Again, the hope is to be able to submit the reinvestment plan to the State in the 2nd quarter of the fiscal year.

c. Fiscal and Other Resources:

The counties have agreed to submit a reinvestment plan to pay for the purchase and renovation of a building to use for this facility. Carelon funding will be used to support the ongoing costs of the facility. This process is being negotiated between SBHM and the provider.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-)

SBHM schedules and documents all meetings and will continue to do so as this moves forward. We are updated on progress monthly at our meetings with SBHM and Carelon.

Priority 2

MST- Problematic Sexual Behavior- This priority was accomplished on May 2025. The service description was approved in April 2025 and the program was able to start taking referrals in May.

☒ Continuing from prior year ☐ New Priority

- a. Narrative including action steps: MST –Problematic Sexual Behavior Adaptation –

Over this past year, Butler County had conversations with the MST provider about an additional adaptation since we had the MST Psychiatric Adaptation up and running and seeing positive results. We also received feedback from our CAC that they are seeing some children who could use this service. Therefore, we decided to start conversations with the provider.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

December 2023, held an initial discussion with the provider agency about adding this service to our continuum. Due to limitation with the number of therapists that could be added to the license, the provider would not be able to add this adaptation until they worked through that issue. Butler County officially rolled out the program on September 2024.

- c. Fiscal and Other Resources:

Butler County is using Carelon funds to support this adaptation. The Standard MST and PSB will be combined into one blended model so funding had already been allocated Standard MST. The rate will be higher combining the programs. CYS has agreed that if immediate services are to begin and the child does not have MA; they will fund the gap until MA is active. This has been their practice for many years for standard MST and will be the same for the blended team.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

On a monthly basis, Butler County receives data from Carelon on who is utilizing the services and the costs for the program.

On a quarterly basis Butler County staff will meet with MHY to review the program and continue to brainstorm solutions to presenting problems.

Priority 3

Permanent Supportive Housing-

☒ Continuing from prior year ☐ New Priority

- a. Narrative including action steps:

Since the last update, Butler County was able to submit a reinvestment plan through SBHM for the identified property. The property has been purchased and renovations are ongoing.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

- i. The original timeline was to have the renovations completed and the units open by May 2024. Due to short delays in the overall process, the timeline was backed up by a few months. In July 2025, the provider agency hired a contractor to fix a few unanticipated electrical issues and these were resolved by the end of July.
- ii. Painting and furnishing will be completed by the end of August and staff are being trained on incorporating this house into the program.
- iii. Referrals for this house will start by the end of August 2025.

b. Fiscal and Other Resources-

Butler County worked with Southwest Behavioral Health Management to develop a reinvestment plan to purchase and renovate the property/properties. The contract with the provider was established and signed.. Additional funding for ongoing program operation will be received from the block grant, individuals in the program, and HUD.

c. Tracking Mechanism-

The tracking of the project tasks and timeline will be completed by the leadership team. The Mental Health Director contacts the provider agency monthly for updates. Butler County MH Director approves all invoices for payment and submits them to SBHM on behalf of the provider. On a monthly basis SBHM and Butler County review reinvestment plans and discuss updates. Butler County's Quality Assurance Specialist will monitor the program on an annual basis.

ii. *Coming Year List:*

1. Women's Forensic House

☒ Continuing from prior year ☒ New Priority

a. Narrative including action steps:

Butler County is in need of additional housing for women with mental health issues who due to their history of incarceration find it difficult to locate housing. There is a need for a housing unit with the flexibility to be either permanent or short term to assist with getting these women back on their feet and into permanent housing. The capacity of the house is up to 3 women. The preference will be to request that these women engage in mental health treatment and case management services. At this time, the property is still under renovations, but we anticipate we will be able to begin receiving referrals by the end of 2025.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

Butler County had the opportunity to write a reinvestment plan in the 24-25 fiscal year as a location was found. The plan was approved by OMHSAS. The house was purchased and is currently undergoing renovations. In August 2025, the referral process will be established so that stakeholders in the community have a way to refer to this house specifically. In July and August 2025, County staff held meetings with the prison reentry coordinator as well as the mental health services providers within the jail to discuss this

program. Together we are continuing to fine tune who the appropriate referrals would be. The house will be ready for tenants by the end of August.

c. Fiscal and Other Resources:

The house was purchased with reinvestment funds. Additional funding for ongoing program operation will be received from the block grant, individuals in the program, and HUD.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-)

The Mental Health Director contacts the provider agency monthly for updates. Butler County MH Director approves all invoices for payment and submits them to SBHM on behalf of the provider. On a monthly basis SBHM and Butler County review reinvestment plans and discuss updates. Butler County's Quality Assurance Specialist will monitor the program on an annual basis.

2. Complex Care Manager Position

☐ Continuing from prior year ☒ New Priority

a. Narrative including action steps:

Butler County has the need for a complex care manager. The purpose of the position is to oversee the complex care needs of SMI and dually diagnosed, forensically involved, transitional age youth, and those served by multi-systems. The ongoing management the Complex Care Manager provides aims to improve operations across all human services systems. We have posted the position and began to interview candidates.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

The position was discussed with the SBMH in the April 2025 as there were existing HealthChoices Clinical funds that Butler County had not accessed. After developing a job description that was approved by SBHM and the County, we were able to post the position. The position was posted in July 2025. Interviews are currently taking place with the hope to have a person hired by late Fall. This person will help to design the program over the next several months.

c. Fiscal and Other Resources:

This position will primarily focus on HealthChoices members and is funded 90% by HealthChoices Clinical monies.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

The Mental Health Director will have oversight of this position. Probationary evaluations and supervisions will occur. The County completes quarterly time studies.

d) Strengths and Needs by Service Type: (#1-7 below)

1. Describe telehealth services in your county:

- a. How is telehealth being used to increase access to services?

Serving individuals in person is preferred county-wide. The need for telehealth services is identified on an individual basis. Provider agencies are utilizing telehealth minimally, as a way of providing needed services to individuals who otherwise would not be able / would face significant barriers to receive services. The use of telehealth services continues to decrease in Butler County but is a valuable resource and is utilized when there is a barrier to individuals receiving in-person services.

- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? *(For example, providing technology or designated spaces for telehealth appointments)*

Through a regional initiative Butler County will be able to offer telehealth services with a Spanish speaking therapist.

- c. *What are the obstacles the county encounter in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).*

There are pockets within the county where individuals do not have reliable internet. Awarded In April 2024, Pennsylvania Broadband Development Authority has started using the \$12.4 million in federal funding to improve broadband access for residents. As this continues to be implemented, we anticipate improvement in connecting individuals to services via internet when needed.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

☒ Yes ☐ No

As part of the county contract, providers need to be trauma informed. One provider uses the sanctuary model across all their levels of care.

3. Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

☐ Yes ☒ No

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

☒ Yes ☐ No

The County has community-based care managers that are funded between the MCO and County dollars. There are commodities funds that are being utilized via a Reinvestment plan to address social determinants of health inequities such as funds for housing, utilities, transportation, clothing, and food. We have narrowed this down due to funding constraints to focus on individuals

with an eviction notice. As part of the oversight of the managed care program, the counties had Caredon create a DEI survey and requested that all contracted providers complete it so that we can understand what is taking place in the community.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

☒ Yes ☐ No

The Suicide Coalition began offering QPR trainings mid-summer 2021. Since then the Coalition has held 29 trainings and trained 424 individuals of all ages. The trainings were held in a variety of settings including the Butler LTSR, Butler County Community College, Slippery Rock University, Tanglewood Senior Center, Mt. Chestnut Senior Center, Butler SUCCEED, Butler County VoTech sports medicine students, and St. Mary's Church. The Coalition plans to continue holding QPR trainings for any organization interested in hosting one.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act of Jun. 19, 2018, P.L. 229, No 36 Cl. 35 EMPLOYMENT FIRST ACT ENACTMENT, 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).

- Name: Marni Rettig
- Email address: mrettig@co.butler.pa.us
- Phone number: 724-284-5114

b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):

☐ Yes ☒ No

Previous Year: FY 24-25 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
Data Categories	County MH Office Response	Notes
i. Total Number Served <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Blended Case Management Agencies: The Care Center Glade Run Lutheran Services Psychiatric Rehabilitation Services: The Care Center Glade Run Lutheran Services Forensic Case Management: Glade Run Lutheran Services Assertive Community Treatment Team: Butler Hospital </div>	N/A	Butler County does not have Supportive Employment services. Instead, Butler County allocates 20% of funding from categories of providers who as part of their duties, assist with employment related tasks as appropriate. See providers to the left.
ii. # served ages 14 up to 21	N/A	
iii. # served ages 21 up to 65	N/A	
iv. # of male individuals served	N/A	
v. # of female individuals served	N/A	
vi. # of non-binary individuals served	N/A	
vii. # of Non-Hispanic White served	N/A	
viii. # of Hispanic and Latino served	N/A	
ix. # of Black or African American served	N/A	
x. # of Asian served	N/A	
xi. # of Native Americans and Alaska Natives served	N/A	
xii. # of Native Hawaiians and Pacific Islanders served	N/A	
xiii. # of multiracial (two or more races) individuals served	N/A	
xiv. # of individuals served who have more than one disability	N/A	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	N/A	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	N/A	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	N/A	
xviii. # of individuals served with highest hourly wage	N/A	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	N/A	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Marni Rettig
Email address: mrettig@co.butler.pa.us
Phone number: 724-284-5114

- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Permanent Supportive Housing Evidence-Based Practices](#) toolkit:

☐ Yes ☒ No

DHS' five-year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

c. Supportive Housing Activity to include:

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

i. Please identify the following for all housing projects operationalized in SFY 24-25 and 25-26 in each of the tables below:

- Project Name – Expanded Supportive Housing Units
- Year of Implementation – Butler County wrote two reinvestment plans in 24-25 for two supportive housing units. Both units are for adults, one is specifically for female adults who have forensic involvement to assist them to achieve community stability. The second is for individuals who are moving to the community from our CRR. This housing unit is close in location to our CRR and will allow the individuals additional support because they can walk to the CRR and check in with staff.
- Funding Source(s) Reinvestment

ii. Next, enter amounts expended for the previous state fiscal year (SFY 24-25), as well as projected amounts for SFY 25-26. If this data isn't available because it's a new program implemented in SFY 25-26, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 25-26 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 24-25 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 25-26 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
N/A								
Totals								
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 24-25	10. Number of Individuals Transitioned to another Subsidy in SFY 24-25
Rental Assistance	2003	Block Grant	36,890.08	\$30,000	24	35	2	\$1,104	2
Totals									
Notes:	In addition to county base funds, we used a reinvestment plan for commodities funding for bridge rental subsidies for behavioral health.								

3. Master Leasing (ML) Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 24-25	10. Average Subsidy Amount in SFY 24-25
Supportive Housing	2016	Block Grant	\$303,498	\$244,000	42	35	6	13	\$3,126.27
Supportive Housing	2025	Reinvestment and County Base	209,681	268,000	0	8	N/A	N/A	N/A
Totals									
Notes:	\$236,150 from block grant, \$53,181 from forensic funds. 2 new reinvestment plans were written for the 24-25 and 25-26 year. The reinvestment plan for 24-25 was \$209,681. We will utilize existing forensic funds to pay for ongoing support to the individuals in that home. The second plan was for \$268,000. Both plans have more details listed in the priorities section.								

4. Housing Clearinghouse for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
N/A									
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
N/A									
Totals									
Notes:									

6. Housing Contingency Funds for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Average Contingency Amount per person
Consumer Stabilization Funds	2009	Block Grant	\$9832.01	\$25,000	8			16	\$1,229
Totals									
Notes:	We had a reinvestment plan for commodities and were able to use some of those funds to the meet the needs of community members.								

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other .							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26
N/A							
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist (CPS) is defined as:

An individual with lived mental health recovery experience who has received the Department approved peer services training and certified by the Pennsylvania Certification Board.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

County MH Office CPS Single Point of Contact (SPOC)	Name: Marni Rettig
	Email: mrettig@co.butler.pa.us
	Phone number: 724-284-5114
Total Number of CPSs Employed	8, there are more CPs' that are through the VA that we do not have information on
Average number of individuals served (ex: 15 persons per peer, per week)	Provider 1- 20/week, Provider 2- 2-3/week, Provider 3- 10-12/week, Provider 4- 7-11/week
Number of CPS working full-time (30 hours or more)	0
Number of CPS working part-time (under 30 hours)	8
Hourly Wage (low and high), <i>seek data from providers as needed</i>	Provider 1- \$15.38 Provider 2- \$15-16 Provider 3- \$21.54 Provider 4- \$12 and \$16
Benefits, such as health insurance, leave days, etc. (Yes or No), <i>seek data from providers as needed</i>	2 providers offer benefits and 2 do not offer benefits
Number of New Peers Trained in CY 2024	3- one was hired by the ACT team and one was hired in Crisis.

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

g) Evidence-Based Practices (EBP) Survey

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	14 County 47 Carelon	TMACT	MCO and County	Annually	Y	Y	N/A
Supportive Housing	Y	37	None	N/A	N/A	N/A	N/A	County
Supported Employment	Y	89	None	N/A	N/A	N/A	N/A	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	14 County 47 Carelon	TMACT	MCO and County	Annually	Y	Y	N/A
Illness Management/ Recovery	Y	14 County 47 Carelon	TMACT	MCO and County	Annually	Y	Y	N/A
Medication Management (MedTEAM)	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Therapeutic Foster Care	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Multisystemic Therapy	Y	MST 40 MST Psych 35	Protocol from MST Institute	MCO, County	Annually	N/A	Y	MST started in 10/2024
Functional Family Therapy	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SAMHSA's EBP toolkits: https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?f%5B0%5D=resource_type%3A20361

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to #1. service provided , please answer questions #2 and 3) Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Y	495	400 MCO 95 County
Compeer	Y	20	
Fairweather Lodge	N	0	
MA Funded Certified Peer Specialist (CPS)- Total**	Y	54	50 MCO
CPS Services for Transition Age Youth (TAY)	Y	53	
CPS Services for Older Adults (OAs)	Y	1	
Other Funded CPS- Total**	Y	10	39 County
CPS Services for TAY	Y	1	
CPS Services for OAs	Y	9	
Dialectical Behavioral Therapy	Y	672	
Mobile Medication	Y	74	
Wellness Recovery Action Plan (WRAP)	Y	31	Not included in scope of work for 1 prov.
High Fidelity Wrap Around	N	N/A	
Shared Decision Making	N	N/A	
Psychiatric Rehabilitation Services (including clubhouse)	Y	130	157 MCO 39 County
Self-Directed Care	Y	495	
Supported Education	N	N/A	
Treatment of Depression in OAs	Y	655	
Consumer-Operated Services	Y	786	
Parent Child Interaction Therapy	Y	26	
Sanctuary	Y	12	
Trauma-Focused Cognitive Behavioral Therapy	Y	159	
Eye Movement Desensitization and Reprocessing (EMDR)	Y	40	
First Episode Psychosis Coordinated Specialty Care	N	N/A	
Other (Specify)			

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2024, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
 - ☒ No, chose to opt-out for all of CY 2024
 - ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - ☐ Yes, AOT services were available for all of CY 2024

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2024 (check all that apply):
 - ☐ Community psychiatric supportive treatment
 - ☐ ACT
 - ☐ Medications
 - ☐ Individual or group therapy
 - ☐ Peer support services
 - ☐ Financial services
 - ☐ Housing or supervised living arrangements
 - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2024:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. _____0_____
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). _____0_____

4. Please complete the following chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
 - b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2024	0	17
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2024	0	0
III. Number of AOT modification hearings in CY 2024	0	
IV. Number of 180-day extended orders in CY 2024	0	0
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2024	0	62,492.91

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. <http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf>)

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISe™ Companion Guides

- ❖ Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? ☒ Yes ☐ No

We have attempted to submit all claims. However, there was a change in our vendor's location in the Fall of 2024 and since Sept 2024 our claims have not been successfully uploaded.

k) Categorical State Base Funding (to be completed by all counties)

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding in FY 25-26:

If we received increased funding, that money would go to backfill the ARPA funding that was used to expand our behavioral health crisis program. With ARPA funds, we were able to permit our provider to increase the pay rate for the staff and therefore, they were able to fill the vacancies in the Crisis program. We also used ARPA funds to move to more two person team mobiles instead of individual mobiles. This would be our priority with additional funding.

m) Federal Grant Funding (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

Butler County receives \$229,828 of CMHSBG funding. This funding continues to be utilized to support a Mental Health Representative Payee Program within the county. The Representative Payee Program is designed to aid individuals 18 year of age and older who need help organizing and disbursing their personal finances to ensure basic needs are provided for. The program is designed to offer individuals, who because of a documented serious mental illness, are unable to manage their personal finances unassisted in such a way as to remain independent in the community. This program has a contract established by Butler County Human Services and follows the rules and regulations of the U.S. Social Security Administration. This program is not a covered service under Medicaid or Medicare. This program has demonstrated success in supporting the recovery of the individuals who are in the enrolled. This funding does not cover the entire cost of the program as costs have increased over the years. The rest of the funds come out of the block grant to sustain this program.

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 24-25:**

With the training dollars we received, we were able to send staff to a CIT conference, a Children's Crisis Services Symposium and provide three types of CALM trainings in the community. (Counseling on Access to Lethal Means). One training was a train the trainer session so we plan to roll out CALM Conversations trainings throughout our community and provider network. In addition, housing staff will attend the Housing Alliance's Homes Within Reach Conference in December.

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

Butler County receives \$24,968 in this funding and we use it as one of the funding sources that supports the base service unit at Center for Community Resources. CCR's BSU provides administrative case management on behalf of Butler County. They are the entry point for individuals in the community who need to access mental health services and supports.

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPL (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 24-25.**

Not Applicable

SUBSTANCE USE DISORDER SERVICES

The Butler County Drug and Alcohol Program, designated as the Single County Authority (SCA), is responsible to ensure the provision of alcohol, tobacco and other drug abuse prevention, intervention, treatment, recovery support and case management services to Butler County residents. The services provided incorporate all funding sources available to Butler SCA including state and federal base allocations, county funds, Health Choices and reinvestment funding, and any state and/or federal grant funds made available.

Butler SCA works closely with many community agencies and providers to offer numerous and varied prevention programs for all ages, populations and across multiple arenas. The prevention programs have performance-based standards which are focused on reducing identified community risk factors associated with substance abuse. Risk factors are reduced through increasing the community's awareness, knowledge, and skills, as well as through instilling the positive attitudes and behaviors necessary to develop healthy lifestyles and communities. Student Assistance Program (SAP) services, including pre-screenings, core team meeting participation, consultations, and parent meetings are also provided to elementary as well as secondary schools within the county.

Community intervention programs supported through Butler SCA work directly with individuals and groups already impacted, either directly or indirectly, by substance abuse and addiction.

Butler SCA is responsible for ensuring a comprehensive, balanced, and accessible continuum of drug and alcohol treatment services is available to our residents. Butler SCA provides screenings, level of care assessments, and referrals to the most appropriate treatment services, if applicable. Referrals can range from outpatient services to residential rehabilitation treatment. This office subcontracts with a multitude of treatment facilities to ensure that a comprehensive continuum of drug and alcohol treatment services is available to meet the diverse needs of county residents. Treatment services are available to all individuals in need, including adolescents, transition age youth, adults, individuals with co-occurring psychiatric and substance use disorders, veterans, individuals involved with the criminal justice system, and women with children.

Butler SCA does not typically experience waiting list issues with respect to levels of care including outpatient, intensive outpatient, and partial hospitalization treatment. At various times, we have encountered capacity issues when referring individuals to non-hospital detoxification, non-hospital residential, and halfway house treatment services. At times, individuals have had to wait anywhere from one day up to one week to access the higher, more intensive treatment services. The capacity and wait times for these levels of care often fluctuate from one day to the next. As a result, identifying specific wait times and/or wait lists is not feasible.

Please provide the following information for FY 24-25:

- 1. Waiting List Information:** If Waiting List data is not reported, please provide a brief narrative explanation.

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	3	1-2 Days
Medically-Managed Intensive Inpatient Services	0	N/A
Opioid Treatment Services (OTS)	0	N/A
Clinically-Managed, High-Intensity Residential Services	8	7-21 Days
Partial Hospitalization Program (PHP) Services	0	N/A
Outpatient Services	5	1-2 Weeks
Other (specify)	0	N/A

The primary reasons for Withdrawal Management wait times:

- Individual choice- choosing only specific facilities and choosing to wait for a bed rather than agreeing to go to a facility that has immediate Withdrawal Management beds available and;
- Individual choice- choosing to wait to enter treatment due to personal issues, legal issues, etc., rather than go immediately.

The primary reason for Clinically-Managed High-Intensity Residential Services wait times:

- Incarcerated individuals are not always immediately released to enter treatment. It is common for some individuals to wait 1-3 weeks before release directly into residential treatment.

The primary reason for Outpatient Services wait times:

- Staff/clinician turnover at providers.

2. **Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 24-25.

To ensure that an overdose survivor is offered a direct referral to treatment, Butler SCA utilizes the following models:

- SCA Agency model: Butler SCA case management unit provides level of care assessment services at the SCA office as well as on-site at our local hospital Monday through Friday, 8:30 am- 4:30 pm. The on-site services are provided on the behavioral health units and may also be provided at the ED, if requested. For individuals in need of detoxification, the SCA case management unit is able to make a direct and immediate referral to a facility and the facility will complete the necessary assessment and paperwork once an individual has been admitted and stabilized.
- Direct Referral to Treatment by Hospital Staff model: This model is used for direct referrals to treatment during weekends, holidays, or after hours. The Emergency Department (ED) case managers assist individuals who do not meet criteria for 4A admission by making a direct referral to a non-hospital facility for detoxification services. In lieu of this, ED case managers can access case coordination services through the Center for Community Resources (CCR), available 24/7.
- 24/7 D&A Case Coordination services model: Case coordination services are made available 24/7 to receive warm hand-offs from representatives of local law enforcement, adult and juvenile probation, ambulance and emergency room staff, mental health and crisis providers, etc., for individuals in need of support, engagement, linkages to community resources, D&A level of care assessments, and treatment services. Case Coordination services are mobile, and staff will respond to the hospital emergency department to meet with individuals to assist in the warm hand-off process. Staff will contact treatment facilities to make a direct referral, arrange for transportation, and assist the individual with any immediate needs.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
27	27	SCA Agency Model	0

3. **Levels of Care (LOC):** Please provide the following information for the county's contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	1	N/A
4	2	1	1
3.7 WM	20	1	N/A
3.7	5	0	4
3.5	34	2	9
3.1	16	1	2
2.5	2	1	1
2.1	5	3	2
1	5	3	2

4. **Treatment Services Needed in County:**

- a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services:

Several years ago, because of the continued opioid crisis impacting Butler County as well as every county across the commonwealth, Butler SCA identified the need to increase the availability of non-hospital detoxification and rehabilitation services to serve adults within the county. Butler SCA worked with an existing licensed D&A provider to develop a new non-hospital detoxification and rehabilitation facility within Butler County to enhance the continuum of care available for substance use disorder treatment within Butler County and ensure that our residents would have access to local support systems and resources close to their homes while developing and maintaining a recovery lifestyle. The facility officially opened in June 2020. The primary focus over the past several years has been to ensure that Medication Assisted Treatment (MAT) is offered and made available to individuals at all levels of care. We also continue to focus efforts on case management services and ensuring that individuals have access to the continuum of care and aftercare plans & referrals are established prior to discharge from the higher levels of care.

- b. Provide an overview of any expansion or enhancement plans for existing providers &
c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services:

Currently, Butler SCA has not identified the need to expand treatment services within the county. Our current focus includes treatment engagement and recovery support services. As such, we continue to work toward the expansion of existing Certified Recovery Specialist (CRS) services within the County. A HealthChoices reinvestment plan is currently in place with a local provider to develop and implement CRS services to be made available to all individuals, regardless of where they are receiving SUD treatment services.

We also identified the need for a licensed female recovery house within our county. A HealthChoices reinvestment plan was awarded to a local treatment provider, through an

RFP process, in order to develop and open a DDAP licensed Recovery House within Butler County. The house was renovated, became licensed through DDAP, and officially opened its doors in August 2024.

In working with advocates within our recovery community and by listening to the voices of those in recovery, we submitted and were approved for a HealthChoices reinvestment plan to assist in with the development/creation of a recovery center within Butler County. The Center on Center officially opened in the summer of 2024.

5. Access to and Use of Narcan in County:

Butler SCA has continued to provide community-based trainings on a regular basis since 2015. Our office has allocated funding yearly in the past for the bulk purchase of naloxone for use/distribution to in-county licensed D&A treatment providers, recovery houses, and community-based programs to ensure that individuals as well as loved ones/family have access to naloxone. We continue to have an excellent working relationship with the County Sheriff's Office, who also operate as the designated CCE for the county, and they are able to provide our office as well as the community with Naloxone.

As a result of the COVID-19 pandemic, Butler SCA collaborated with several entities to design and implement a naloxone training video available on the Butler First Step website. Individuals are able to watch the video, complete a short quiz, and identify where they would like to pick up their naloxone kit. The distribution points include several local outpatient D&A providers as well as the Butler SCA office.

Butler SCA has also been able to provide Naloxone trainings to local community agencies and businesses and supply them with Naloxboxes for their organizations. Thus far, we have distributed 10 Naloxboxes.

6. County Warm Handoff Process:

As discussed in the section pertaining to overdose survivors' (#1), the current warm hand-off protocol for Butler County is the 24/7 Case Coordination Services. These services are made available through the Center for Community Resources (CCR). Case Coordination services are mobile and staff will respond to the hospital emergency department to meet with individuals to assist in the warm hand-off process. Staff will contact treatment facilities to make a direct referral, arrange for transportation, and assist the individual with any immediate needs. Staff will remain engaged with individuals while they are in treatment and assist in linkage to case management services to ensure that individuals continue to receive support and services once they return to Butler.

The challenges experienced early on were to be expected, given the new process and changes to the way in which things had previously been done. The biggest challenge was probably getting the hospital case management staff to utilize the 24/7 case coordination services on a consistent basis, not as an additional resource but as the primary tool in the warm hand-off process. Over time, communication as well as collaboration have improved tremendously.

Warm handoff protocols have also been put into place with Butler Ambulance Services, the primary responder of emergency call for the City of Butler and surrounding areas. 24/7 Case Coordination Services are immediately available for any

individual who is willing to seek help, regardless of whether the individual refuses transport to the local emergency department.

a. **Warm Handoff Data:**

# of Individuals Contacted	72
# of Individuals who Entered Treatment	61
# of individuals who have Completed Treatment	61

INTELLECTUAL DISABILITY SERVICES

Butler County strives to support individuals in achieving their Everyday Life. The AE prides itself on the quality team created amongst stakeholders, including individuals, families, the HCQU, providers, SCOs, community partners, and a human services administrative team. Allocated block grant funds will be utilized to support annualized budgets of approximately 200 unique individuals. These services included but are not limited to supports coordination, life sharing, residential, respite, employment services, transportation, IHCS, CPS, and behavioral supports. Remaining unallocated funds are prioritized for emergent needs, ensuring the health and welfare of individuals we serve. Additionally, the county prioritizes employment and will utilize funds to ensure that individuals are able to obtain, maintain, and participate in competitive employment.

The numbers below for individuals served represent a decrease of individuals served by base dollars in the last fiscal year. Please note that this reflects the increase in waiver capacity granted by the state to Butler County. This has allowed the county to greatly increase the number of individuals served in waivers.

Individuals Served

	<i>Estimated Number of Individuals served in FY 24-25</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 25-26</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	3	2%	1	.65%
Pre-Vocational	1	.65%	1	.65%
Community participation	2	1%	1	.65%
Base-Funded Supports Coordination	138	16%	140	16%
Residential (6400)/unlicensed	0	0%	0	0%
Life Sharing (6500)/unlicensed	1	.65%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	117	77%	68	77%

Assistive Technology	0	0%	0	0%
Remote Supports	0	0%	0	0%

Supported Employment:

ODP services currently provided within Butler County span the spectrum of support from simply providing guidance on understanding how employment can impact someone's income and disability benefits through ODP or Social Security funded Benefits Counseling services, to supporting them in their pursuits of post-secondary educational goals.

Services in Butler County range across multiple provider agencies. Butler helps support the Employment First initiative by utilizing base funds to support employment goals of individuals. The county has also worked with the primary SCO to establish specialty SCs that focus on transition age individuals. This helps provide more consistency with the work occurring in schools for employment planning and coordination with OVR.

Butler County has long tried to mitigate transportation as a barrier to employment by supporting both public and agency provided transportation options when available or appropriate. In addition to the traditional transportation options, Butler County also supports Person Centered Transportation, in addition to shared ride models. With a focus on supporting employment and formal educational opportunities with Person Centered Transportation, bus passes and in some circumstances Lyft and Uber rides, Butler County continues to be dedicated to promoting Competitive Integrated Employment as a preferred outcome to anyone that would like to work.

The AE has appointed a subject matter expert in Employment. This individual hosts the Butler County Employment Coalition quarterly, with participation in the ODP regional employment meetings. The coalition includes participation from Transition Coordinators of school districts and OVR, stakeholders from the ODP community including multiple providers, SCOs, and partner AEs. Additionally, parent advocates and the IU4 participate often.

Supports Coordination:

Butler County has devoted block grant funds to the contract of a Family Liaison Specialist position. This position assists both the AE and the SCOs to locate and discover natural supports and resources in the community available for individuals and families. The current Family Liaison Specialist finished the Communities of Practice (CoP) Ambassadors training and hosts quarterly CoP local collaborative meetings. The local collaborative includes members such as parents, judges, commissioners, community college representation, community members, public service offices, staff from the Health Care Quality Unit (HCQU), SCO, Early Intervention (EI) program, and AE.

During the intake process to the ID/A program, the Family Liaison Specialist determines which Life Course Tools are the most appropriate to utilize at each meeting. From the discussions, the specialist collects resources for the SC to provide on initial contact. Annually, SCs are trained on the Life Course tools, and they make use of the tools as change of needs occur in individuals lives that result in emergency planning.

When Life Course tools are used for emergency planning, it engages the SCO and the AE in discussions for wait list planning. Monthly the SCO and AE meet at a waiver capacity meeting (WCM). The Prioritization of Urgency of Need for Services (PUNS) is reviewed at each WCM. This ensures open

discussions and ongoing planning to help support individuals in the program. Additionally, the SCO and the AE meet at a separate monthly meeting to discuss any concerns and to share additional resources.

Butler County works cohesively with our local SCO and Agency with Choice (AWC) program to support self-direction of services. The AE and SCO meet monthly with the AWC program to review utilization, capacity, and concerns. In the last few years, we have focused on expanding the Supports Broker service to allow self-direction as an option for more individuals. We have had an increase in the PDS/VF option over the last year. Many families and individuals are becoming more comfortable with this choice as an option.

Life Sharing and Supported Living:

Butler County continues to work to support the growth of Life Sharing and Supported Living as less restrictive residential options. The AE currently has two block grant base contracts with Life Sharing providers to support this initiative. This has allowed success in Life Sharing placement, especially during emergent situations where other funding and placement is not available.

In the last year, the AE worked with two providers to develop and add Supported Living as a service offering. We are currently supporting six individuals successfully in this model and continue to promote this option for individuals looking to live independently with supports. Butler County is excited for this service offering and looks forward to supporting more individuals in this model.

The AE has identified many barriers that prevent the expansion of these services. The rate for Supported Living has stopped many providers from moving forward with this service. Additionally, the housing crisis is a large barrier for supported living. Individuals are struggling to locate appropriate and safe housing options that they can afford in the community. Life Sharing creates a challenge for many homes in today's modern society. Day program hours do not always support work hours for many families. The AE finds that many families are not interested in the lengthy regulation process. While regulations are important, the intensive daily documentation and incident management criteria in private homes has many potential host families determining that the service is not appropriate for them.

ODP would be able to help support the AE in a Life Sharing or less restrictive waiver initiative. Many individuals that are interested in Life Sharing or Supported Living, are often not emergent need to be chosen for a waiver. Butler County has been participating in a collaborative with ODP to update Life Sharing materials for stakeholders in the program.

Cross-Systems Communications and Training:

Butler County AE operates uniquely under a Human Services Department. The Human Services Director oversees six program areas including: Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth Services, and Area Agency on Aging. Each of these programs is managed by a program director. In addition, the administrative team includes the County Budget & Human Service Finance Director, Director of Information Technology, and the Integrated Services Director. The Administrative Team meets monthly to focus on opportunities for collaboration to further our mission of integration. This assists in communicating system changes to the other departments in a timely manner. All these departments are currently housed at the same physical location, except for our Area Agency on Aging.

Furthermore, the AE participates in collaborative meetings with other systems when additional resources may be needed outside of typical service delivery. Joint Older Adult Crisis Team (JOACT) meets monthly to review/discuss cases involving individuals 60 years and older. Children's Consultation

Committee (Triple C), beyond ID participation, has representation of mental health, children and youth, and juvenile probation. This team works to support complex multi-system cases.

Family Group Decision Making (FGDM) continues to be a resource that is utilized for complex cases when there is family interest. FGDM is a strengths-based empowerment model designed to join the wider family group including relatives, friends, community members, and others to collectively make decisions to resolve an identified concern. This plan, developed by the family, utilizes resources from identified potential natural and public supports.

Butler County is also in a good position to become fully integrated due to the collaboration that occurs with other critical services and community sectors that are not directly led by county government. Butler County Human Services is actively involved with several collaborative groups in the community, such as the 'Community Support Program', 'Local Housing Options Team', 'Volunteer Organizations Active in Disaster', 'Criminal Justice Advisory Board', 'Early Care and Education Council', and 'Butler Collaborative for Families'. There is a strong partnership with the local United Way and collaboration often occurs, both financially and programmatically, on projects that support a common goal of helping Butler County residents reach their highest possible potential.

These connections are critical in realizing Butler County's goal of full integration. To effectively meet the multiple and complex needs of the people served, consideration must occur for all aspects of a person or family's life. This is only possible by reaching beyond the human service system to the other sectors of the community. Because of the integrated human service model and collaborations with community partners, the county can more fully support individuals with multiple needs.

Butler County has continued outreach and communication with all the school districts in the county. The intake and eligibility coordinator participate in local school/vendor fairs to provide information to families. Additionally, the coordinator will participate in IEP meetings to provide eligibility and program information. Collaboration has started with one school district to introduce the life course tools and how they can be implemented into the classrooms.

Emergency Supports:

Block grant funds will be utilized to meet emergent needs supporting individuals in emergent situations, protecting their health and welfare to maintain current living or employment situations in least restrictive environments, while assessing potential natural supports and other resources. Funding is reserved each fiscal year to plan in the event of an emergency placement where a waiver may not be available immediately.

Center for Community Resources (CCR) is the primary supports coordination organization utilized in Butler County. CCR also runs the county crisis program, which includes phone, text, walk-in, and mobilization. Crisis employees have backgrounds and/or receive training for ID/A.

The following is the process for handling emergent needs outside normal business hours:

- SC Managers will participate in the Crisis Program Administrative On-Call rotation process and document all off hours contact with the crisis team, in support of individuals with Intellectual Disabilities.
- In the event Crisis Services are contacted outside of normal agency business hours, Crisis Program staff will assist the individual to ensure his/her health and safety. If Crisis Program staff determines that to ensure health and safety, they need additional resources, the Crisis Program staff will contact the assigned Administrative On-Call Manager to review the case and individual's needs.

- The Administrative On-Call staff will advise the Crisis Program staff of next steps. This can include contacting the On-Call SC Manager to assist in accessing supports and services specific to Intellectual Disabilities services and supports.
- If the SC Manager needs funding authorized so that a client's health and safety can be maintained during off hours, each SC Manager has the AE County Designee's cell phone number and can contact for funding approval.
- All off hour contacts will be documented in HCSIS by the On-Call SC Manager.

Block grant funds also help support the rent of a one-bedroom apartment next to the Crisis office. The apartment is furnished and may be used as needed for emergency housing. This allows the AE time for assessment of needs, planning, resources, and support.

As part of the Southwest Regional Crisis Intervention Teams (C.I.T.) our office, as well as our Sheriff's Department, and others, are sponsoring a 40-hour training for local law enforcement, first responders, community-based providers etc. This training's intent is to enable the community, police, county crisis systems, behavioral health system and the criminal justice system to work together to effectively promote more appropriate responses to individuals with mental illness who become involved in the criminal justice system. During this training they cover developmental disabilities, psychotropic medications, trauma, mental illness, de-escalation etc. The training has a direct benefit to the individuals and families we support. It improves collaboration amongst systems, knowledge of services, best practices, improve service delivery, reduced likelihood of physical confrontations, reduction in stigma etc.

*Please see the attached Continuity of Operation Plan (Attachment F) and Butler County Mental Health Plan for Disaster/Emergency Response (Attachment G).

Administrative Funding:

As discussed previously, Butler County utilizes administrative funds to support a Family Liaison Specialist position. This position works to create a network of community supports and resources to be able to provide to the SCO and families/individuals. The Family Liaison Specialist has been gathering a database of email addresses to provide real time information to individuals and families. Also, a quarterly newsletter is compiled with helpful information for families and individuals. Part of the newsletter focuses on community activities, IM4Q data, employment information, and HCQU information.

Beyond Butler's local collaborative, a regional collaborative has been formed between Butler, Beaver, Lawrence, and Armstrong/Indiana Counties/AEs. This collaborative works with ODP and PA Family Network to help support individuals to live their vision of a good life. PA Family Network information is shared to the growing email distribution list to ensure that families and individuals have access to the resources and trainings.

Butler County is fortunate to have a wonderful working relationship with the HCQU, that is housed not far from the county office. The HCQU is utilized frequently to support complex cases using trainings, information gathering, education, technical assistance, and capacity building. The HCQU is also an integral part of the county provider meetings and participate in quarterly Human Rights Committee meetings held at the AE.

The HCQU helps support the AE with the quality management plan through the participation of the HRC meetings. During these meetings incident data such as restraints, abuse, medication errors, etc. are discussed. The HCQU will review frequently reoccurring individual's cases to determine if there may be

underlying causes to repeat incidents. Additionally, the HCQU supported Butler County with the launch of Health Risk Screening Tool (HRST). The AE, SCO, and local providers participated in a miniseries about HRST that allowed the stakeholder community to become more comfortable with the tool.

IM4Q teams conduct personal interviews with individuals using a standardized survey to gather information and produce reports that enables the county and others to evaluate the effectiveness of services in helping people achieve everyday living outcomes in the areas of choice and control, employment, rights, service planning, community inclusion, relationships, and health/safety and to identify opportunities to improve services.

In Butler County the local Grapevine Center serves as the local program (entity that completes the independent monitoring/interviews). Grapevine Center in fiscal year 2024-2025 conducted 58 interviews broken down into the following sample subsets: 55 ID/A and 3 AAW.

Through the interview process, county data/reports are generated. Butler County is then able to analyze collected data to influence system change and make informed choices about service offering. This program allows the county to continue refining a system of quality services and supports in a respectful, inclusive environment that fosters competent, evidence-based practice. IM4Q reports and findings are disseminated to the appropriate providers and entities on at least an annual basis. The most current IM4Q report's data is shared with the Provider community through provider meetings, MH/ID Board meetings, SCO meetings, and the quarterly newsletter.

IM4Q data is also shared with the quality management team. Data gathered from the IM4Q process is utilized to help develop and drive the quality management plan. Areas that score low will be reviewed to determine what can be changed or implemented to help improve satisfaction in our clients. Hypothesis will be made to determine if certain question categories affect other areas of programming.

IM4Q can also provide immediate changes on an individual basis through the Consideration process. Considerations are an indication that the participant would like to make a positive change in his/her life that is captured through the interview process. Butler County strives to develop at least one consideration from each interview. The county program tracks to ensure we receive at least 10% of letters back indicating the individual's considerations were addressed to their satisfaction.

ODP could partner with county and other counties regarding the ability to manipulate the survey data. At this time, a variety of individuals are interviewed with varying supports and services. It would be beneficial to know if there are high points and low points with certain agencies, genders, age population, individuals in the community, etc. Knowing more specific answers from the individuals in the survey could assist in creating better focus areas around satisfaction.

Butler County assisted in the creation of the Provider Risk Screening Tool that is utilized across AEs for determining risk. The AE participates and completes yearly risk screening tools for residential providers. The county attempts to have open door communication with all the provider agencies primarily supporting our area. Previous QM Plans supported the ODP determination for individuals at risk. The AE monitors individuals that fall into those identified categories and requests teams meet to discuss the concerns. Another tool utilized for supporting individuals at risk and supporting local providers with competency and capacity for complex individuals is the Dual Diagnosis Treatment Team (DDTT).

Butler County is fortunate to have access to the Housing Coordinator as part of the human services umbrella. The housing coordinator has assisted the AE in situations where housing options were limited. Additionally, resources and information are shared regarding voucher programs for individuals with community housing needs.

Quarterly, the AE and the Family Liaison Specialist coordinate on a newsletter that is provided to individuals and their families. The newsletter provides information on community activities and resources, parent support group meetings, training opportunities, employment information, and focus areas of importance (Incident Management, IM4Q, QM, etc.).

Participant Directed Services (PDS):

Butler County supports approximately 153 individuals in the Agency with Choice (AWC) model, and eleven individuals through VF/EA. Many of the families choose the AWC model over VF/EA due to the amount of personal responsibility required in that model. The AWC program through ANR created and implemented the E-System. E-system allows ease of data collection for individuals and families. All documentation, credentials, and monitoring can be completed through one easy system. ANR has also aligned the regulations of Electronic Visit Verification (EVV) through a simple phone application that syncs with information in E-System.

While the program has been modestly successful in Butler County, a barrier to most PDS models is the struggle to find quality SSPs. The program also participates in several job and resource fairs to expand the pool of eligible SSPs. The county has also seen an influx in families qualifying to be the paid staff.

As discussed earlier, the county meets monthly with the AWC program which also includes representation from the SCO. The trainings that have been hosted by the PA Family Network regarding PDS have been shared to our program email distribution list so that families and individuals have access to learning more about the benefits of PDS.

Community for All: ODP has provided the county with the data regarding the number of individuals receiving services in congregate settings.

The AE has played a valuable role in locating appropriate community placement and resources for individuals that transition from state centers and the prevention of placement at state centers. Additionally, if more individuals and/or families express interest in community placement, the AE will assist in the locating of services/supports and appropriate funding as needed.

Technology: ODP supports the use of assistive technology and remote supports in order for individuals to achieve their goals and live more independently.

Butler County works with individuals, their families, and their teams to see if technology is a resource to help support greater independence. Currently, five individuals are utilizing Remote Supports and Assistive Technology to meet their needs in their homes. The county encourages teams and providers to look at technology as a resource when traditional supports or additional staffing needs are not available.

HOMELESS ASSISTANCE PROGRAM SERVICES

Butler County has a strong continuum of services for individuals and families within the County who are homeless or facing eviction. This continuum includes street and service-based outreach and engagement, coordinated entry, homeless prevention services, emergency shelter, transitional housing, bridge housing, rapid rehousing, permanent supportive housing, and supported housing. The Butler County Local Housing Options Team (LHOT), which is led by Butler County Human Services, is a collaborative committee of housing and homeless providers, treatment providers, support service providers, and partners from the private sector that functions as the county's advisory committee for

homeless services and is charged with general oversight of the homeless continuum of care to ensure that needs are being met, services are being delivered in a coordinated and collaborative manner, and gaps in services are addressed.

Representatives from Butler County Human Services actively participate in the Western Pennsylvania Continuum of Care and the Southwest Regional Homeless Advisory Board attending quarterly meetings and required trainings. HUD, ESG and Path programs within the County participate in the regional case conferencing calls to coordinate housing to the most vulnerable. Butler County Human Services representatives also have leadership roles within the Continuum of Care subcommittees including the HMIS Joint Advisory Board and the Coordinated Entry Committee.

Through Block Grant public hearings and work session planning meetings, housing has been identified as one of the top priorities in our community year after year. Safe, decent, affordable housing is a crucial component in assisting families and individuals not only in obtaining employment and gaining self-sufficiency, but in being successful in treatment and recovery.

As a result of the identification of housing as a priority through various planning efforts, much attention has been given to this area of need over the past several years, with many achievements and improvements made during that time. For example, Butler County Human Services was able to create and hire for the position of Community Housing Coordinator, which has in turn provided us with the necessary capacity to seek and obtain additional resources for housing and homeless services. In the eleven years since this position was created, we have brought in over \$10 million in competitive grant funding (not including ERAP- Emergency Rental Assistance Program) outside of the Block Grant to serve individuals and families who are homeless or at imminent risk of homelessness. This position is funded through the Block Grant and is responsible for leading the process of fully assessing the housing needs of the various populations served by Human Services on a system-wide level, identifying gaps and barriers relating to housing for our target populations, and forging private/public partnerships to address these needs, including building relationships with private landlords and developers. This position coordinates the efforts of various housing and homeless services and providers within our community, both those who receive funding through our department and those who do not, in order to ensure a continuum of supports and services that meet the housing needs of the populations served in categorical county human services. The overall goal of this position is to increase availability and opportunities for safe, decent, affordable permanent housing for our target populations in order to support them in reaching the greatest level of self-sufficiency possible.

Another major improvement in our system is our shift to focus more on Rapid Rehousing services, especially for families, recognizing that the sooner we work with people to get them stably and permanently housed, the sooner they are able to leave the crisis situation they have been in and begin to focus on accessing the services and supports that can help them reach the greatest level of self-sufficiency possible. This change in our system has been strongly supported by the award of Emergency Solutions Grant funds, which we use to pay for this service within our continuum of care.

Over the past few years, we have also focused heavily on building a stronger connection between the homeless service system and the child welfare system, recognizing that many families involved with Children and Youth Services are struggling to find safe, affordable housing. These families have been, and will continue to be, prioritized for services and supports from the local homeless continuum.

Butler County Human Services utilizes funds in this category to provide the following programs to assist individuals and families who are homeless and near homeless: Bridge Housing, Case Management, Rental Assistance and Emergency Shelter. All programs are subcontracted to local providers of services.

Bridge Housing Program:

There is no change proposed to the Bridge Housing category for the 2025/2026 fiscal year. The Lighthouse Foundation will continue to serve homeless youth ages 18-29 through their Bridge Housing Program. Many of the people served in the program are referred from emergency shelter, thus providing for a continuum of care for individuals and families served. The program allows them to move from a shelter or unstable living environment to a more permanent and stable setting while focusing on obtaining resources and supports necessary to reach their goals in terms of safety, wellness, recovery, self-sufficiency, education, and employment.

The Bridge Housing intake is set up to ensure potential participants meet the general criteria of homelessness or near homelessness. Client eligibility is determined based on the United States Department of Health and Human Services current Poverty Guidelines. Bridge Housing staff provide case management and on-going support and services to encourage participants to work towards achieving their service plan goals. Program staff provide referrals and direct support in assisting participants to access resources to meet tangible needs, including TANF, WIC, SNAP, energy assistance, etc., and services for intangible needs, such as behavioral health treatment, parenting skills, career assessment and development, training, etc. Once participants are near completion of the program and their service plan goals and objectives, a plan is developed to ensure that the transition to permanent housing is successful.

While enrolled in the Bridge Housing Program, a participant's progress is charted through the service plan, which is based on their own personal needs and desires. The service plan defines the participant's goals and is broken down into short-term, long-term and ongoing goals. Standard goals are in the areas of education, employment, career exploration, personal achievement, and housing. The key to consistent progress in the Bridge Housing Program is the use of attainable goals, thus promoting empowerment and self-esteem.

The major gap we continue to face in terms of successfully delivering the Bridge Housing Program is the lack of safe and decent, affordable housing available in the community. This hinders the ability of successful Bridge Housing participants to secure desirable housing to transition in to when they are ready to move to independent permanent housing. Increasing access to such housing is a primary goal of Butler County Human Services and these efforts will benefit many people in our service system, including Bridge Housing participants.

The County evaluates the efficacy of the Bridge Housing program by reviewing case files to determine the percentage of Bridge Housing participants who were able to meet their established goals while in the program and then go on to secure independent, permanent housing and successfully exit the Bridge Housing program. A majority of individuals and families who have been served through the Bridge Housing programs have exited the program for a more permanent housing option.

Case Management:

For the 2025/2026 fiscal year, we are proposing to add an additional provider for case management services. In the past, case management services were provided by Victim Outreach Intervention Center (VOICe), The Lighthouse Foundation, and Catholic Charities. This year, we would also like to add Center for Community Resources. The Case Management program focuses on ending the crisis of housing instability for families and individuals by providing participants with the support necessary to create individual service plans with attainable goals and connecting with the services and resources they need in order to progress toward those goals. For all organizations, efficacy is evaluated by reviewing case files and reports submitted by the organizations to assess whether or not program participants are

attaining and maintaining stable housing and reaching the goals they have identified within their service plans. A majority of individuals and families served by the Case Management Programs are able to attain and maintain stable housing and reach at least some of the goals they have identified within their service plans.

Victim Outreach Intervention Center (VOICE)- Funds are utilized to provide case management services to survivors of domestic violence who are involved with their housing program continuum, which includes emergency shelter, permanent supportive housing, and rapid rehousing. VOICE's services focus on assisting survivors in establishing external support systems, connecting with mental health and substance abuse treatment, building connections with other support services including peer support, and increasing life-skills. Short- and long-term advocacy/goal plans and safety planning are a part of the services as well.

The Lighthouse Foundation- Funds are utilized to provide case management services to individuals and families participating in the organizations' various housing programs. The Lighthouse focuses intensively on working with individuals and families to reach a greater level of self-sufficiency so they are prepared to move on to independent, permanent housing and are in a position to successfully maintain their housing in the future. As such, there is a strong emphasis on education and employment within this program.

Catholic Charities- Funds are utilized to provide initial assessment and case management services to individuals and families while they are waiting to be connected to a homeless support program. Catholic Charities was selected as our county's general coordinated assessment site (as part of our larger regional coordinated entry process) because of their status as the primary contact for people seeking homeless services in our community. As the provider of the Coordinated Entry Unit, all people in Butler County who are in need of homeless services are directed to contact Catholic Charities (with exception of survivors of domestic violence who receive the coordinated entry assessment through VOICE), either by phone or in person.

The Coordinated Entry Unit is responsible for:

- Meeting with individuals and families who are homeless or at-risk of homeless, by walk-in and scheduled appointments;
- Completing a general screening for the at-risk population to identify alternative housing or resources;
- Completing the comprehensive assessment tool in HMIS for the literally homeless population;
- Determining eligibility for various homeless/housing programs;
- Referring to appropriate homeless/housing programs, as well as other supportive services and resources;
- Providing support in accessing basic needs, such as emergency shelter, food, transportation, etc., as available; and
- Providing ongoing Case Management services until the person/family is connected with another program.

There is also an increased focus in our Continuum of Care on diversion efforts that Catholic Charities will be assisting with. The primary goal is to work directly with the individual or family who is facing housing instability to identify if there are supports or resources that could be provided that would result in them not having to enter the formal homeless service system.

Center for Community Resources-Funds will be utilized to provide case management services to individuals who are chronically homeless with a disability in a scattered site permanent supportive housing program. The main goal of the project is to engage individuals to ensure stability in their housing by offering ongoing case management. The program practices housing first and as such, does not have preconditions for entry and terminations are limited to the most severe cases. All individuals are assisted with obtaining mainstream benefits and connecting with other community supports and services such as drug & alcohol treatment, mental health treatment, education, employment, budget counseling, etc.

Rental Assistance:

Rental Assistance services will be provided through a subcontract with Catholic Charities, as it was in the past, in conjunction with their case management services. The primary goal of the rental assistance funds will be to prevent homelessness or near homelessness by intervening in cases where eviction is imminent.

To be eligible for the HAP Rental Assistance Program, individuals/families must be a resident of Butler County, homeless or near homeless, have a landlord willing to rent to them, have sufficient income to continue future rent payments or reasonable expectations for sufficient income in the next 90 days, and meet income guidelines (up to 200 percent of poverty). Participants are responsible for contributing towards rental costs and the dollar amount is based on the person's ability to contribute. Rental Assistance staff work directly with landlords to obtain verification of a rental agreement and the landlord's willingness to rent to the individual/family.

Current HAP guidelines permit payment maximums to be Fair Market Rent x 150 percent FY2025 Fair Market Rent, \$1000 for rental assistance for adult households or \$1500 for families with children, whichever is greater. Butler County intends to operate rental assistance with as much flexibility as possible, based on individual need, recognizing that HAP is the payor of last resort. The inclusion of the Fair Market Rent maximum will allow us to serve individuals/families who we could not assist in the past. Individuals and families may receive up to three months of financial assistance not to exceed the maximum dollar amount in the 24-month clock of eligibility. The Rental Assistance Program provides for housing costs consisting of overdue rent payments, including mobile home or lot rent and mortgage assistance. Utility assistance may be provided but only in instances where the individual or family is at imminent risk of losing their housing because of utility arrearages and this is more frequently seen in households who hold a Housing Choice Voucher.

The Rental Assistance intake process is designed to ensure potential participants meet the general criteria for rental assistance and to work with the participant to create a plan that addresses the issues that have led to the person/family's housing crisis. Participants are then assisted through case management to connect with various resources and services in the community that will aid them in reaching their identified goals, as well as allow them to assume and/or resume their responsibility of providing for housing costs. These include, but certainly are not limited to, mainstream benefits, treatment services, childcare, education, employment, life skills training, budgeting, etc.

The Rental Assistance Program outcomes are assessed through follow-up services provided by the case manager. These services monitor the housing stability of participants within 30 days after receiving rental assistance and determine if there are any other services that the participants could be referred to for additional support and assistance if needed.

The County will evaluate the efficacy of the rental assistance program by reviewing case files and reports submitted by the provider organization to determine the percentage of households served in this

program whose housing situation is stabilized, thus either avoiding a homeless situation or exiting homelessness as quickly as possible.

Emergency Shelter:

The Emergency Shelter Program is designed to provide shelter to individuals/families that are literally homeless and have no permanent legal residence of their own. We are not planning to implement any changes to our emergency shelter services for FY 25-26. We will continue to fund the Overnight Winter Warming Center, which provides overnight shelter for single men and women during the winter months. During the 23-24 season, we served 98 individuals (a 34% increase over the year prior) for a total of 1,649 bed nights. Of the individuals who stayed at the Winter Warming Center last season and completed an exit interview (many people stayed for only a few nights and never completed an exit interview), 82% of them had a positive housing outcome and moved to a more permanent housing situation. This program is operated by Glade Run Lutheran Services and is funded through HAP funds, as well as EFSP and ESG.

Emergency Shelter services will also continue to be funded for survivors of domestic violence through VOICe, at a mass shelter facility for a per diem rate. A majority of the families and individuals served through the domestic violence shelter are connecting with a more permanent housing option upon exiting the program.

It is important to note that there are also 8 shelter beds available to individuals throughout the entire year funded through alternative funding. And shelter for families is also available year-round through another funding source.

The County evaluates efficacy of emergency shelter programs by reviewing case files, HMIS data and reports to determine if shelter was provided quickly, thus ensuring individuals and families are safe, and if participants were provided with supports necessary to secure a more permanent housing situation as rapidly as possible. A major gap that we are seeing in terms of providing emergency shelter is the lack of safe, affordable housing for the people we serve. It is taking longer to assist people in securing a more permanent housing option, meaning that they have to remain in shelter for longer periods of time because they simply can't find suitable housing to move on to. This in turn limits our capacity to serve others who are in need of shelter services.

Innovative Supportive Housing Services:

At this time, we do not plan to fund any Innovative Supportive Housing Services because the need for such services has not been identified.

Homeless Management Information Systems:

Currently, all programs that receive CoC, ESG, and PATH funds, except for those targeting survivors of domestic violence, are entering data into HMIS. Also, everybody served by Coordinated Entry is entered in HMIS as the assessment tool is available through this system. We continue to work towards full HMIS participation from all county funded homeless programs, including all HAP funded services. We had planned to have all HAP services set up in HMIS by the end of the 19/20 fiscal year so that our providers could begin entering as of the beginning of this fiscal year. However, due to lasting effects of COVID on the social service system, both in increased demand for service and ongoing staffing shortages at many of our providers organizations, we have not yet reached this goal, though we do plan to continue to work toward it. Our goal is to have the services set up in HMIS so that providers can begin entering data as of July 1, 2026. HAP providers collect required information in within their own databases for

monitoring purposes. At this time data is not shared with the CoC because we utilize HAP as a light touch financial resource because of the maximum limits and are refraining from adding HAP eligible individuals on the Coordinated Entry By Name List because they, in most circumstances, do not require a CoC or ESG resources to obtain or maintain safe and stable housing. It is our observation that service needs among individuals and families are becoming more severe and that often, one time or “light touch” assistance is not enough assistance for housing stability.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Butler County aims to utilize funds in this category to support programs and initiatives that address cross-system needs, including those identified through public hearings held in preparation for the Block Grant plan.

Adult Services:

Program Name: Case Management, Victim Outreach Intervention Center

Description of Services: Case Management services are provided to survivors of domestic violence for the purpose of helping the program participants identify their goals, create a plan to reach those goals, and take the necessary steps to progress toward those goals.

Service Category: Service Planning/Case Management - A series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Program Name: Adult Life Skills Program, Community Care Connections

Description of Services: This program provides weekly life skills training opportunities to small groups of adults with various disabilities. Life skills training can include, but is not limited to, personal safety, communication, food preparation, physical fitness, use of public transportation, money management, and self-advocacy. The training is designed to help the individuals develop new skills as well as maintain skills they learned in school or at prior program sessions.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

Generic Services:

Program Name: Homemaker Chore Program, Community Care Connections

Description of Services: This program assists adults with disabilities with basic home making tasks so they may remain in their homes and avoid institutional placement. Services include instructional care if the person is functionally capable but lacks the knowledge and home help and non-medical personal care if the individual is functionally unable to perform life-essential tasks of daily living. This program is categorized as a Generic Service because, though the services are primarily delivered to the adult population (target population of adult services), regardless of the type of disability they have, the program can also serve people from the aging sector in order to allow them to continue/begin to serve a program participant past their 60th birthday to ensure continuity of care and a smooth transition to services within the aging system or when the need is very serious but the individual is unable to access the service through the aging system.

Specifically, services provided may include, but are not limited to:

- Helping program participants identify which homemaking tasks (such as cleaning, cooking, grocery shopping, laundry, organization and storage of items, etc.) should be performed daily, weekly, and monthly in order to maintain a clean, functional and safe home;
- Helping program participants identify which of those essential homemaking tasks they can safely do on their own, perhaps with support, and which tasks will need to be performed by others, including the Homemaker Service Provider.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Please indicate which client populations will be served (must select at least **two**):

☒ Adult ☒ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Specialized Services:

Program Name: Family Group Decision Making (FGDM), Center for Community Resources

Description of Services: FGDM is a voluntary process which recognizes that the family itself is the best judge of how to meet its members' needs. FGDM offers families the opportunity to join together with individuals who they identify as being important in their lives, with the goal of developing a plan to resolve identified concerns. All families who choose to enter into FGDM are guided by a Coordinator who will ensure that everyone involved is prepared and understands the guidelines for success throughout the process. This service is available to any person/family in Butler County who is interested in participating, regardless of what system(s) they may be involved with.

Program Name: Prevention, Victim Outreach Intervention Center

Description of Services: Funds will be provided to Victim Outreach Intervention Center (VOICe) to enhance their efforts toward prevention of domestic violence and child abuse. VOICe will be partnering with Children and Youth Services, as well as the Butler County Prevention Council, to develop strategies for implementation in our community that aim to prevent child abuse.

Program Name: VITA, Center for Community Resources

Description of Services: Funds will be provided to the Center for Community Resources to help support the coordination and operation of the VITA Program, which stands for Volunteer Income Tax Assistance. VITA is an IRS program that trains volunteers to provide free basic tax return preparation for qualified individuals. VITA specifically targets, but is not limited to, people who make \$64,000 annually or less and persons with disabilities. During the 2024 tax season, Butler County's VITA program served 1,876 people and assisted in bringing in \$2.2 million in tax return income. 100% of people served were at or below 250% of the Federal Poverty Guidelines.

Interagency Coordination:

The focus of support in this category is on enhancing collaborative partnerships both within the human service system and between the private sector and public organizations in order to design overall solutions to community problems and to improve the effectiveness of categorical county human services.

Funding in this category will be used for the following purposes:

- Salary and benefits for the Human Services' Director of Integrated Services whose role is to enhance coordination among agencies, including contracted providers, internal programs and others in the community, with a focus on building partnerships with other sectors. Efforts include cross-systems trainings, coordination of Planning Team meetings, coordination of internal cross-systems team meetings, program development and enhancement, and participation/leadership in various community collaboratives and other efforts relating to interagency coordination.
- Salary and benefits for the Human Services' Community Housing Coordinator whose role is to assess the housing needs of the various populations served by Human Services on a system-wide level, identify gaps and barriers relating to housing for our target populations, and forge private/public partnerships to address these needs. This position is responsible for coordinating the efforts of various housing and homeless services and providers within our community, both those who receive funding through our department and those who do not, in order to ensure a continuum of supports and services that meet the housing needs of the populations served in categorical county human services.
- Operation of various community collaboratives, including the Butler Collaborative for Families, Butler County Prevention Council, Early Care and Education Council, Local Housing Options Team, Suicide Prevention Task Force, and Trauma-Informed Care Council, which Butler County views as the cornerstone to its success in building strong partnerships among social service agencies in the community, ultimately resulting in better outcomes for the individuals and families we serve. Funds are primarily used to pay a portion of the salary of the various group coordinators, as well as to support activities of the groups, such as trainings, program enhancement and community outreach.
- Portion of the salary and other costs (such as travel and outreach) associated with the following community mobilizer positions, all of whom are responsible for building public/private partnerships to enhance and improve the effectiveness of the current service system:
 - Volunteer Mobilizer- Acts as a liaison between agencies in need of volunteers to enhance the services they provide and community members who are interested in assisting human service organizations.
 - Karns City Communities That Care Coordinator- Responsible for working with stakeholders within the Karns City area to assess risk and protective factors that exist for the families and youth that reside there and mobilize the community to identify and implement programs, activities and services that will decrease the risk factors and increase the protective factors.
 - Early Care and Education Council Coordinator- Brings together early childhood programs, public and private schools, families, higher education, businesses, and other child serving organizations to assess what quality early learning opportunities exist in the community and to develop annual goals that encourage quality early learning. The Council also builds partnerships between schools and community-based early learning programs to help families make a smooth transition into kindergarten.
- A contract with the Alliance for Non-Profit Resources will be created to assist the Human Services staff, as well as other human service agencies, with special projects relating to interagency coordination and collaboration as needed, which may include quality assurance efforts, interagency training, community outreach and integrated planning and program development.