

Family Counseling Center Community Guidance Center Progressive Workshop of Armstrong County ICW Vocational Services Evergreen Homes Community Living and Learning I&A Residential Services Lifesteps accessAbilities The Open Door Alliance for Nonprofit Resources Goodwill Industries of the Conemaugh Valley The Arc of Indiana County Area Agency on Aging Aging Services Armstrong County Community Action Agency Indiana County Community Action Program Family Psychological Associates Irene Stacy Community Mental Health Center Kittanning Hose Company #6 Unity Family Services NAMI Southwestern Pennsylvania Westmoreland Community Action Advance Wellness and Education Center Michelle Casses Cen-Clear Child Services Community Care Connections Developmental Therapy Associates Neurological Therapy Specialists Next Step Therapy Pediatric Therapy Professionals Positive Steps Therapy Professional Family Care Services Rehab Care Group East RehabLinks The Integrated Care Corporation Stronger Day Rehabilitation and Management Company Therapy Connections Therapy House Western Pennsylvania School for the Deaf Allegheny Home Health ARC of Clarion County Armstrong Care Bayada Home Health Care Byers Taxi Service Cambria County Association for the Blind and Handicapped Center for Community Resources Citizens Ambulance Service Clelian Heights School for Exceptional Children Community Care Community Living Care Fayette Resources FamilyLinks Interim Healthcare of Pittsburgh InVision Customized Services Kaleidoscope Family Solutions Lifestyle Support Services Martha Lloyd Community Residential Facility New Light NHS Human Services Passavant Memorial Homes Skills of Central PA Sunset Support Services Town and County Transit Superior Human Services The Alliance for Behavioral and Developmental Disabilities Training Toward Self-Reliance Training and Learning Consultants Venango Training and Development Center Woodlands Foundation Family Counseling Center Community Guidance Center Progressive Workshop of Armstrong County ICW Vocational Services Evergreen Homes Community Living and Learning I&A Residential Services Lifesteps

## **Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP)**

# **Annual Report Fiscal Year 2013-2014**

County Area Agency on Aging Aging Services Armstrong County Community Action Agency Indiana County Community Action Program Family Psychological Associates Irene Stacy Community Mental Health Center Kittanning Hose Company #6 Unity Family Services NAMI Southwestern Pennsylvania Westmoreland Community Action Advance Wellness and Education Center Michelle Casses Cen-Clear Child Services Community Care Connections Developmental Therapy Associates Neurological Therapy Specialists Next Step Therapy Pediatric Therapy Professionals Positive Steps Therapy Professional Family Care Services Rehab Care Group East RehabLinks The Integrated Care Corporation Stronger Day Rehabilitation and Management Company Therapy Connections Therapy House Western Pennsylvania School for the Deaf Allegheny Home Health ARC of Clarion County Armstrong Care Bayada Home Health Care Byers Taxi Service Cambria County Association for the Blind and Handicapped Center for Community Resources Citizens Ambulance Service Clelian Heights School for Exceptional Children Community Care Community Living Care Fayette Resources FamilyLinks Interim Healthcare of Pittsburgh InVision Customized Services Kaleidoscope Family Solutions Lifestyle Support Services Martha Lloyd Community Residential Facility New Light NHS Human Services Passavant Memorial Homes Skills of Central PA Sunset Support Services Town and County Transit Superior Human Services The Alliance for Behavioral and Developmental Disabilities Training Toward Self-Reliance Training and Learning Consultants Venango Training and Development Center Woodlands Foundation Armstrong County Memorial Hospital Indiana Regional Medical Center NAMI

# **Armstrong-Indiana Behavioral and Developmental Health Program**

## **Fiscal Year 2013-2014 Annual Report**

### **Our Vision**

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

### **Our Mission**

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

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## A Message from the Administrator...



Dear Armstrong-Indiana BDHP Partner,

***2014 marked the 45<sup>th</sup> year that the Armstrong-Indiana Behavioral and Developmental Health Program has been in operation!*** This milestone gives us an opportunity to reflect on the history of our program and think about how our system has changed. We have grown from a staff of 2 and a budget of less than \$100,000 to a staff of 29 (21 Full-time and 8 Part-time) and a budget of \$7.2 million. Just think, in 1969, all our records were kept on paper, all correspondence was hand typed on a typewriter and all written communications were sent via the U.S Postal service. Back then, state offices actually put answers to questions in writing. Another fun fact is that 59% of our current staff had not yet even been born! All kidding aside, despite the fact that technology has changed, treatment philosophies have evolved and communication has improved, one thing has remained the same and that is we have always had dedicated, hard working staff who are committed to making sure that quality behavioral health, developmental disability and early intervention services are available to the citizens of Armstrong and Indiana Counties. I would like to recognize two of these dedicated staff members who have been with the program for 29 plus years. They are Joe Bujdos, Mental Health Director, who has been with the program for 35 years and Lou Ann Markle, Administrative Assistant, for 29 years. Thank you Joe and Lou Ann for your many years of service!

I certainly don't want to forget the many advisory board members and boards of commissioners we have had over the years. They have helped form and shape our program through their leadership, guidance and financial support. A list of our current Commissioners, Advisory Board and Administrative staff follows this message.

Finally, I want to recognize the many service providers who continue to contract with us annually and provide the vitally important services to those in need of behavioral, intellectually disabled and early intervention care. The Commissioners, the AIBDHP Staff, Advisory Board and providers all play an important role in carrying on the tradition started in 1969 to ensure that services and supports are readily accessible, efficiently managed and provided without discrimination in a recovery and resiliency based environment.

As further evidence of this tradition, the following annual report highlights the programs, activities and financial information applicable to the 2013-2014 Fiscal Year. I very much appreciate the opportunity I have been given to be a part of this special organization and its history of service. I look forward to working with all our system partners as we set the course for the future and all that is to come.

Congratulations and Happy 45<sup>th</sup> Anniversary Armstrong-Indiana BDHP!

*Tammy Calderone*

Tammy Calderone  
Administrator

## **Armstrong-Indiana Behavioral and Developmental Health Program**

### **Boards of Commissioners**

#### Armstrong County

David K. Battaglia, Chair

Robert T. Bower, Vice-Chair

Richard L. Fink, Secretary

#### Indiana County

Rodney D. Ruddock, Chair

Michael A. Baker, Vice-Chair

Patricia A. Evanko, Secretary

### **AIBDHP Advisory Board (As of June 30, 2014)**

Commissioner Patricia A. Evanko

Commissioner Richard L. Fink

Donna Balewick, M.D.

Dianna Brocious, Chairperson

Karen Brunetto

Donna Clayton

Roderick Groomes, M.D.

Reverend Lori Harris, Vice Chairperson

Linda Jacques, Secretary

Stanley Lewis

Irene Mergen, D.Ed.

David Norris

Sheree Shafer

### **AIBDHP Administrator**

Tammy L. Calderone

### **Armsdale Administration Building**

124 Armsdale Road, Suite 105

Kittanning, PA 16201

Phone: (724) 548-3451

Fax: (724) 548-3454

### **AIBDHP Staff (As of June 30, 2014)**

Joe Bujdos, Mental Health Director

Randa Dunmire, ID Coordinator

Joni Putt, BH QM/CM Coordinator

Karen Semetkoskey, CASSP Coordinator

Dennis Stewart, IT Coordinator

Shari Montgomery, ID QM Coordinator

Melissa Peace, Waiver Coordinator

Cassie Nuzzo, Waiver Coordinator

Missi Williams, EI Coordinator

David Miele, Crisis Services Director

Amy Cline, Court Coordinator

Regina Gesalman, CASSP Caseworker

Anna Salsgiver, CASSP Caseworker

Christa Zubik, County Fiscal Officer III

Rachel Oakes, Accountant I

Thomas Meredith, Fiscal Technician

Carrie Mazurek, Admin. Assistant II

Lou Ann Markle, Admin. Assistant I

Elaine Badac, Clerk-Typist II

Matthew Humphrey, Clerk Typist II

Deborah Fleming – Caseworker I

Kimberly Sams – Caseworker I

Jeffrey Stiles – Caseworker I

Tara Kane – Caseworker I

Rachel Pommer – Caseworker I

Tracey Brumbaugh – Caseworker I

Jeanne Hughan – Caseworker II

Donald Henry – Caseworker II

Email: [mhmr@aimhmr.net](mailto:mhmr@aimhmr.net)

Website: [www.aibdhp.org](http://www.aibdhp.org)

### **Satellite Office:**

1430 Route 286 East, Suite #1

Indiana, PA 15701

Phone: (724) 349-3350

Fax: (724) 349-3341

# Mental Health Program Highlights

## Community Support Programs and Recovery

AIBDHP's two local Community Support Programs (CSP) remain very active in promoting the recovery model. Presentations heard by the CSP groups included:

- Local pharmacy regarding pill boxes, supervision and capitation on prescriptions
- Armstrong County Community Action Program on housing initiatives in Armstrong County, specific to the Program for Assistance in Transition from Homelessness (PATH) and the Master Leasing Program
- The Open Door Telephone Crisis Services
- 211 Services
- Kittanning Empowerment Drop-In Center
- Local National Alliance on Mental Illness (NAMI) and NAMI Southwestern PA
- Fair Housing Act presented by Southwestern PA Legal Services
- Indiana Regional Medical Center (IRMC) consultant conference call on survey of stakeholders regarding behavioral health services in Armstrong and Indiana Counties
- Wellness Recovery Action Plan (WRAP) program
- Consumer Family Satisfaction Team (CFST)/CSP project and the survey: "What community support/resource would improve your life right now?"
- Mental Health Advance Directives presented by the Pittsburgh Office of Disability Rights Network
- Physical health coverage presented by Value Behavioral Health of PA, Inc. (VBH-PA)
- Affordable Care Act presented by the Mental Health Association of Westmoreland County

- Western PA Supplemental Nutrition Assistance Program (SNAP)
- IUP graduate students presented on Traumatic Brain Injury
- "Developing a Healthy Leisure Lifestyle on the Journey to Recovery"
- Oxford House for drug and alcohol consumers

## Consumer Support Planning Meetings

A total of 22 Consumer Support Planning meetings were held at Torrance State Hospital (TSH) for Armstrong and Indiana County residents. The number of Consumer Support Planning meetings nearly doubled from the previous year. Many residents are requiring multiple planning meetings to address complex needs. Of the 22 meetings, 9 were initial meetings, 7 were ongoing meetings and 5 were final Consumer Support Planning meetings. There was also one resident who had an initial and final meeting both at the same time. Six consumers were discharged with individual Consumer Support Plans.

## Long Term Care Statistics

In Fiscal Year 2013-2014, there were 39 requests for long term care for Armstrong and Indiana Counties. Of those, 27 were able to be diverted from needing hospitalization at Torrance State Hospital (TSH). A total of 12 individuals (9 from Indiana County and 3 from Armstrong County) were admitted to TSH. Of those twelve, 5 were readmissions to TSH after maintaining their community tenure for over one year. A total of 10 discharges (7 from Indiana County and 3 from Armstrong County) occurred. Discharged placements varied by individual need and ranged from Maximum Care Community Residential Rehabilitation (CRR) placements to discharge home with family members.

## Mental Health Commitments

The Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) was established in 1969 by the Commissioners of Armstrong and Indiana Counties to comply with the Mental Health/Mental Retardation Act of 1966 and the Mental Health Procedures Act of 1976. This Legislation mandated that all counties in the Commonwealth, either separately or jointly, establish community-based services for the mentally disabled in their countries. To carry out the services mandated by the Act, AIBDHP contracts with a number of private, nonprofit corporations. In addition, the AIBDHP Administrator's Office maintains 24 hours a day, 7 days a week coverage for emergency commitments of persons who are mentally ill and dangerous to themselves or others as a result of their mental illness and coordinates all civil court commitments. For Fiscal Year 2013-2014 the follow statistics identify the commitments needed and civil court hearings held.

### Mental Health Procedures

#### Section Definitions

Section 302: Inpatient treatment up to 5 days

Section 303: Inpatient or outpatient treatment up to 20 days

Section 304: Inpatient or outpatient treatment up to 90 days

Section 305: Inpatient or outpatient treatment up to 180 days

Section 306: Can be used to convert involuntary inpatient commitment to involuntary outpatient or if on involuntary outpatient and decompensating to inpatient

### **INVOLUNTARY COMMITMENTS – 302's (through the AIBDHP Administrator's Office)**

FISCAL YEAR 2013-2014			FISCAL YEAR 2012-2013		
	Armstrong	Indiana		Armstrong	Indiana
July 2013	7	19	July 2012	8	12
August 2013	14	12	August 2012	7	17
September 2013	4	18	September 2012	6	16
October 2013	4	25	October 2012	7	11
November 2013	12	14	November 2012	4	17
December 2013	6	20	December 2012	12	14
January 2014	4	20	January 2013	8	21
February 2014	6	12	February 2013	8	10
March 2014	7	15	March 2013	8	12
April 2014	8	15	April 2013	14	11
May 2014	11	13	May 2013	10	11
June 2014	17	19	June 2013	4	16
<b>TOTAL</b>	<b>100</b>	<b>202</b>	<b>TOTAL</b>	<b>96</b>	<b>168</b>

### **CIVIL COURT COMMITMENTS (through the AIBDHP Administrator's Office)**

FISCAL YEAR 2013-2014						FISCAL YEAR 2012-2013				
Type of Commitment Hearing	303	304	305	306		Type of Commitment Hearing	303	304	305	306
July 2013	15	4	8	1		July 2012	17	5	17	0
August 2013	14	4	8	0		August 2012	24	0	17	1
September 2013	23	6	7	3		September 2012	17	4	11	0
October 2013	21	3	3	0		October 2012	21	8	10	1
November 2013	18	4	15	0		November 2012	14	2	0	0
December 2013	29	3	4	0		December 2012	15	2	3	0
January 2014	16	5	0	1		January 2013	16	7	26	0
February 2014	18	9	1	1		February 2013	14	2	8	2
March 2014	16	3	10	0		March 2013	15	1	7	0
April 2014	15	5	9	0		April 2013	16	3	8	2
May 2014	11	7	16	0		May 2013	10	0	2	2
June 2014	22	8	6	1		June 2013	18	3	19	1
<b>TOTAL</b>	<b>218</b>	<b>61</b>	<b>87</b>	<b>7</b>		<b>TOTAL</b>	<b>197</b>	<b>37</b>	<b>128</b>	<b>9</b>

# System Partnership & Program Improvement Highlights

## Mental Health First Aid Training Grant for First Responders – HAVIN and AIBDHP

AIBDHP took part in Cross Systems Mapping Projects in collaboration with both Armstrong and Indiana Criminal Justice Advisory Boards in 2011 & 2012. The Cross Systems Mapping exercises utilized the Sequential Intercept Model as a guide. During the Cross Systems Mapping exercises, it was determined that efforts would be focused on the Sequential Intercept 2 (diversion) and 4 (re-entry). As part of this process, it was determined that Armstrong and Indiana Counties would include Mental Health First Aid (MHFA) Training (Armstrong County) and Crisis Intervention or MHFA (Indiana County). Jo Ellen Bowman, Executive Director of HAVIN, agreed to apply for a grant to fund the training. Ms. Bowman, in collaboration with AIBDHP, applied for and received a grant to provide MHFA for First Responders in Armstrong County, Indiana County and surrounding counties. Even though HAVIN holds the grant, it was decided collaboratively that a staff person from HAVIN and a staff person from AIBDHP would become certified instructors for MHFA.

The grant is a two year grant and proposes to have 250 First Responders (police officers, probation officers, correction officers, EMT, crisis workers, etc.) trained in the two year time frame beginning April 2014 and ending in April 2016. Additionally, the trainers will be certified in Crisis Intervention Team (CIT) training for veterans. MHFA provides instruction on how to assist someone experiencing a mental health related crisis. In the MHFA course, the trainee learns the risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations and where to

turn for help. MHFA teaches about *recovery* and *resiliency* – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well. This training prepares first responders to appropriately identify and respond to individuals with whom they come in contact that may be experiencing a mental health or substance use crisis.

## Indiana County Suicide Task Force

The Suicide Task Force (STF) of Indiana County continued to meet monthly, and AIBDHP participates, as well as co-chairs the Intervention Committee. Below are some activities of the STF:

- Held its First Annual Walk for a Wonderful Life 5K on September 28, 2013 – over 400 people participated and income was generated to allow the task force to become proactive in the three areas of prevention, intervention and postvention
- Worked with returning veterans by collaborating with the local VFW and the County VA Office to review treatment options
- Sponsored Mental Health First Aid trainings – attendance at these trainings included school personnel, pastors, community members and providers
- Sponsored a Community Support Group for Adult Survivors every other Wednesday evening in February and March at the Community Guidance Center. This group was open to all adults who have lost a family member, close friend or co-worker from suicide or a sudden or unexpected death. This is a self-help group. It was facilitated by professionally trained counselors
- Made a presentation at IUP's Six O'clock Series – presentations were made by professionals and family members

## **Community Hospital Integration Projects Program System (CHIPPS)**

During Fiscal Year 2013-2014, staff from AIBDHP worked with both Base Service Unit (BSU) providers (FCC and CGC) to initiate specific roles for BSU Torrance State Hospital (TSH) Liaisons. It was determined that the BSUs would be more actively involved with diversions and monitoring of residents at TSH. By the end of the fiscal year, both BSU Liaisons were trained in the diversionary process in both counties, as well as the admission and discharge processes for the Long Term Structured Residence (LTSR) and TSH. Both BSU Liaisons began attending treatment team meetings and Consumer Support Planning meetings, providing much needed support to the residents from Armstrong and Indiana Counties who are receiving care at TSH.

## **MH Awareness Month May 2014**

The Commissioners of both Armstrong and Indiana Counties passed proclamations recognizing May 2014 as Mental Health Awareness month. AIBDHP staff participated in MH Awareness Walks in both Armstrong and Indiana Counties. These were organized in recognition of MH Awareness Month. AIBDHP's advocacy network, managed care organization staff, service providers and consumers all interacted with county officials to enhance the recovery process.

## **Disaster Outreach Response Preparedness**

AIBDHP assisted in the coordination of an Evacuation Center Team training sponsored by the Armstrong County Human Resource Council. The training was in partnership with the American Red Cross. Teams manage evacuation centers in the event of floods, power outages, extreme heat and cold, fires or hazardous material spills.

AIBDHP attended the Region 13 training to recruit chaplains as the effort is to coordinate

our faith based community and first responders in order to enhance the effort and be active Disaster Recovery Outreach Response Teams. "Disaster Spiritual Care" trainings were held regionally in the Commonwealth, as the State is working to train all of the spiritual leaders who are interested in providing chaplain services during a disaster.

AIBDHP continued to participate in the Indiana County Health and Human Services Disaster Response Committee. Behavioral health services were made available at Points of Distribution (PODs) in an exercise to also distribute flu vaccines.

## **State Sponsored Trainings/Initiatives**

Some State sponsored activities in which AIBDHP participated are listed below:

- Annual Crisis Intervention Team (CIT) meeting in State College where there was discussion by the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Office of Mental Health and Substance Abuse Services (OMHSAS) and a presentation by the Pennsylvania Mental Health and Justice Center of Excellence
- Regional session hosted by the Deputy Secretary regarding the Mental Health Procedures Act
- Meeting at the County Commissioners Association of Pennsylvania (CCAP) in Harrisburg to discuss the Mental Health Delegate Training Manual with OMHSAS and CCAP staff
- The VA Butler Healthcare's 2013 Mental Health Summit – AIBDHP is collaborating with its provider delivery system to educate staff on accessing services for veterans

## Crisis Program Highlights

During Fiscal Year 2013-2014, AIBDHP Crisis Services experienced some major growth and development. AIBDHP embarked on a strategic planning process for Crisis Services. A Crisis Stakeholder Group was established to identify strengths and weaknesses of the crisis system as a whole. The goal was to increase utilization, quality and improve response time. The Crisis Stakeholder Group met and brainstormed. Out of this process it was decided to establish subcommittees to address various areas of desired improvement. The following committees were established:

- Data Collection and Reporting
- Crisis System Planning Committee
- Mental Health System Strategic Planning

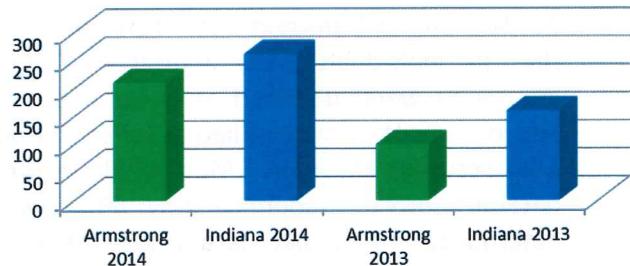
David Miele, Crisis Services Director, facilitated the Data Collection and Reporting Committee and the Crisis System Planning Committee. Joe Bujdos, Mental Health Director, was assigned the task of facilitating the Mental Health System Strategic Planning Committee.

The Data Collection and Crisis System Planning Committees met a total of 4 times and developed proposals to submit to the broader Crisis

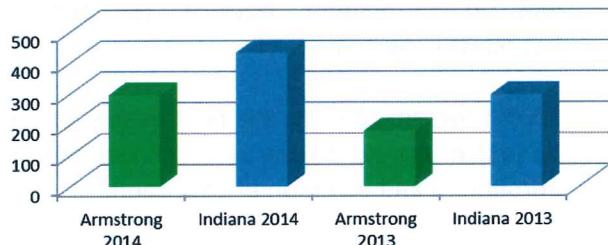
Stakeholder Group and also the AIBDHP Advisory Board. The final plan for data collection and reporting was approved and the development of a data collection tool is underway. The Crisis System Planning Committee proposed that AIBDHP embark on putting together a plan to determine if co-locating the Mobile Crisis Program and the Telephone/Walk-in Crisis Program would be possible. The proposal suggested that co-locating will improve communication, improve quality and increase cost efficiencies, as well as clinical efficiencies and quality. This proposal was approved by the Crisis Stakeholder Group, as well as AIBDHP Advisory Board. Co-locating services will require exploration into licensing issues, billing issues and geographic space issues.

As part of the efforts to consolidate and co-locate services of the crisis system, AIBDHP also assumed the full-time mobile crisis position formerly held by the Family Counseling Center of Armstrong County. This position is now part of AIBDHP's Mobile Crisis Department and works out of the Armstrong Offices of AIBDHP. This is part of an effort to offer services consistently in both Armstrong and Indiana Counties.

### AIBDHP Mobile Crisis Two Year Comparison



### AIBDHP Telephone Crisis Two Year Comparison



24/7  
Telephone  
Crisis Line  
1-877-333-  
2470

Walk In Services  
8:00 AM – 8:00 PM  
Monday – Friday  
Weekends 12:00 PM  
– 8:00 PM

The Open Door  
665 Philadelphia St.  
Indiana, PA 15701



## Housing Program Highlights

The transition of AIBDHP's Master Leasing and Program for Assistance in Transition from Homelessness (PATH) Program was completed in Fiscal Year 2013-2014. Both programs are now operated in full by the Armstrong County Community Action Program and the Indiana County Community Action Program, with peer support being provided through Family Psychological Associates. The Housing Liaisons focused their efforts on outreach to the homeless and those at risk of becoming homeless. Efforts were also increased to actually enroll those individuals in PATH program. The peer support component of the PATH program continued assisting consumers with accessing community support services that would help them maintain their wellness and subsequent permanent housing. Oversight for both the PATH and Master Leasing Program remains with AIBDHP.

### **MASTER LEASING**

The Master Leasing Program continued through this fiscal year and is anticipated to end December 31, 2014. The Housing Liaisons began working with Master Leasing clients to prepare them for the closure of the program. The liaisons have helped 17 consumers in searching for new housing or trying to find a way for clients to stay at their current location by working with landlords.

### **PATH**

In Fiscal Year 2013-2014, a total of 52 individuals received outreach assistance from PATH staff. Of those, 20 individuals became enrolled in the PATH Program during the Fiscal Year 2013-2014 reporting period. The number of people enrolled within the fiscal year doubled from the previous fiscal year. Those not enrolled either did not meet the eligibility criteria for the program or refused assistance. A total of 311 contacts were made by the three

PATH Providers throughout the year. Overall, there were 72 referrals to community based human services made for PATH clients. Thirteen of those referrals were to community based mental health services.

In addition to linking clients with local human services, PATH program staff directly provided a variety of services to consumers. Overall, PATH staff provided 237 services to 123 consumers. The most widely received services included outreach, screening/assessment and case management, housing technical assistance, security deposits and one-time rent for eviction prevention.

Finally, by the end of Fiscal Year 2013-2014, the overall PATH Program had 48 individuals enrolled. Of the 48 enrolled, 30 are female and 18 are male. Thirty-five percent of those enrolled fell between the ages of 31 and 50. Twenty-one percent were ages 51-60, and 12.5% were of transition age. Forty-seven of the 48 individuals were Caucasian. Two individuals were identified as being Veterans. Ten individuals were identified as suffering from a co-occurring disorder. Most of those who became enrolled (approximately 63%) were determined to be either literally homeless or at imminent risk of becoming homeless. Seven individuals were living with friends and 11 others were staying with family. Ten persons were at an emergency shelter. Two individuals were transitioning out of jail, prison or a detention facility. Two others were living in a place not meant for habitation and one other was in permanent housing for formerly homeless individuals.

PATH Program goals for the next fiscal year will be to continue increasing outreach services, enrollment and community education.

# Intellectual Disabilities Program Highlights

## Person/Family Directed Support (PFDS) and Consolidated Waiver Slots

We are pleased to report that at the end of Fiscal Year 2013-2014, AIBDHP was notified that our PFDS capacity was increased by 17 to support individuals who met the criteria of graduating in June 2014. These identified individuals will be earmarked to begin receiving services in the new 2014-2015 Fiscal Year.

Category of Service	ID Consumers Served FY 2013-2014	ID Consumers Served FY 2012-2013
Consolidated Waiver	261	261
Person/Family Directed Support (P/FDS) Waiver	168	169
Base Funded	243	243
<b>Total</b>	<b>672</b>	<b>673</b>
(Numbers may fluctuate due to death or transfers in/out of county)		

## Annual ODP Oversight

On September 11, 2013, ODP came to the AIBDHP Office for the annual ODP Oversight review of our ID program. Following the Oversight visit, AIBDHP, as the Administrative Entity (AE), received a report from ODP containing the findings of the reviewers. AIBDHP then submitted remediation verification to ODP. When approval is received for the remediation work, AIBDHP submits a Plan of Correction to ODP. ODP then returns to ascertain that AIBDHP has completed its Plan of Correction. Each year, the Administrative Entity feels more comfortable with this process. AIBDHP has been told it is extremely efficient

and helpful in the Oversight process. The AE conducts a mini self-assessment before the reviewers arrive to be prepared for the findings. For Fiscal Year 2012-2013, AIBDHP's Plan of Correction focused on investigation timelines and working with the staff of the Supports Coordination Organizations (SCO) and provider agencies to ensure incident reports are filed timely.

## Provider Monitoring

Provider monitoring for Fiscal Year 2013-2014 was completed and submitted to ODP. Armstrong/Indiana was the lead county for three providers (New Light, Superior Human Services and accessAbilities) and a reviewing county for the Woodlands Center. A great deal was learned in a very small time, and the ID Department looks forward to the next provider monitoring cycle!



## Adult Protective Services and Investigations

The ID Department is responsible for conducting investigations, including incidents for individuals who reside in their family home and abuse allegations resulting from a restraint. With Adult Protective Services (APS) being fairly new, AIBDHP has seen the amount of investigations rise. Most investigations are very involved and time consuming. Because of time conflicts and the volume of investigations, the AIBDHP office will seek outside investigators as needed. The investigation determination is always made

at the AE level. Presently, AIBDHP has three Certified Investigators. The ID Department developed a training on incident management for both the Community Guidance Center and the Family Counselling Center SCO staff.

### **Supplemental Habilitation and Additional Individualized Staffing**

The Administrative Entity (AE), which is AIBDHP, received 14 requests for the prior authorization of Supplemental Habilitation and Additional Individualized Staffing (AIS) services in Fiscal Year 2013-2014. These requests are only available to individuals enrolled in the Consolidated Waiver who require enhanced staffing in a residential setting. The AE is responsible to verify the individual's needs through reviewing the Individual Support Plan (ISP) and the ISP Review Checklist that is submitted by the Provider and Supports Coordinator. The AE may also attend team meetings and meet with the individuals to verify the need for services. The AE then forwards the requests to the Regional Reviewer in Harrisburg who reviews and either approves or denies the request for additional staffing. Of the 14 requests submitted for Fiscal Year 2013-2014, all were approved. This compares to 11 requests submitted and approved in Fiscal Year 2012-2013.

### **Community Participation**

AIBDHP staff members participate or sit on various committees throughout the two counties. The Armstrong County Link organized a Christmas Party at the Harvest Community Church in 2013, as well as the Meet and Greet event with first responders and an Adult Protective Services training for the community and service providers at the Belmont Complex.

Other committees on which the ID Department participates include the OVR Citizens Advisory Committee, the Elder Abuse Committee in

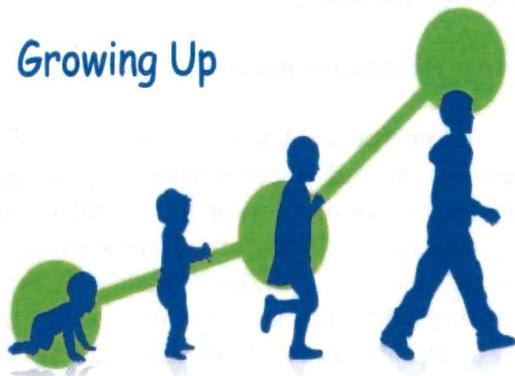
Indiana, the Personal Care Home Counsel, the Community Disability Awareness Workgroup and the Parent Transition Group at The Arc of Indiana County, the Local Task Force and Transition Counsel at the ARIN Intermediate Unit, and monthly employment meetings in Armstrong County. AIBDHP is committed to ensuring every individual we serve leads an everyday life.

### **Human Rights Committee**

In April 2014, AIBDHP developed a Human Rights Committee (HRC) to serve both counties. The ID Department is very excited to finally bring this committee into the area. Reviewing consumer support plans in this committee type setting is being seen in the majority of area counties. The mission of the Armstrong-Indiana HRC is to review any restrictive plan, behavior support plan, safety plan and social emotion plan to ensure the use of positive practices and least restrictive techniques to protect individual human rights, health and safety and to promote everyday lives. Agencies represented on this committee include AIBDHP, the Community Guidance Center, the Family Counseling Center, Lifesteps, Superior Human Services, the Health Care Quality Unit (HCQU), Community Living and Learning, Evergreen Homes and Training and Learning Consultants. There are behavior specialists, program specialists, supports coordinators and management staff sitting on the current committee. The HCQU is also utilized for medical knowledge when reviewing medications. The HRC meets monthly, alternating between Armstrong and Indiana Counties. Any agency that would like to present a support plan to the committee submits it one week in advance for the members to read and make suggestions/recommendations. AIBDHP is extremely satisfied with the work this group is doing.

# Children Services Highlights From Birth to Adolescence

## Growing Up



## Early Intervention Services

Early Intervention services are provided to children from the age of birth up until their third birthday. A child can qualify for Early Intervention services by (1) showing a 25% delay in one area of development - physical development, including vision and hearing; communication development; social or emotional development; self-help or adaptive development; or cognitive development; (2) being diagnosed with a physical or mental condition which has a high probability of resulting in a developmental delay; or (3) by Informed Clinical Opinion – children who are identified by an evaluation team from forming a determination regarding difficult to measure aspects of current development status and potential need for Early Intervention services.

There were 399 children referred for Early Intervention services during Fiscal Year 2013-2014. This compares to 389 during Fiscal Year 2012-2013. During Fiscal Year 2013-2014, 429 children (284 males and 145 females) were served in Early Intervention and received services which included: Service Coordination, Speech Pathology, Physical Therapy, Occupational Therapy, Special Instruction, Special Instruction-Hearing and Special Instruction-Vision.

### Referral Sources

	<u>FY 13-14</u>	<u>FY 12-13</u>
Physicians	136	184
Parents/ Family Members	106	68
Hospital or Pre/Postnatal Facility	56	72
Other Social Service Agencies	37	31
EI Provider	28	5
Head Start/Early Head Start	14	6
CONNECT Direction Service	9	13
Local Education Agencies	5	1
Other Health Care Providers	3	3
CAPTA	2	6
Other	2	0
Child Care Programs	1	0
TOTAL:	399	389

### Families First 2013-14

#### What is the LICC?



The LICC is the Local Interagency Coordinating Council. This council is a representation of families, community persons, and service providers who address Early Intervention Services/Supports in Indiana and Armstrong Counties. The members do not see themselves as separate agencies and families, but as one group who can, and do rely on each other as colleagues and friends.

The LICC membership agrees that our concerns are for ALL children. Even though a young child may have a special need, he or she is a child first...the developmental delay should not dictate the programs and services a child will receive.

In Armstrong and Indiana Counties, the LICC meets monthly (during the school year) to discuss what is being done to meet the community's needs. One of our greatest challenges is recruiting parents to participate in our monthly meetings.

A look at this year's accomplishments...



### Day of Play, October 19, 2013

This Indiana County annual event took place from 11:00 AM to 3:00 PM at the S&T Arena in White Township. LICC members assisted in providing inside and outside play activities for children up to age 12. Activities included tummy time for babies, a Wii sports and dance, a Velcro wall and a variety of games.



### Family Fun Fest, March 29, 2014

Water, Water, Everywhere was the theme for this year's event that included interactive programs presented by the Pittsburgh Zoo. LICC members assisted with activities and games, story time, petting zoo and parent-child look-alike contest.



### Early Childhood Conference, April 25, 2014

Sessions on self-esteem, cultural diversity, early literacy, friendship, and the power of positive thinking all fit in perfectly with this year's theme - "Positive Paths". For the first time, vendors were invited to share information about their products and services. Eighty two participants benefited from attending this annual event.



### Spring Transition Dinner, May 28, 2014

This event brings together both Infant/Toddler and Preschool professionals to work toward ways to make transitions much smoother.

## Child and Adolescent Service System Program (CASSP)

### Summer Therapeutic Activities Programs

Summer Therapeutic Activities Programs (STAP) for children and adolescents have gone through changes over the past few years. In 2013, New Story and Family Behavioral Resources (FBR) were the only two providers offering STAP for Armstrong and Indiana Counties. After the 2013 Children's Bureau STAP site visits, it was decided that to better address the needs of the Endeavor STAP consumers, that FBR needed to develop a Site Based Autism service description. FBR submitted the service description and was approved by the Children's Bureau to provide a Site Based Autism Program in the summer of 2014. New Story was then the only provider offering STAP in the summer of 2014.

### Targeted Mobile Therapy

Due to regulatory interpretation changes Strength Based Treatment (SBT) could no longer be offered as a service for the families in our counties. AIBDHP worked with the Family Counseling Center, the Community Guidance Center and Family Psychological Associates to develop a service for those children who needed to be transitioned from SBT. It was decided that Targeted Mobile Therapy (TMT) would be offered. TMT is mobile therapy that is provided to a child/adolescent without the services of Therapeutic Staff Support and/or a Behavioral Specialist Consultant. After the three existing providers made the transition from SBT, AIBDHP then offered providers who had claims for Mobile Therapy (MT) in 2013 to be considered a provider of TMT. Community Psychiatric Center and Family Psychological Associates (Knox Office) made the decision to be a provider of TMT.



### Armstrong & Indiana CASSP/ISPT (Interagency Service Planning Team) Meetings

FISCAL YEAR 2013-2014			FISCAL YEAR 2012-2013		
	Armstrong	Indiana		Armstrong	Indiana
July 2013	56	66	July 2012	59	51
August 2013	67	65	August 2012	60	63
September 2013	38	52	September 2012	58	66
October 2013	62	80	October 2012	66	84
November 2013	46	70	November 2012	65	59
December 2013	58	61	December 2012	54	45
January 2014	53	61	January 2013	54	76
February 2014	44	55	February 2013	14	69
March 2014	47	84	March 2013	49	65
April 2014	59	41	April 2013	67	75
May 2014	56	83	May 2013	71	96
June 2014	54	68	June 2013	52	58
<b>TOTAL:</b>	<b>640</b>	<b>786</b>	<b>TOTAL:</b>	<b>669</b>	<b>807</b>

## Management & Fiscal Department Highlights

### Updated Personnel Policies Manual

A new Personnel Policies Manual was issued to all AIBDHP staff effective May 2014. The Policies and Procedures Manual reflects a complete review of the out dated 1991 version that was previously being utilized. The new manual includes updated language for Equal Employment Opportunities (EEO), non-discrimination and anti-harassment policies along with new sections addressing email and internet use. It was a long arduous process to rewrite the manual however the efforts resulted in a current user friendly document. Many thanks goes out to the Commissioners, the Human Resource departments of both Armstrong and Indiana Counties, the staff who participated in the Employee Review Committee, and our Human Resource Coordinator for helping to accomplish this task.

### New Phone System

In February 2014 a new phone system was installed. This was a substantial change for our agency in how we do business. Previously all calls went through our administrative assistants which required them to manually transfer calls and/or take messages. Our new system includes features such as voicemail, voicemail to email, phone directory options for callers and conference calling. With very limited glitches we had a smooth transition to our automated system and there has been no negative impact on the ability for our staff to assist individuals calling our agency. Through the elimination of a third party conference calling our telephone expense has decreased. Overall this has been a very positive change and the benefits we have experienced include easier access to messages, and callers now have the ability to contact staff directly and leave voicemail messages.

## **Behavioral Health Quality and Care Management Coordinator**

The AIBDHP Behavioral Health Quality and Care Management Coordinator position was filled by Joni Putt in July 2013. This position was created to build a quality management (QM) plan for AIBDHP which will consist of provider/service monitoring, initiating performance based contracting measures and compliance, assess system processes and develop outcome measures for the mental health system of care.

QM activities completed during the year included:

- a review of mental health provider contracts in which language was updated and provider outcomes were reviewed and accepted
- participation in the Consumer/Family Satisfaction Team (C/FST) Provider Resolution Process where consumers' concerns are discussed with provider staff to find a resolution and where the outcome standards set by VBH-PA are monitored
- participation in HealthChoices Quality Management Committee meetings at VBH-PA

- participation in Critical Incident calls that review incidents reported and investigated by VBH-PA
- participation in monthly Triage/Utilization Review meetings with staff from Southwest Behavioral Health Management where monthly data is reviewed and analyzed
- attendance at OMHSAS licensing exit interviews that review programs and regulations
- monitoring of an Alternative Payment Arrangement for Targeted Case Management (TCM) and the overall utilization of TCM services in both counties
- participation in a review committee designed to monitor the quality and utilization of peer support services in both counties
- monitoring of denials of service for individuals currently receiving or in need of treatment in a Partial Hospitalization Program

Future plans are to create a QM program for AIBDHP, evaluate the role and performance of both BSUs and to begin implementing Performance Based Contracting by establishing desired program/service outcomes of AIBDHP.

**Indiana County 11,313 Covered Lives  
Armstrong County 11,139 Covered Lives**

## **HealthChoices 2014**

2014 Indiana County	
HealthChoices Revenue	\$ 16,975,034
Total Investment Income	9,338
Total Revenues	\$ 16,984,372

2014 Armstrong County	
HealthChoices Revenue	\$ 16,819,513
Total Investment Income	9,296
Total Revenues	\$ 16,828,809



## Financial Statements Overview

MH/ID operates primarily as the administrative entity which manages and distributes all Mental Health, Intellectual Disabilities, and Early Intervention program funds, received from the Local, State, and Federal Government, on behalf of Armstrong and Indiana Counties. Although the financial statements for the MH/ID are presented as one fund, the funds for each distinct program is tracked and recorded separately. MH/ID is also responsible for providing 24-hour, 365-days-a-year emergency delegate and crisis services for Armstrong and Indiana Counties.

### **Armstrong-Indiana Behavioral and Developmental Health Program Mental Health, Intellectual Disabilities, Early Intervention, and Crisis Program Net Position**

<b>Assets</b>	<b>2014</b>	<b>2013</b>	<b>\$ Change</b>	<b>% Change</b>
Cash and cash equivalents	\$ 1,063,998	\$ 1,349,981	\$ (285,983)	-21.2%
Accounts receivable	175,866	241,046	(65,180)	-27.0%
Prepaid expenses	29,989	32,417	(2,428)	-7.5%
Capital assets, net	<u>1,029</u>	<u>2,266</u>	<u>(1,237)</u>	<u>-54.6%</u>
<b>Total Assets</b>	<b>1,270,882</b>	<b>1,625,710</b>	<b>(354,828)</b>	<b>-21.8%</b>
<hr/>				
<b>Liabilities and Net Assets</b>				
Accounts payable	672,930	952,350	(279,420)	-29.3%
Accrued liabilities	-	2,824	(2,824)	-100.0%
Deferred county match revenue	29,839	78,384	(48,545)	-61.9%
Deferred grant revenue	2,051	2,051	-	0.0%
Accrued compensated absences	83,233	80,812	2,421	3.0%
Carryover funds	<u>507,197</u>	<u>560,488</u>	<u>(53,291)</u>	<u>-9.5%</u>
<b>Total Liabilities</b>	<b>1,295,250</b>	<b>1,676,909</b>	<b>(381,659)</b>	<b>-22.8%</b>
<b>Net Position</b>	<b><u>\$ (24,368)</u></b>	<b><u>\$ (51,199)</u></b>	<b><u>\$ 26,831</u></b>	<b><u>-52.4%</u></b>

#### **Comments on Net Position**

- The reduction in Cash, Accounts Payable, and Carryover funds are due to an increase in utilization for Mental Health, Intellectual Disabilities and Early Intervention. Also, some provider billing/payments were completed more timely leaving less to be paid after June 30<sup>th</sup>.
- The Accounts Receivable decrease was in Early Intervention. Additional funds were requested for both years; in 2014 some of the requested funds were paid prior to June 30<sup>th</sup>, whereas the prior year the additional funds were not paid until after June 30<sup>th</sup>.
- The Deferred County Match Revenue decrease is due to the reduction in the amount billed to the counties during the first quarter of 2014.

**Armstrong-Indiana Behavioral and Developmental Health Program**  
**Mental Health, Intellectual Disabilities, Early Intervention, and Crisis Program Changes in Net Position**

<b>Revenues</b>	<b>2014</b>	<b>2013</b>	<b>\$ Change</b>	<b>% Change</b>
Mental Health	\$ 4,856,685	\$ 4,858,143	\$ (1,458)	0.0%
Intellectual Disabilities	1,435,938	1,327,501	108,437	8.2%
Early Intervention	890,221	832,004	58,217	7.0%
Crisis - Value Behavioral Health	487,064	495,676	(8,612)	-1.7%
<b>Total Revenues</b>	<b>7,669,908</b>	<b>7,513,324</b>	<b>156,584</b>	<b>2.1%</b>
<b>Expenses</b>				
Salaries	1,010,577	941,602	68,975	7.3%
Benefits	155,901	213,264	(57,363)	-26.9%
Operating	274,660	299,260	(24,600)	-8.2%
Provider services	5,745,355	5,544,854	200,501	3.6%
Crisis - Value Behavioral Health	456,584	526,421	(69,837)	-13.3%
<b>Total Expenses</b>	<b>7,643,077</b>	<b>7,525,401</b>	<b>117,676</b>	<b>1.6%</b>
<b>Excess (Deficiency) of Revenue over Expenses</b>	<b>\$ 26,831</b>	<b>\$ (12,077)</b>	<b>\$ 38,908</b>	<b>-322.2%</b>

**Comments on Changes in Net Position**

- The increase in revenue for Intellectual Disabilities and Early Intervention were due to an increase in services. We did have to request additional funding from OCDEL for Early Intervention.
- The increase in salaries was due to a new HR position created in May of 2013, a position vacancy in 2013 and a promotion in 2014. Also, the 2013 actual salary expenses were decreased by \$19,906 and 2014 was increased by \$2,421 for compensated absences accrual.
- Benefits are showing a decrease of \$57,363. If we take out the one-time payment for the medical retiree fund paid in 2013 we would be looking at an increase of \$7,645 in the insurance expense which was due to increase in rates.
- Provider services have increased for Mental Health, Intellectual Disabilities and Early Intervention. The increases were MH \$62,430, ID \$78,481 and EI \$59,598.
- The 2013 Crisis expense includes the disbursement of the 2012 excess revenue over expenses of \$58,092. This was paid to a MH provider to offset their base expenses.
- For 2013, the Excess of Revenue over Expenses was \$27,347, which is from the Value Behavioral Health funded portion of the crisis program. For 2014, the Excess of Revenue over Expenses for the Value Behavioral Health funded portion of the crisis program is \$30,480.

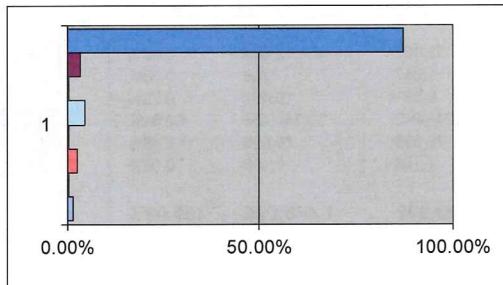
## Armstrong-Indiana Behavioral and Developmental Health Program

### MENTAL HEALTH INCOME

(Non HealthChoices)

Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
State and Federal	4,120,741	4,129,540	87.19%
County	177,552	168,834	3.56%
Fees	3,347	5,116	0.11%
Insurance	202,115	212,424	4.48%
Medical Assistance	23,465	15,703	0.33%
Room and Board	135,922	131,927	2.79%
Interest	4,029	1,838	0.04%
Other	127,664	70,985	1.50%
<b>TOTAL</b>	<b>4,794,835</b>	<b>4,736,367</b>	<b>100.00%</b>

### Fiscal Year 2013-2014

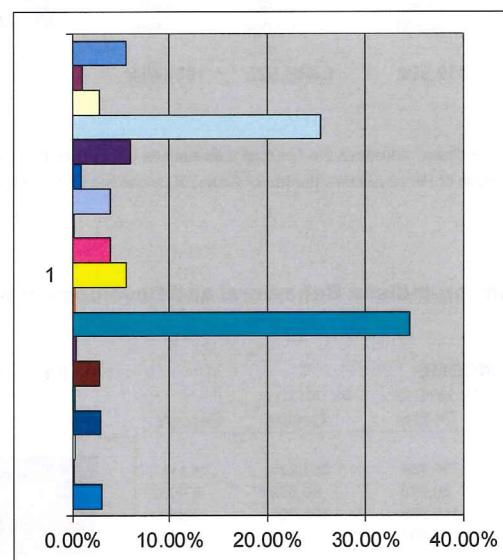


### MENTAL HEALTH EXPENDITURES

(Non HealthChoices)

Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
Administration	298,976	262,673	5.55%
Community Services	64,510	47,987	1.01%
Intensive Casemanage	125,630	135,316	2.86%
Adm. Management	1,201,884	1,205,732	25.46%
Outpatient	268,061	286,554	6.05%
Day Treatment	57,465	43,931	0.93%
Emergency Services	232,896	184,149	3.89%
Adult Develop. Training	4,216	3,919	0.08%
Vocational Rehabilitation	198,837	186,057	3.93%
Social Rehabilitation	277,130	265,314	5.60%
Peer Support	16,780	14,050	0.30%
Community Residential	1,664,023	1,637,966	34.58%
Supported Employment	30,859	19,321	0.41%
Family Based MH	66,705	134,111	2.83%
Psychiatric Rehab	13,571	12,645	0.27%
Supportive Services	127,180	139,600	2.95%
Family Support Services	11,379	11,384	0.24%
Inpatient	-	3,525	0.07%
Crisis Intervention	134,733	142,133	3.00%
<b>TOTAL</b>	<b>4,794,835</b>	<b>4,736,367</b>	<b>100.00%</b>

### Fiscal Year 2013-2014



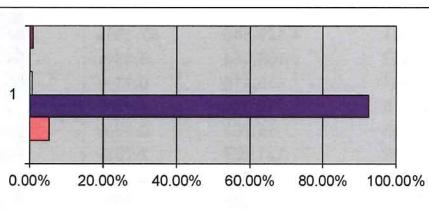
The information reflected on these charts represents the financial data that was reported on the annual Mental Health I&E Report and submitted to the Commonwealth of Pennsylvania's Bureau of Financial Operations for FY 2013-14. As in previous years Community Residential and Administrative Management (Base Service Unit) costs continue to utilize 60% of the total MH expenditures.

## Armstrong-Indiana Behavioral and Developmental Health Program

### INTELLECTUAL DISABILITIES INCOME

Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
Room and Board	12,487	12,693	0.88%
Interest	1,647	756	0.05%
Other	8,851	10,492	0.72%
State and Federal	1,242,943	1,344,488	92.81%
County	72,896	79,028	5.46%
Medical Assistance	1,168	1,168	0.08%
<b>TOTAL</b>	<b>1,339,992</b>	<b>1,448,625</b>	<b>100.00%</b>

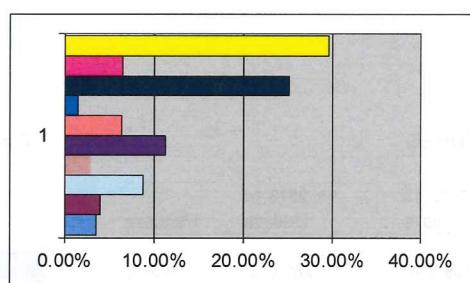
### Fiscal Year 2013-2014



### INTELLECTUAL DISABILITIES EXPENDITURES

Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
Administration	408,439	428,888	29.61%
Community Habilitation	115,928	94,497	6.52%
Community Residential	309,639	365,131	25.21%
Employment Services	8,449	21,875	1.51%
Family Support/ Driven	84,861	93,769	6.47%
Home & Community	144,875	164,068	11.33%
Companion	22,611	43,493	3.00%
Vocational	134,761	127,192	8.78%
Supports Coordination	65,969	57,663	3.98%
Transportation	44,460	52,049	3.59%
<b>TOTAL</b>	<b>1,339,992</b>	<b>1,448,625</b>	<b>100.00%</b>

### Fiscal Year 2013-2014



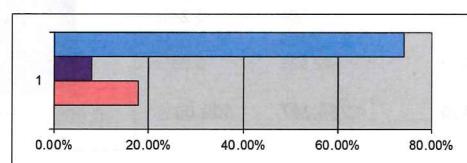
The information reflected on these charts represents the financial data that was reported on the annual Mental Retardation I&E Report and submitted to the Commonwealth of Pennsylvania's Bureau of Financial Operations for FY 2013-14.

## Armstrong-Indiana Behavioral and Developmental Health Program

### EARLY INTERVENTION INCOME

Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
State and Federal	750,484	803,225	74.11%
County	80,818	86,679	8.00%
Medical Assistance	145,595	193,606	17.86%
Interest	697	320	0.03%
<b>TOTAL</b>	<b>977,594</b>	<b>1,083,830</b>	<b>100.00%</b>

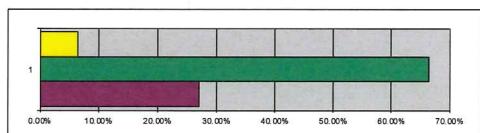
### Fiscal Year 2013-2014



### EARLY INTERVENTION EXPENDITURES

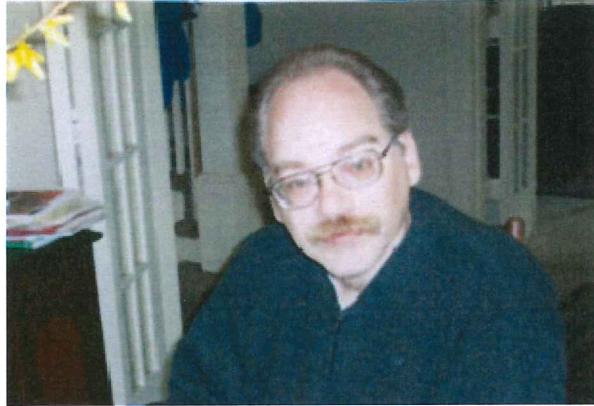
Where	FY 2012-13 Dollars	FY 2013-14 Dollars	Percent
Administration	70,750	69,378	6.40%
EI Therapies & Instruction	675,429	720,886	66.51%
Service Coordination	231,415	293,566	27.09%
<b>TOTAL</b>	<b>977,594</b>	<b>1,083,830</b>	<b>100.00%</b>

### Fiscal Year 2013-2014



The Early Intervention information reflected on these charts represents the financial data that was reported on the annual Early Intervention I&E Report and submitted to the Commonwealth of Pennsylvania's Bureau of Financial Operations for FY 2013-14.

*We will miss you Malcolm...*



*Malcolm Colin Gallanar, 57, of Indiana,  
passed away Saturday, May 9, 2015, at his  
residence.*

*A son of Joseph M. and Lou Ann Meyer  
Gallanar, he was born April 4, 1958, in  
Eugene, Ore.*

*Mr. Gallanar was a graduate of Indiana  
High School and attended Indiana  
University of Pennsylvania and Penn State.  
During his adult life in Indiana, he was an  
advocate for mental health issues. He was a  
past vice president and president of NAMI  
Indiana.*

*Malcolm was one of the founders of the  
Consumer Drop-In Center, now called New  
Beginnings, and served on the board of this  
organization.*

*Malcolm had become a member of the  
Armstrong-Indiana BDHP Advisory Board  
on January 25, 2015.*

