Appendix B
County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Washington County utilizes a Block Grant Leadership/Planning Team to spearhead the development of the county's annual plan for the expenditure of human services funds available through the Block Grant initiative. This team consisting of administrative staff of the categorical programs within the County, the Department of Human Services and the Washington Drug and Alcohol Commission. They receive input from various advisory groups, stakeholder groups, consumer groups, and committees, on a regular basis, as part of the ongoing planning process, to establish the details of the annual Block Grant Plan for Washington County. Input is primarily received from the following areas; Area Agency on Aging, Aging Services, BHDS, CYS, Housing/Homeless, Finance, Veterans Affairs, Human Services, and Washington Drug and Alcohol Commission.

- The BHDS Advisory Board, mandated by the Mental Health Procedures Act, meets bimonthly with the BHDS Administrator and management staff. The Board is charged with ensuring that all mandated services and other ancillary services are appropriately monitored, and utilizing their unique perspective, making suggestions and recommendation regarding the needs of the service system.
- Both the Mental Health Program and the Intellectual Disabilities Program each also use Quality Management Committees comprised of providers as well as consumers and family members. Cross-systems representatives may also be invited to participate from time to time, working together collaboratively and identifying priorities that fall into one or more categories.
- Periodically specialized work groups are developed to tackle specific issues or concerns. Examples include the Older Adult MH/ID work group, Coordination of Care work group and the Employment work group.
- Input is also gained from the Consumer/Family Satisfaction Team from surveys completed by individuals who receive services and participate in programs at provider agencies within Washington County and the Washington County BHDS system.
- The National Alliance on Mental Illness (NAMI) group meets monthly in the public meeting rooms at Courthouse Square building. It is hosted and attended by the BHDS Administrator, who provides information and outreach to the consumers and families in attendance. Guest speakers are provided in an effort to educate and inform those in attendance. This group also offers suggestions and information on system needs.
- The Washington County Community Support Program (CSP), hosted by the Mental Health Association of Washington County and attended by the BHDS Intellectual Disabilities Director meets monthly at a centralized location. The group is comprised of consumers and family members as well as providers, representatives from the Behavioral Health Managed Care Organization and, on occasion, a representative from Washington Drug and Alcohol. The CSP is the model recognized by OMHSAS for consumer voice.
- The Intellectual Disabilities Program of the BHDS office gains key input into the desires and needs for services via a Self-Advocacy Group facilitated by ARC Human services, which has been meeting regularly for over four plus years.
- The BHDS Mental Health Program Director for Quality, Planning and Development also sits on the Beacon Health Options Quality Management and Quality of Care Committee as well as the Mental Health Oversight Committee, facilitated by Southwest Behavioral Health Management, designed to provide HealthChoices oversight.

- Recovery Housing Coalition is a group consisting of recovery house owners and operators. The owner/operators of the recovery houses in Washington County meet once a month along with the housing specialist from the Single County Authority (SCA). They address different topics such as local legislation, maintenance issues, and services in the county that would benefit their residents.
- Project Refuge is a branch of the Washington County Opioid Overdose Coalition that provides training and support to the faith-based community. The Community Outreach Subcommittee meets once a month with the purpose of planning and implementing trainings to the faith leaders. Each Project Refuge program includes Addictions 101 and Naloxone training and how to access SUD treatment and recovery services.
- Drug and Alcohol Provider meetings are held quarterly to identify service gaps and needs. All in-county providers participate as well as out-of-county providers. These meetings allow for information sharing and we work to resolve any issues that may hinder someone from accessing treatment.
- The Executive Board of the Single County Authority utilizes sub-committees that review services that are currently being provided in terms of capacity and effectiveness. These subcommittees are prevention, advocacy, and finance.
- The Drug and Alcohol HealthChoices Oversight committee, which represents nine counties in the western region, meets quarterly to review pressing issues within the managed care arena to determine gaps in services and to develop new services. The meeting format allows Washington SCA to glean from one another on deployed strategies that are working within other respective counties.
- The Drug and Alcohol HealthChoices program holds a monthly meeting with the Single County Authority administrative staff to evaluate the needs of the SCA, discuss compliance issues, and review the service delivery.
- The Washington County Opioid Task Force meets monthly with its members and each quarter holds a public community forum. The Coalition consists of representatives from public health, public safety, human services, CYS, BHDS, law enforcement, probation, the courts, EMS and hospitals collects data and develops a strategic plan to address opioid use and the overdose epidemic. Sub-committee meetings are held in relation to community outreach and education of which Human Services is represented.
- The Department of Human Services participates on the Washington County Transportation Advisory Board to get feedback and input regarding the ongoing transportation needs, issues and successes.
- The Western Region Continuum of Care meets monthly and we have a member on the Governance Board to discuss housing and homeless needs within our county and the entire southwestern region.
- A focal point of planning is our dedication to provide a community-based system of care. We began developing a number of new or enhanced, Recovery Oriented and Evidence Based services and supports such as the Peer Mentor Program and also the Medicaid funded Peer Support Programs, as well as Psychiatric Rehabilitation services Mobile Housing Supports, Mobile Medication and the CTT team, now converted to the Assertive Community Treatment Team (ACT) model which most closely resembles the evidence-based practice model for service delivery. Our support for this continued for 12 years and we have the same commitment to our Community Based System as we did during the infrastructure development. Our goal now is to maintain, enhance and strengthen our system, providing more service options and increased quality to our target population.
- Each year we review a number of outcome measures as indicated throughout the narrative portions of this plan. Through a review of the outcomes collected during the year, such as

employment data and incident data, we developed additional services and supports, which were added in what we identified in last year's plans priorities. In addition, we continue the development of the hybrid Clubhouse-like, evidence-based, Supported Employment Program and also a Peer Support Program to serve the individuals in our Community Hospital Behavioral Health Units. We continue to collect multiple outcome measures through work statement reporting requirements of our provider contracts. Many of these reporting requirements attempt to assess our population characteristics as it pertains to the social determinants of health so that our focus is on not only service delivery but also on prevention.

- Monthly Town Hall Meetings are held with providers to receive provider input, to provide cross training on county resources, and provide updates of county operations of all departments within Human Services. Public Safety attends these meetings approximately 6 times a year.
- Bimonthly Human Services meetings occur with the directors of county social services. On the third week of the month, inclusion of Washington Drug and Alcohol Commission and the Area of Agency occurs. At these meetings, bridging the gap measures take place and entities like PA-211, United Way, the Washington County Housing Authority (WCHA) and the Redevelopment Authority of Washington County have attended. Sharing of information occurs and input is provided from all attendees. Additionally, routine meetings occur with Human Services and WCHA. Also, monthly individual meetings occur with the Redevelopment Authority, Human Services, and Aging Services to discuss support to our older residents.
- Monthly meetings occur with the Greater Pittsburgh Community Food Bank (GPCFB). Quarterly Food Coalition meetings occur with GPCFB, Greater Washington County Food Bank, Freedom Transit, Hunger Free-PA, Redevelopment Authority, and Aging Services to combat food insecurity.
- Routine meetings occur with the Washington County Court of Common Pleas to continue dialogue in relation to serving the public and the development of the Washington County Department of Human Services Model.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication;
    a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
    b. When was the ad published?
    c. When was the second ad published (if applicable)?

2. Please submit a summary and/or sign-in sheet of each public hearing.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

Employment:
BHDS works collaboratively with other systems in a number of ways to provide employment and housing opportunities. First, BHDS providers offer a variety of services and supports that promote employment among those with a mental health diagnosis and/or an intellectual/developmental disability such as autism. This is also true for those having a mental health diagnosis and a concurrent substance use/abuse disorder to provide services that promote employment. Both the MH and ID programs utilize work groups to identify barriers and interventions to increase the number of individuals who are employed and assist them in maintaining employment. The MH Program contracts for evidence-based Supported Employment Services consistent with the SAMSHA model. Additionally, the MH Program is developing within its provider system, a hybrid Clubhouse-like evidence-based Supported Employment program which will be funded initially through HealthChoices Reinvestment dollars. Additionally, other services and supports are able to work collaboratively with the employment programs and the individuals seeking employment. These include Site-based and Mobile Psychiatric Rehabilitation Services and a variety of Peer Services, both of which can be very effective.

Housing:
In regards to housing, BHDS has recently committed to sending a designee to participate regularly in the Local Housing Options Team (LHOT). In this manner, we can address not only the needs of our system but also work collaboratively and more effectively to determine the resources that are needed by multiple groups within the county. Additionally we have been very fortunate to access a large sum of

HealthChoices Reinvestment dollars to provide Rental Subsidies and Housing Contingency dollars to those served through our system, which may include those with concurrent mental health and substance use disorders.

We have grown our HUD housing grants significantly in the last couple years so we have a strong housing grant basis to provide housing options to youth, adults and seniors. Many of our Mental Health consumers are also assited with subsidized housing units. We also have a dedicated youth housing program to ensure families are not separated solely on unstable housing.

In addition to collaboration as it pertains to employment and housing, other efforts among and between the Humans Service partners occur. For example, we have worked to maintain training and networking events until COVID-19, when we converted face to face meetings to video-conferencing. Partnerships also exist between the BHDS MH Program and the Washington Drug and Alcohol Authority by providing support and attending one another's awareness events as well collaboration with training and other projects which may arise. Case consultation also occurs when a shared service recipient encounters difficulty. We are also very pleased to participate in their Opioid Overdose Coalition.

Future Planning and Collaborative Efforts

The Washington County Human Services Department's mission is to create an integrated, accessible, and holistic human services system that addresses the individual and family needs of Washington County residents, in order to promote self-sufficiency and improve their quality of life. The vision is to provide high quality health and human services for the residents of Washington County throughout their life span.

Since March 2020, a core team was tasked with developing a Washington County Model for delivery of Human Services. Aligned with the County Human Service Plan Guidelines, the core team was comprised of directors from the Area Agency on Aging (AA), Aging Services, Behavioral Health and Developmental Services (BHDS), Children and Youth Services (CYS), Washington Drug and Alcohol Commission (WDAC), Adult Probation Office (APO), Veterans Affairs (VA), and the Housing/Homeless Service Coordinator, and Finance Manager. Key community stakeholders, including, but not limited to the public, school Superintendents, Advisory Boards, the Courts, local law enforcement, community and contracted providers, etc. provided input and feedback related to the human services delivery model. Through active participation, this leadership team deliberated on how to improve functioning among and across all of the Human Services Departments. The focus remained on individuals served, to assure individuals with multi-system concerns are able to have their needs met in the most efficient manner possible, without unnecessary duplication of efforts.

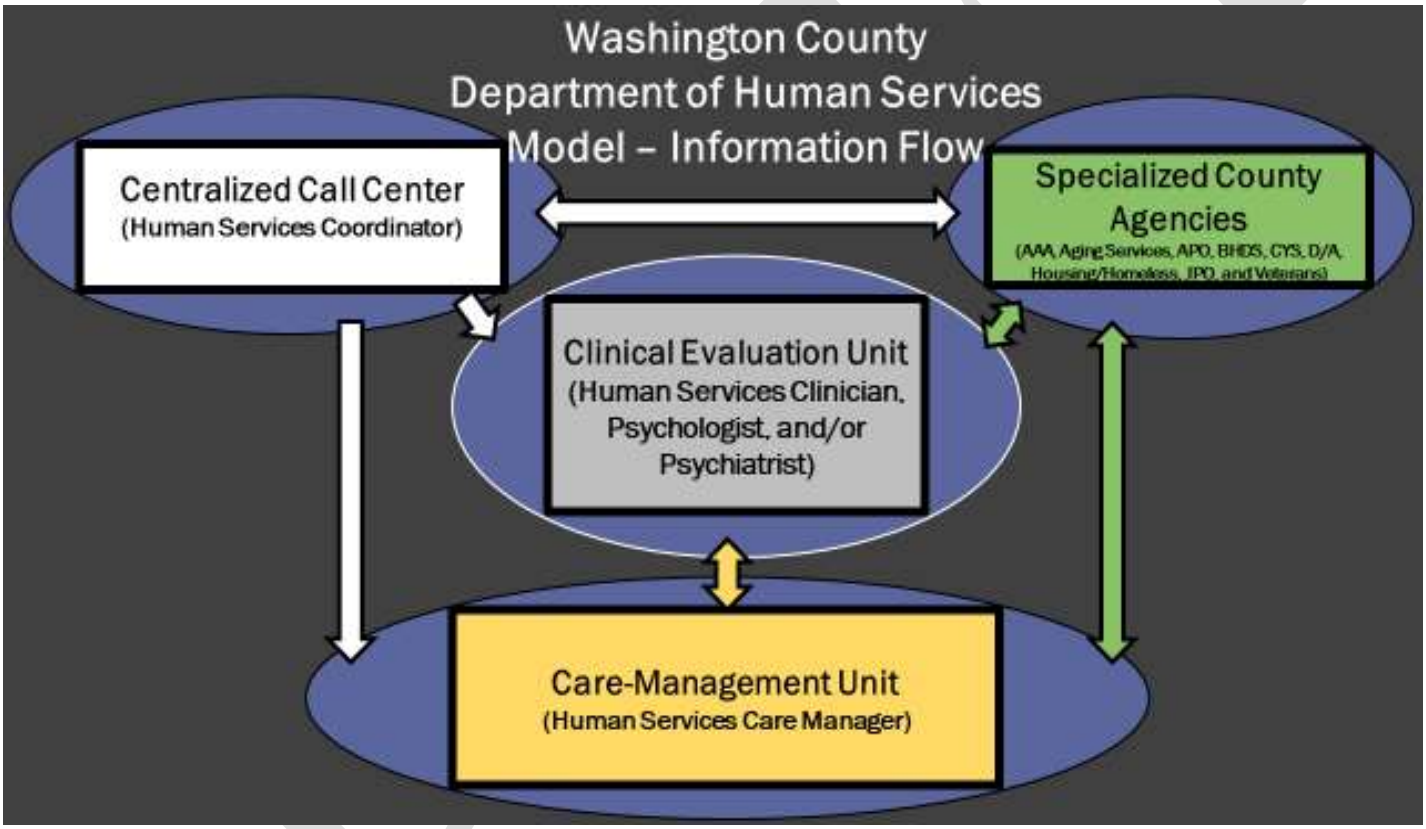
Overall, we believe a holistic approach to the clients and families we serve, with access to quality and timely resources, results in better outcomes. In a parallel to Pennsylvania's Behavioral Health Choices program, the design of the model is to improve quality service delivery and expand on available resources and supports and to identify cost-savings measures.

The developed Washington County Department of Human Services (WCDHS) Model for service delivery:

- Aligns with Federal legislation and funding shifts from child placement to prevention services
- Aligns with state initiatives for service integration
- Prioritizes prevention and diversion
- Identifies themes across the social systems, in which intervention can occur, before a crisis

- Emphasizes a team approach working with individuals and families
- Includes evidence-based practices, and utilizes evidence-based tools
- Provides an avenue to measure outcomes and support data driven decision making
- Provides real-time measurable data in relation to Social Determinants of Health (SDOH)
- Provides a consistent level of practice and procedures for county social service systems
- Provides opportunity for cost-savings measures

There are three main components of the model: a Centralized Call Center, a Clinical Evaluation Unit, and a Care Management Unit. The Centralized Call Center consists of Human Services Coordinators that act as a helpline and navigator to residents calling for human services. The Clinical Evaluation Unit includes Master's level clinicians who utilize an in-depth evidence-based assessment screening for comprehensive assessments, while the Care Management Unit supports individuals and families with comprehensive care management services, where these services do not already exist. Each of these components include required timeframes for response, a multi-disciplinary team approach, follow-up, and measurement of specific outcomes. Below is the overview of the Model.



To advance the delivery of human services, we had an ambitious plan in FY20/21 to create a Human Services Advisory Board to advise the leadership team, to operationalize the Human Services model, and to provide cross-system training to all social service departments. We also wanted to use technology to advance the human services platform.

Previously, the Human Services Task Force developed an "App" for smartphones with dedicated categories for a variety of social service needs. This App continues to provide one touch calling, website links and Google Maps directions to providers. Some examples include childcare, housing, food, and employment assistance. Clients, county employees, professionals, service providers, and the overall

community report this to be a valuable resource tool. This notable public tool has allowed for increased efficiency and effectiveness in the human services network, especially amidst the COVID-19 pandemic.

In addition, the re-design of the human services website occurred. We encourage you to view the website at www.washingtoncountyhumanservices.com. The intent of the redesign was to begin human services integration by reducing silos and moving toward a life-stages approach. We believe, through this streamlined approach, we should be able to easily and quickly connect clients to needed resources, as the life-span approach appears to be easier to navigate. For instance, local food resources available are currently displayed on a Geographic Information System (GIS) Map. The client can quickly look on the map for pantries and food sites nearest to their employment and/or home.

Additionally, in relation to technology, we will expand the utilization of eSystem, a program already in use by the Base Service Unit through BHDS. The departments within the HS Model will utilize this program for all documentation. This program will also provide opportunity to input data and measure outcomes based upon Social Determinants of Health (SDOH).

All the while we attempted to navigate the continual changes and impact related to COVID-19, and leveraged the use of technology for advancement, progress in human services occurred. Co-location occurred and all departments under Human Services relocated to a new building, to the same floor. This has created a one-door physical entry into the Human Services Department. It has also assisted with integration of specialized agencies and began improving natural teamwork.

In May 2021, progress was made creating a Human Services (HS) Advisory Board. The by-laws for the Human Services Advisory Board was unanimously approved at the public Board of Commissioners' (BOC) meeting. Selection of board members is anticipated to be announced this month. The first HS Advisory Board meeting should occur within 30-60 days thereafter.

In June 2021, a final presentation of the HS Model was presented for the BOC's consideration and approval. Upon approval, which is anticipated in July 2021, steps to operationalize the model will immediately start. A beginning step will include the hiring of key leadership positions and providing cross-system training. Again, we anticipate the Human Services Model being approved in July 2021, with implementation to occur immediately upon the Board of Commissioner's approval.

Approval of the model supports the utilization of Evidence-Based Practices (EBP) and tools. Recommendations have been made for specific EBP and tools. These recommendations are based upon knowledge of the current populations being served, in all county social service departments. Existing evidence-based practices will continue in the utilization of Parents As Teachers, Triple P (Positive, Parenting Program), Motivational Interviewing, Homebuilders, Parent-Child Interaction Therapy, and Multisystemic Therapy (MST), etc., supporting prevention and diversion. As we progress, additional evidence-based practices and tools will be explored, and considered, based upon information obtained and analyzed data.

For example, the evidence-based re-entry tools in the Ohio Risk Assessment System (ORAS) will be utilized. The Adult Probation Office will utilize the pre-screening and community supervision tools in ORAS. The Care-Management Unit will utilize the re-entry tool, to improve the re-entry process from the Washington County Correctional Facility. As a result, the county will have a consistent practice with the utilization of the ORAS evidence-based tool.

With the inclusion of the courts, we plan to provide prevention services in the delivery aspect of human services in the criminal justice field. Outcomes to measure include recidivism reduction, timeframes to connect with community resources, the number of support services provided, etc. Barriers to address are laws regarding the sharing of confidential information between systems, and access to data base systems that would allow for a comprehensive assessment of the client/family. Examples of data sharing agreements and waivers have been obtained from other counties. Ongoing discussions have occurred regarding barriers to success.

Overall, Washington County is committed to developing a Human Services Department that better serves Washington County residents, one that upholds the mission and vision stated above, to provide quality health and human services for the residents of Washington County throughout their life span. During the COVID-19 pandemic, we have seen a need for this more now than ever, and we will continue to work toward the goal of an integrated department with the support of the State over the next fiscal year.

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, HealthChoices, reinvestment funds, and other funding.

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

During the past year, Washington County Behavioral Health and Developmental Services (BHDS) has worked with its provider system in an effort to manage the ongoing challenges posed by the continuation of an unprecendented pandemic, COVID-19. The focus switched from business as usual to “all hands on deck” to ensure that those served not only had treatment and supports, but food, medication and protective supplies. The pandemic has had a profound effect on our individuals with serious mental illness and other mental health conditions. Some estimates reflect that there is at least a 40% increase nationally in the report of anxiety and depression. The population of Washington County would appear to be in line with these numbers. In addition to the isolation and fear experienced by those we serve, our service providers have experienced their own personal challenges in addition to learning how to deliver services in a whole new way. As a system, we have experienced the very indivualized benefits and disadvantages of telehealth. We would welcome continued use of telehealth for individuals who truly benefit the most due to lack of transporation, physical health barriers and for those whose anxiety or paranoia allow them to share and participate more fully in treatment from a safer space.

As a system we are faced with the critical shortage of staff, both in our office and among our provider system. The lack of interested and qualified staff pervades all types of service from residential programs and case management, to clinical services such as Partial Hospitalization. Although we have developed a workgroup to address the challenges, potential solutions are generally costly and complex. Finally, although provider costs have continued to increase each year, funding in generalhas not. This makes it increasingly difficult to provide the array of services and supports to the increasing number of those in need.

Despite all of these challenges, we have not waivered in our commitment to provide high-quality, recovery and resilience-oriented services and supports . As such, Washington County BHDS is pleased to offer a the following services and supports:

- Treatment is provided through traditional Outpatient, Enhaced Outpatient Program, Partial Hospitalization Programs and the Assertive Community Treatment Team in multiple sites throughout the County. Additionally, treatment is delivered directly to the children, adolescents and family member via Family Based Services. For children who are require intensive out of home treatment, the Residential Treament Facilities funded through HealthChoices may provide an option.

- Emergency and Crisis services are available via a centralized phone number and are delivered 24 hours a day, seven days a week through mobile, telephone and walk-in with the addition of

potential bed availability at the Crisis Stabilization and Diversion Unit. Additionally, we fund a specialized liaison position available at both of the inpatient behavioral units in county and at Southwood Hospital just over the county line which serves children and adolescents. Also our Forensic Liaison at the Washington County Correctional Facility has enhanced our capability to assist individuals with serious mental health needs who are incarcerated and experiencing difficulty.

- The Case Management services which we offer vary in intensity based upon individualized needs from the most basic Administrative Case Management level which allows for linkage to services and supports, to Blended Case Management, which is designed to be deliver services in a fluid manner with the opportunity for more or less contact and the specialized Forensic Case Manager serving individuals who intersect with the criminal justice system. Finally, the case management portion of the multi disciplinary ACT team is designed to meet the needs of our most severely ill individuals.

- Rehabilitation and Enrichment services, designed to enhance skill development and role functioning, include our Supported Employment Programs, Community Residential Rehabilitation Services (CRRS), Mobile and Site Based Psychiatric Rehabilitation and Social Rehabilitation Services. Additionally, the new Intensive Behavioral Health Services (IBHS) has taken the place of Behavioral Health Rehabilitation Services (BHRS) to serve for the needs of our children and adolescents.

- Rights Protection is offered through two Ombudsman Programs, one of which provides services to members of our County's contracted Behavioral Health Managed Care Organization, Beacon Health Options. The other Ombudsman Service outreaches to individuals of any age residing in long term care facilities (Personal Care Homes, Nursing Care Facilities, etc). Ultimately, the Washington County BHDS office also works with and for individuals as needed to ensure that their rights are upheld.

- Basic support services come in the form of Housing Support Services such as our Mental Health Supportive Housing Program and our unique Mobile Housing Supports Team. Special Funds such as Family Support Services (FSS) dollars and also the Rental Subsidy and Contingency funds available through our portion of the regional HealthChoices Reinvestment funding provide practical assistance in meeting one's basic needs. A new and valuable resource is the development of the Person Centered Planning Forensic Services Funds available, ultimately through OMHSAS, as a result of their focus on assiting counties to provide for this population.

- Peer Support Services, such as the Medicaid funded Certified Peer Specialists, and Peer Mentors provide opportunities for self-help. Self-help is also provided via the Community Support Program and the County's two Drop-In Centers for adults as well as the specialized Common Ground Teen Center for those age 14-18. Finally, the NAMI support group and the newly developed Family Support Group facilitated by AMI, Inc. also provide peer to peer, person to person supports. All are excellent resources.

In addition to the services identified above, which are regularly available, we have put for the additional efforts (despite the pandemic) as indicated below to enhance our system as follows:

- We once again developed a Summer Enhancement Programs for children and adolescents age 6-17 funding through our office. Although this program would typically have been offered in person,

due to the pandemic, it was provided virtually with many fun and therapeutic activities using the theme of "How to be the best me". It was enjoyed by all. A similar program is planned for this year as well, but with another new and exciting theme.

- During the past year we were pleased to receive a grant through OMHSAS, sponsored through the efforts of Senator Camera Bartolotta and focused on the effects of Perrinatal Mood Disorders. Through the grant, we were able to host a number of trainings including one for Early Intervention Staff to use the Edinburg Postnatal Depression Scale. We were very successful in hosting a two day Perinatal Mood and Anxiety Disorders Training for over sixty individuals serving our system and a one day Advanced Psychotherapy Training. In order to increase awareness, we also hosted a table at Tanger Outlets on September 5, 2020 where we offered screenings and provided resource literature and other "giveaways". We have also prepared and distributed 500 gift bags for new and/or expectant mothers filled with wonderful resources. Finally this year we embarked upon a major media campaign to combat lack or awareness and stigma associated with Perinatal Mood and Anxiety disorders.
- We were pleased to sponsor AMI, Inc.'s Annual Art Show which occurred on October 2nd from 11:00 a.m. to 7:00 p.m. Even amidst our ongoing pandemic, it was a success. Approximately 150 individuals attended by registering for a designated time slot to prevent having too many individuals at the venue at one time. In addition to the persons in attendance, over 8,000 individuals visited the website to view and/or vote on the art submissions!!!
- Through the Garrett Lee Smith Suicide Prevention Grant, many tranings have been provided including Attachment Based Therapy, Suicide Risk Assessment, Family Engagement, Safety Planning and Postvention Training for Schools. Additionally, a needs assessment was completed and stakeholder groups have been developed to help identify goals and stragtegies for next steps.
- During the past year, our Director of Crisis and Emergency Services was invited to become a member of the regional SWAT Team and has become a Certified SWAT Negotiator.The Regional SWAT Negotiation Team held their monthly 4-hour training session at the Crisis Stabilization and Diversion Unit last month. The team was able to interact with crisis and delegate staff to better understand their job and roles. The negotiators also interacted with residents at the Diversion Unit, which allowed them to see the benefits of the unit and to recieve tips firstand from those receiving services how best to engage with individuals experiencing a mental health crisis.The outcome was very positive for all involved.

b) <u>Strengths and Needs by Populations:</u> (Limit of 8 pages)

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

- **Older Adults (ages 60 and above)**
    - Strengths: One of our providers offers Certified Peer Support for Older Adults. This is particularly beneficial since it is a mobile service, for Older Adults. Additionally during the past few years, our Outpatient Treatment provider have had the opportunity to develop the Geriatric Clinician specialty which can potentially be delivered to Community HealthChoices members by one of our approved Mobile Mental Health Treatment (MMHT) providers. Additionally, the availalbility of Telehealth during the pandemic has assited older adults who may be homebound. Additionally, BHDS had worked to conduct Depression Screenings at

the Senior Centers throughout the county, on and off over the years. We last conducted the end fo calendar year 2019 and into the beginning of 2020. However, we were unable to do so most recently due to COVID-19. Hisotrically, we have also participated in the annual Senior Expo, which also did nto take place due to COVID. Finally through the efforts of a combined MH, ID, Older Adult workgroup a number of years ago, we developed a service directory and updated our Mental Health Program Information earlier this year. Finally, our collaboration with the Aging Ombudsman has proven to be very beneficial in a number of situations.Additionally, as Washington County continues to develop a more cohesive Human Services Department, we will work to enhance our collaboration in service of this population.

- Needs: There is an ongoing need for the annual depression screenings to occur. Additionally, a number of older adults would benefit from Mobile Mental Health Treatment, which is becoming increasingly possible if individuals are covered through Community HealthChoices. Another common unmet need among older adults is specialized treatment for hoarding. While the BHDS providers have had the opportunity to participate in training on this topic, no one has truly developed this specialization.

- **Adults (ages 18 to 59)**

  - Strengths: Washington County is very involved with its provider system and open to collaboration regarding challenges faced by the individuals served. Additionally, we offer a vast array of treatment services and supports as indicated in the previous section despite the fact that many require base funding. In keeping with a recovery oriented system of care, we are pleased and proud to provide only community based services and supports and do not endorse civil admissions to the state hospital.
  - Needs: Although we have strong roots in recovery philosophy, over time it is notable that some drift is occurring within our system of care with regression back to the medical model of care. As such, it would be beneficial to provide periodic training for all level and types of providers. Additionally, we continue to experience challenges associated with serving individuals with mental health diagnoses and con-current autism. Employment is also an area of challenge as pertains to our adults. Despite much effort over time, many individuals still lack interest in employment. Many are concerned about losing their SSI/SSDI income and/or medical benefits despite MAWD and collaboration with AHEDD and others have come to believe that they are too ill to work, which is a belief that is often perpetuated by family members and physicans. Additionally, many lack transportation to and from work particularly during evenings and weekends. We attempted to work collaboratively with system and cross system partners as well as the Washington County Transportation Authority several years ago through the efforts of a work group. Unfortunately, we were still not able to identify a viable resource to meet this need.

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

  - Strengths: During the five years (2014-2019) that BHDS partnered with OMHSAS, Bucks and Burks Counties on the implementation of the “Now is the Time” SAMSHA Healthy

Transtions Grant, we were able to develop a number of specialized services and supports such as Youth and Young Adult Psychiatric Rehabilitation, Peer Mentor and Certified Peer Support. We also worked to encourage youth voice. As a result we were able to assit our youth and young adults in the development of the the “Thrive for Hope” support group which continues to meet. This group became a model of support utilzed by Youth Move National, who funded the project for virtual support meetings during COVID. We began utilizing the BH-Works Screening Tool and continue to use it today. Additonally we hosted a number of trainings on youth culture as well as evidence based interventions such as CBT, DBT, etc. that we believe continue to have a positive impact. Finally, a number of years ago, we developed a base-funded Transition Age Community Residential Rehabilitation Service (CRRS) which continues be an important part of our service system by preparing our young adults to develop the necessary skills necessary for adult life and link them to socialization, employment and educational opportunities.

- Needs: Despite all of our many efforts with schools (detailed below), at times, youth/young adults still graduate without all of the appropriate supports to help them along in the path to education and employment. Additionally, during the grant we were able to fund a Transition Age Care Coordinator who worked with each youth/young adult to create a holistic, person-centered Communtiy Support Plan (CSP). This was a valuable model that we intended to continue but transfer from our provider system to a base within our office instead. However, since that time, we have not been able to create or fund the position. Another missing piece which we would like to develop, not only but especially for this population, is the evidence based service, Cognitive Enhancement Therapy (CET). This intervention is noted to be a part of some First Episode Psychosis Programs and can be utilized to serve individuals with psychosis as well as those with autism.

- **Children (under age 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

    - Strengths:The Child/Adolescent system has a variety of services available, Over the past year we have with increased utilization of the Child Adolescent Service System Plan (CASSP) model which is incredibly valuable to the child, the family and the provider system in coordinating care. Additionally, the BHDS office has worked diligently over he past few years to enhance the Student Assistance (SAP) model by utilzating the BH-Works screening tool and by strengthening the internal processes at the provider and school level. Plans are currently in development to include the SAP process at private and charter schools in the coming year which would provide increased opportunity for he identification of children in need. Addiitonally, BHDS has been involved with the Garrett Lee Smith (GLS), Suicide Prevention Grant through OMHSAS for some time and is continuing to identify and implement goals with the assistance of the GLS Team. To date, many trainings have been provided much to the benefit of BHDS and its provider system. Additionally despite the difficulties posed by the move from Behavioral Health Rehabilitation Services (BHRS) to Intensive Behavioral Health Services (IBHS), BHDS staff and providers have worked tirelessly to implement the new model and have also utilized the Complex Case Staffing Model, in conjunction with Beacon Health Options and Southwest Behavioral Health

Management, to best address the needs of children when resources are limited and/or multiple difficulties arise. Finally, recognizing the challenges currently faced with limited residential and inpatient capacity, BHDS is working to obtain a grant which would fund a dedicated crisis worker to provide specialized intervention for children experiencing a crisis.

- Needs: Finally, the Child/Adolecent system is experiencing an extremely critical shortage of credentialed professionals willing and able to deliver the services which are most beneficial for this population. Depite all of the efforts, BHDS fully recognizes that there is not sufficient capacity within IBHS or Family-Based Services and that additional creativity and innovation is needed, perhaps, for a modificiation of existing services and supports.

Please identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special or underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning from state hospitals**

  - Strengths: In 2008 following much planning and development, Washington County BHDS along with the four other Mayview counties, closed the doors to its identified state hospital and currently does not admit to the civil beds at any state hospital from the community. While challenges exist in maintaining our soley community-based system of care, we are pleased to do so and have both data and anecdotal evidence to support this ongoing decision, much of of which is based upon the enhanced quality of life for those served.
  - Needs: Although we do not utilize civil beds, we do recognize the challenges associated with reintegration into the community from the state hospital forensic beds. With funding designated form OMHSAS, we are working to plan for the best possible resources and supports to ensure that individuals dishcarging experience success upon re-entry.

- **Individuals with co-occurring mental health/substance use disorder**

  - Strengths: Washington County has a long history of engagement in initiatives designed to best support individuals with Co-Occurring Mental Health and Substance Use Disorders from Inlclusion as one of the MISA Pilots in the 1990s to the renewed efforts of just a handful of years ago to work towards the development of a Comprehensive Continuous Integrated System of Care (CCISC), the model developed by Drs. Kenneth Minkoff and Christine Cline. Although these efforts have not been fully developed, a foundation has been set and the current efforts of communication and collaboration with the SCA, Washington Drug and Alcohol, (within the legal parameers of confidentiality regulations) prove to be quite valuable. Additionally, one of the BHDS Directors was asked to participate in the County's Opioid Task Force. He is also participates regularly in the review of overdose deaths.
  - Needs: Depsite our efforts, the need for additional endeavors and cross-sytem enhancement certainly exists. We are challenged by the numbers of individuals with

prominent substance use disorders admitted to the inpatient Beahvioral Health Units. It would seem that this may not be the best resource for these individuals and perhaps differerent resources to best serve this population can be developed. Our system would certainly benefit form the development of a Co-Occurring Diversion Unit able to assist inidividuals who are actively using during a crisis situation. Additionally, the ongoing development of truly specialized and fully competent treatment programs is much needed. Perhaps the most critical issue is the fact that while many Inpatient Rehabilitation facilities identify as Co-Occurring, they will rarely accept individuals experiencing anything more than mild symptoms.

- **Criminal justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

    - Strengths:Since 2008 Washington County BHDS has worked actively with the Criminal Justice Advisory Board and has specialized forensic programs to include a 90 day Magisterial District Justice diversionary program as well as an 18+ month Mental Health Court program at the level of the Court of Common Pleas. When these programs were developed we also added two positions to assist in these endeavors . One position was an identified Forensic Case Manager and the other was a Forensic Liaison working actively in the correctional facility to identify individuals with mental health challenges and to collaborate with the correctional facility staff . The Liaison also assists individuals in linking to community based services and supports in preparation for release . Additionally, at that time, we identified beds at our Crisis Stabilization and Diversion Unit to divert individuals from incarceration or as a step down for reentry into the community. A number of years ago, we also received grant funding and hosted a Cross System Mapping which was beneficial in to look at areas of need and helped us to move forward in our coordination, communication and collaboration. This has been particularly important most recently in terms of the collaboration between the BHDS office and law-enforcement. Although some counties have experienced difficulty when police are not willing to assist with warrants for 302 petitions, we have not typically has this experience. Another strength pertains to the fact that the BHDS Director of Crisis and Emergency Services is a SWAT trained negotiator. A final strength is that those we serve are able to benefit from funding through OMHSAS for Person Centered Forensic Planning dollars. This allows individuals involved in the Justice System to have resources that they may need for reentry or other scenarios of need that they may encounter along their path to a fresh start. Along these same lines, the newly developed Mobile Competency Restoration Team and the Regional Forensic LTSR, developed for utilization within the Southwest Six counties is also a significant benefit.
    - Needs: Additional efforts to work collaboratively with law-enforcement are always needed. We also believe that we need to once again offer training such as Mental Health First Aid

and othere programs to assist officers to identify individuals with autism and develop techniques to safely manage and support them. Another area identified for improvement would be the addition of Forensic Peer Support staff to work with individuals scheduled for release from the correctional facility and as an additional support for individuals in the diversionary programs.

- **Veterans**
    - Strengths: Our office has been fortunate to have the opportunity to work collaboratively with the Veterans Administration Suicide Prevention Team. Additionally our office developed a connection between our 24 hour crisis line and the Veteran's Administration Crisis Lline for the purpose of collaboration. We have also attempted to bridge the gap by offering the Mental Health First Aid, Veterans curriculum. We would be happy to provide this again should the need/interest arise.
    - Needs: Although Washington County does have a Veterans Court, there has been little collaborative effort to date. We also believe that the development of a Suicide Task Force for veterans is necessary. Fortunately, it appears that some efforts are underway and we feel strongly about our need to participate.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**
    - Strengths: BHDS is fortunate to have a satellite of PERSAD, which is a licensed Psychiatric Outpatient Clinic providing specialized treatment for this population. In addition to providing treatment, over time they have assisted us in the provision of training regarding the needs of LGBTQIA-PLUS individuals for our provider system, and they are very interested in working collaboratively with us especially for the youth and young adult population. Another strength is the presence of Dr. Mary Jo Podgurski and the Academy for Adolescent Health. Dr. Podgurski operates the Common Ground Teen Center for Youth age 14 through 18. At the center she fosters respect and inclusion. She too has provided training for our system .
    - Needs: although we have offered a number of trainings over time, our provider system believes that they would benefit from additional training and additional specialized supports for our LGBTQIA-PLUS individuals.
- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**
    - Strengths: Over the past couple of years staff have become more familiar and have begun using appropriate language translation services for individuals with limited or no English proficiency.Additionally, we started a workgroup to attempt to address our system needs. We also worked to identify an provider self-assessment tool and were preparing to begin, but then we decided to postpone the assessment until after the training. We are highly motivated to work towards serving this population and closing the gap on disparities.
    - Needs: We need to conduct greater outreach and develop strategies and techniques to offer a welcoming environment and reach well beyond basic awareness. We agree that

systemically we need significant change at every level of our organizations. We need to provide training that will ensure that we can provide truly culturally competent services to individuals and families.

- **Other (specify), if any** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury, fetal alcohol spectrum disorders)

    - Strengths:
    - Needs:

***It should be noted that Washington County BHDS acknowledges that disparities exist among many of the populations indicated above, and we are actively working to impact the disparities, address the social determinants of health and provide equitable services to all of those in need.**

Please note that the assessment of strengths and needs for the popluations listed above is based upon a variety of information to include a number of sources such as quality management activities, provider quarterly reports, anecdotal reports, feedback from a variety of meetings and forums as well as input solicited from respective partners from among the Human Services domains. In order to continue monitoring the needs of the Mental Health System and to most objectively identify our future priorities and goals, we have targeted a number of meaures for review and consideration as follows:

- Utilization of both HealthChoices and Base Service data for each service
- Involuntary Commitments by type with relevant demographics.
- Early Warning and Critical Incidents by a variety of specifications including by type, by provider, etc.
- Inpatient re-admission rates.
- Number of individuals involved in MH Forensic initiatives (Mental Health Treatment Court, 90-Day Program, Forensic Crisis, etc.).
- Number of Law Enforcement staff trained in Mental Health First Aid and other Behavioral Health sponsored trainings.
- Number of individuals, served in our system, who reside in Personal Care Homes.
- Names of individuals with Serious Mental Illness (SMI) known to our service system who are in need of nursing care.
- Number of Transition Age Youth to utilize specialized housing and residential services.
- Gaps in BHRS Services and potential waiting lists
- In addition to these outcome measures, Washington County BHDS intends to continue monitoring the progress of its Service Delivery System in a number of ways as follows:
- Both HealthChoices and base data are monitored monthly for changes and trends in service utilization by both distinct member and by dollars expended.
- Person and provider level data are monitored as part of the intensive incident management process which utilizes the Allegheny HealthChoices web-based application developed throughout the Mayview State Hospital closure.

- Monthly and/or quarterly reports required for each service as part of our Provider Agreements are monitored to give us a qualitative, as well as, quantitative picture of our system.
- Washington County BHDS works very closely with its Consumer Family Satisfaction Team to monitor member satisfaction with services delivered through the system of care.
- Through focus groups held as needed, and through collaboration with our local Community Support Program (CSP) and other cross system entities (Drug and Alcohol, Aging, Children and Youth, Criminal Justice, etc.) we are able to gain valuable input regarding the emergent needs and changes

c) <u>Strengths and Needs by Service Type:</u>

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

☐ Yes ☒ No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY21-22. (Limit of 1 page)

Despite initial difficulties, we have been in contact with Dr. Wendy Jones from the Georgetown Univeristy National Center for Cultural and Linguistic Competence. At our request, she submitted a proposal to conduct a training for Washignton County, in person, if allowable or virtually if necessary. We are very hopeful that pending grant funding we can host this training as soon as possible, but certainly over the next year. The training would provide more than just the aspect of awareness and would include understanding of organizational needs for change such that each provider organization would be able to develop goals and actions step to implement post training.

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

☐ Yes ☒ No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY21-22. (Limit of 1 page)

At present the BHDS office is working to identiful strategies to impact disparities within identified Health Equity Zones (HEZ) in conjunction with the Regional Accountable Health Council.

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

As indicated previously in this document, BHDS is part of the Garrett Lee Smith Suicide Prevention Grant sponsored through OMHSAS. Additionally, we do have an interest in the development of a Suicide Prevention Task Force, and are hopeful, that pending funding, we may be able to conduct a Suicide Prevention Walk next in September 2022.

Employment First

The *PA Act 36 of 2018 The Employment First Act* requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law. For further information on the Employment First Act 36 of 2018, see the Employment-First-Act-three-year-plan.pdf.

1. Please provide the name and contact information for your county employment point of contact.
   Name: Mary Jo Patrick-Hatfield Email address: hatfielm@co.washington.pa.us

2. Please indicate if your county follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:
   ☒ Yes ☐ No
3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	**County Response**	**Notes**
Total Number Served	273	
# served ages 14 up to 21	17	
# served ages 21 up to 65	166	
# of male individuals served	152	
# of females individuals served	119	
# of non-binary individuals served	1	
Non-Hispanic White	134	
Hispanic and Latino (of any race)	5	
Black or African American	25	

Asian	3	
Native Americans and Alaska Natives	2	
Native Hawaiians and Pacific Islanders	2	
Two or more races	4	
# of individuals served who have more than one disability	70	
# of individuals served who have more than one disability	Same as above	
# working part-time (30 hrs. or less per wk.)	53	The number represents indivduals employed who are still receiving employment support services.
# working full-time (over 30 hrs. per wk.)	16	The number represents indivduals employed who are still receiving employment support services.
Lowest earned wage	$7.25	
Highest earned wage	$30.00	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	9	

Supportive Housing:

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 well 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.

SUPPORTIVE HOUSING ACTIVITY *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not.* ***Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year's planning documents.)***

1. Capital Projects for Behavioral Health	☐ Check 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).

Project Name	Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected $ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
Totals									
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health	☒ Check 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.

	Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
	HealthChoices Reinvestment	$177,178.03	$4,000	81	4	66	$274.23	2	2008 although we have not had the funding every year since then.
Totals		$177,178.03	$4,000	81	4	66	$274.23	2	

Notes:	Our subsidies will decrease significantly in the coming fiscal year as we expect to deplete our Housing Reinvestment within months. However, we are working with the remaining handful of individuals who are still receiving a subsidy to transition.

3. Master Leasing (ML) Program for Behavioral Health	☐ Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
Totals									

Notes:	

4. Housing Clearinghouse for Behavioral Health	☐ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Totals									

Notes:	

5. Housing Support Services (HSS) for Behavioral Health	☒ Check 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.

	Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
	County Base funding	$869,252	$700,000	358	300			19.25	Approximately 1995 for the very first housing support services

Totals		$869,252	$700,000	358	300			19.25	
Notes:	We are estimating that our base allocation for 21/22 will decrease as we transition to some of the services being HealthChoices billable as they will be delivered through Mobile Psychiatric Rehabilitation specialized for housing supports								

6. Housing Contingency Funds for Behavioral Health	☐ Check 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.

	Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Average Contingency Amount per person	Year Project first started
	HealthChoices Reinvestment	$82,454.37	$2,000	107	4			$777.47	2008 although we have not had the funding every year since then.

Totals		$82,454.37	$2000	107	4			$777.47	
Notes:									

7. Other: Identify the Program for Behavioral Health	☐ Check 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.**

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY19-20	Projected $ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
Totals								
Notes:								

d) <u>Recovery-Oriented Systems Transformation:</u> (Limit of 5 pages)

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
    a. Priority 1-Cultural and Linguistic Competence
    Despite our interest and commitment to this priority, we demonstrated little progress towards our goals primarily, but not exclusively, as a result of the ongoing complications associated with COVID-19. This priority was identified within our Quality Management Committee, however, our committee decided to shift our focus to the immediate needs of those serve. Also we decided that it would be better to change the order of our action steps such that we would host the training first. This would allow us and our providers to best assess our organizational strengths and needs. Additionaly, we did experience continued difficulty in connecting with Georgetown Univesity, but finally we were successful and I was able to have a good conversation with Dr. Wendy Jones, who was willing to submit a basic proposal for the training. As such, we are including this priority againfor the coming year and hopeful that we will be able to obtain grant funding to assist with the endeavor.
    b. Priority 2-Garret Lee Smith Prevention Grant- While these efforts were put on hold for a period of time, also due to COVID, more recently they have resumed and we are moving forward, full steam ahead. The PANA and POSS surveys were completed. The data has been reviewed, and under the leadership of the GLS Grant team and our office, we have begun participating in some very inclusive stakeholder sessions which occurred on June 23rd and 29th. These sessions have prepared us to to identify our goals with well-defined action steps that we will implement in the coming year.
    c. Priority 3-Enhanced collaboration with Law Enforcement- As evidenced by the discussion herein, the BHDS office has continued to work collaboratively with law enforcement, particularly as noted with the regional SWAT Team; however, we have not been able to arrange to provide Mental Health First Aid (Public Safety) or any other training module during he past year. However, we do remain interested in moving forward with this during the coming year and will be including this as a priority once again.
    d. Priority 4- Revitalization and Capacity Building- Although we did not follow the time frames or specific action steps identified in last year's plan, we have been moving forward with this priority. Specifically, we identified that the capacity of our current ACT provider, who downsized to a Modified Team, would not be sufficient to meet our needs as a system. As such, we worked with Southwest Behavioral Health Management (SBHM) and Beacon Health Options to issue a RFP for an additional Modified ACT Team. A new provider was chosen and they are presently applying for their license and working to recruit staff with a targeted start date of August 1, 2021. Additionally, we have determined that it would be beneficial, in consideration of both quality of care and fiscal constraints, to convert our Mobile Housing Support Team which currently funded only by base dollars, to a specialized Mobile Psychiatric Rehabilitaiton services delivering support to those with housing goals through a combination of base funding and HealthChoices reimbursement, as applicable. We intend to continue to pursue this endeavor and identify other modifications within the adult service system in the coming year.
    e. Priority 5-N/A. A fifth priority was not chosen last year.

2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY21-22 at current funding levels. For **each** transformation priority, please provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- A plan mechanism for tracking implementation of the priorities.

1. (Identify Priority)

Garrett Lee Smith Suicide Prevention, Child/Adolescent System Enhancement and Capacity Building

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

This Priority will be dedicated to continuation of the Garrett Lee Smith (GLS) Suicide Prevention Grant with efforts to improve collaboration and coordination between and among the child serving systems. Other enhancements as planned as well. These include the expansion of SAP to include private and charter schools as well as the expansion of crisis services to include a staff specialized and dedicated to serve and assist with children in crisis.

Timeline:

- Outline the priority goals as discussed at the June GLS stakeholder sessions by July 2, 2021,
- Translate the goals to form action steps in a fully developed Strategic Plan by the end if July 2021.
- Develop tentative staff training plan for specialized positions identified below by October, 2021.
- Upon final award to Washington County BHDS by OMHSAS for their grant proposals for SAP and the expansion and the identification of dedicated child/adolescent crisis works, staff will be recruited, hired and trained by January 2022.
- Participate in workgroups as scheduled by the PA Department of Human Services and Beacon Health Options, in conjunction with SBHM, for the development of additional services to meet the current gaps in service and ultimately prevent children and adolescents from needing inpatient behavioral health and other higher levels of care.
- Identify additional action steps will by March 1, 2022.
- Complete Priority by June 30, 2022.

Fiscal and Other Resources:

BHDS has identified that $56,000 will be needed for the SAP expansion. A portion of our Human Services Block grant funding will be utilized for match and $50,400 has been requested from OMHSAS.
BHDS has also identified that $94,000 will be needed for the specialized Crisis Staff (including the cost of training) with $84,600 requested from OMHSAS and the remainder to be supplemented from Human Services Block Grant base dollars.
Other resources needed for this Priority will be supplied through the GLS Suicide Prevention Grant

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of the progress and will review progress quarterly at a minimum.

2.(Identify Priority)

Collaboration with Law Enforcement to include linkage to beneficial training.

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

This continuing priority will be to provide collaboration and training to all available Law Enforcement entities within Washington County. As we are anticipating the ability to provide in person trainings once more, we would like to work collaboratively with Transitional Paths to Independent Living to provide Mental Health First Aid Training sessions. They have secured funding and materials and has qualified trainers, but has difficulty achieving collaboration of law enforcement. Working together is a mutally beneficial endeavor. We will collaborate by working to engage Law Enforcement and link them to registration for the the training which is yet to be scheduled. We will also provide additional practical support, including our staff time, as needed to ensure that the training proceeds smoothly. We also will work to identify other training programs that would be benefical to the officers and those served in our system, such as an Autism Training.

Timeline:

- ByJuly 21, 2021, conduct calls/meetings with Transitional Paths to Independent Living to identify potential dates for MHFA Training
- By August 30, 2021, conduct outreach to all law enforcements entities in the county
- By December 31, 2021, provide staffing and practical assistance to assist Transitional Paths to Independence as needed in conducting the training sessions
- ByJanuary 31, 2022, Identify additional areas of training for law Enforcement such as Autism and identify trainers-
- By March, 2022, Identify and aquire funding
- By May 1, 2022, Conduct training as determined above

Fiscal and Other Resources:
Approximately $10,000 in base or grant dollars would be needed for the Autism Training and other potential training topics.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of the progress and will review progress quarterly at a minimum.

3. **(Identify Priority)**

The Establishment of Cultural and Liguistic Competence within our Mental Health System

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

Although BHDS was not able to make any significant progress during the last plan year to develop Cultural and Linguistic Comptenence throughout its system, we are still very committed to accomplishing this priority.This will include contracting with Georgetown University Center for Cultural and Linguistic Competence (specifically Dr. Wendy Jones and an identified colleague) to conduct a 1.5 day virtual or preferably, in person training, for management staff and a smaller but representative group of direct service staff. This priority will also include agency self-assessments and individualized action plans specific to provider strenths and needs to be completed post-training.

Timeline:

- Aquire grant or base funding by October 1, 2021
- Contract with Trainers byJanuary 1, 2022
- Conduct Training by March 30, 2022
- Conduct Provider Self-assessments by April 30, 2022
- Provider Completion and submission of Action Plans by May 30, 2022

Fiscal and Other Resources:
Grant or base funding for the trainer fees, venue, morning refreshments and lunch in the amount of approximately $15,000.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of the progress and will review progress quarterly at a minimum.

4. **(Identify Priority)**
Revitalization and Capacity Building within the Adult System

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:
BHDS is currently continuing our efforts from last year's plan including the start up of a new Modified ACT Team and conversion of a base-funded Mobile Housing Support Team to a Mobile Psychiatric Rehabilitation Service specializing in housing support with a combined funding stream of base and

HealthChoices reimbursement. We would like to prioritize continuing these efforts and move to identify additional services to be modified and/or expanded.

Timeline:

- Work with new ACT Team to be operational by August 1, 2021
- Work with Mobile Housing Support provider to convert to specialized Mobile Psychiatric Rehabilitation Program by November 1, 2021
- Identify additional services that require modification or expansion and/or identify a new evidence-based or recovery-oriented promising practice for implementation by February 1, 2022.
- Identify the costs involved, including training, and any purchased to be made.

Fiscal and Other Resources:
We may need to provide an enhanced rate for start-up and/or acquire grant or HealthChoices Reinvestment funding depending upon the services chosen.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of the progress and will review progress quarterly at a minimum.

5. (Identify Priority)
Work collaboratively with the Washington Aging Services Department and Southwestern Pennsylvania Human Services Area Agency on Aging to meet the needs of Older Adults

☐ Continuing from prior year ☒ New Priority

Narrative including action steps:
BHDS will conduct Depression Screenings annually at the Senior Centers in Washington County. Additionally, BHDS will work collaboratively with Beacon Health Options and Southwest Behavioral Health Management to recruit and support the start-up of additional Mobile Mental Health Treatment (MMHT) providers to serve older adults who are eligible for Community HealthChoices and in need of long term care and supports. BHDS will also work to provide training for clinicians to devlop specialty treatment for hoarding. Finally BHDS will annually upate its Directory of MH and ID Services for Older Adults.

Timeline:

- Conduct Depression Screenings by January 1, 2022
- Assist MMHT provider(s) to become operational by January 1, 2022
- Update Directory by February 28, 2022
- Develop a budget, contract with trainer, arrange a venue and refreshments to conduct a clinical training on the treatment of Hoarding for clinicians by April 1, 2022

Fiscal and Other Resources:

BHDS would need to work with Beacon Health Options and SBHM to provide and enhaced rate for MMHT. Additionally, we will need base or grant funding to provide the trainer fees, venue and refreshments for the Hoarding Training to be provided for clinicians.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of the progress and will review progress quarterly at a minimum.

e) Existing County Mental Health Services

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

f) Evidence-Based Practices (EBP) Survey*:

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	46	TMACT	County and AHCI	Annually at a minimum	Y	Y	
Supportive Housing	Y	267	N/A	N/A	N/A	Y	N	
Supported Employment	Y	137	SAMSHA Toolkit	Provider Committee	Annually	Y	Y	Include # 6Employed 60
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	431	N/A	N/A	N/A	Y for some providers but not others	Y for some provisers but not others	
Illness Management/ Recovery	Y	15	N/A	N/A	N/A	Y for some providers but not others	Y for some providers but not others	
Medication Management (MedTEAM)	Not MedTeam							
Therapeutic Foster Care	Y	36	N/A	N/A	N/A	No	No	
Multisystemic Therapy	Y	107	N/A	Provider	Annually	Y for some providers but not others	Y for some providers but not others	
Functional Family Therapy	N							
Family Psycho-Education	Not currently							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:
https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654

g) <u>Additional EBP, Recovery-Oriented and Promising Practices Survey*:</u>

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	802	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	89	
CPS Services for Transition Age Youth (TAY)	Yes	26	
CPS Services for Older Adults (OAs)	Yes	2	
Other Funded CPS- Total**	Yes	9	
CPS Services for TAY	Yes	2	
CPS Services for OAs	N		
Dialectical Behavioral Therapy	Y	160	
Mobile Medication	Yes	10	
Wellness Recovery Action Plan (WRAP)	Yes	33	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	129	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	431	
Consumer-Operated Services	Yes	218	
Parent Child Interaction Therapy	Yes	12	
Sanctuary	Yes	0	0 currently but have used within the F/Y
Trauma-Focused Cognitive Behavioral Therapy	Yes	56	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	19	

First Episode Psychosis Coordinated Specialty Care	**No**		**We do offer many elements though**
Other (Specify)			

***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.**

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.
https://www.samhsa.gov/ebp-resource-center

h) <u>Certified Peer Specialist Employment Survey:</u>

"Certified Peer Specialist" (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

Total Number of CPSs Employed	**15**
Number Full Time (30 hours or more)	**12**
Number Part Time (Under 30 hours)	**3**

<u>i) Involuntary Mental Health Treatment</u>

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
   ☒ No, chose to opt-out for all of CY2020
   ☐ 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 CY2020

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 CY2020 (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 CY2020:
   - How many written petitions for AOT services were received during the opt-out period? _____0_____
   - How many individuals did the county identify 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_____

Please complete the following chart with the number served and administrative costs of AOT and IOT. Please complete all cells in the chart. If services are available in your county, but no one has been served in the year, enter 0. If services are not available in your county, enter N/A.

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	0	138
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		Not tracked
Number of AOT modification hearings in CY2020	0	
Number of 180-day extended orders in CY2020	0	21
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	0	$39,779.20

j) CCRI Data reporting

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member 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 Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other

Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar 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 2020 been reported to the state as a pseudo claim? ☒Yes ☐ No

k) Categorical State Funding-FY 20-21 (ONLY to be completed by counties not participating in the Human Services Block Grant)

1. **Does the county currently receive state funds for Respite services?**

   ☐ Yes ☐ No

   If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

2. **Does the county currently receive state funds for Consumer Drop-in Centers?**

   ☐ Yes ☐ No

   If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

3. **Does the county currently receive state funds to be used for the Direct Service Worker Initative?**

   ☐ Yes ☐ No

   If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

4. **Does the county currently receive state funds to support the Philadelphia State Hospital closure?**

   ☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

5. **Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?**

   ☐ Yes ☐ No

   If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

6. **Does the county currently receive state funding for the Mayview Children's Unit Closing?**

   ☐ Yes ☐ No

   If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

7. **State Categorical Funding Chart <u>(ONLY to be completed by counties not participating in the Human Services Block Grant)</u>**

State Categorical Funding			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 20-21. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
Program	**Funding Received FY 20-21**	**Funding Expended FY 20-21**	**Balance of funds**
Respite Services			
Consumer Drop in Center			
Direct Service Worker initiative			
Philadelphia State Hospital Closure			
Eastern State School & Hospital			
Mayview Children's Unit Closing			
Student Assistance Program			

INTELLECTUAL DISABILITY SERVICES

Washington County currently supports 669 individuals through their ID/Autism system. Washington County continues to provide a wide array of services for those enrolled. Types of services available include employment related services, community participation supports, in-home and community based supports, person directed supports, residential services, supports coordination, adaptations, music therapy, nursing and others as permitted under the waiver. Washington County continues to be privileged to have providers that offer a wide array of waiver services. We continue to work with providers to encourage and enhance their willingness and ability to support individuals with Autism without ID through training, resources, etc. In Washington County, we make every effort to ensure all individuals are able to live an Everyday Life. The individuals that we serve in Washington County who are currently not receiving waiver-funded services are assisted by their Supports Coordinators. Supports Coordinators assist the individuals in accessing services in the community and supporting the individuals in all parts of their lives, so that the individuals can succeed and live an everyday life. Areas that our Supports Coordinators support these individuals in include but are not limited to a gathering and sharing a variety of resources ranging from natural supports to supports through other funding sources such as insurance, grants, assisting with scheduling appointments, and anything that an individual may need assistance with. Washington County continues to assist Supports Coordinators in this process. Individuals receiving waiver services in Washington County, are served by providers who believe in individuals living everyday lives and do all that they can to promote Everyday Lives. We also now have a provider who offers Supported Living which is very imperative to those who are able to live in their own apartments/homes but may need a little assistance but not continuous supervision. Washington County providers continue to offer an everyday life way of living for the individuals that they serve. Any trainings ODP can offer on providing supports to those with Autism, dual diagnosis, or more intense behavioral and/or medical needs would be beneficial. It is important to also afford the families and other stakeholders access to the information and support needed to help be positive members of the individuals' teams.

Individuals Served

	Estimated Number of Individuals served in FY 20-21	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be Served in FY 21-22*	*Percent of total Number of Individuals Served*
Supported Employment	0	0	0	0
Pre-Vocational	0	0	0	0
Community participation	3	.004	3	.004
Base-Funded Supports Coordination	30	.45	30	.45
Residential (6400)/unlicensed	4	.005	4	.005
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	149	.22	149	.22

PDS/VF	3	.004	3	.004
Family Driven Family Support Services	0	0	0	0

Supported Employment:

In Washington County we strive for all individuals to be competitively intergrated employed. We currently provide the following services: Supported Employment, Enhanced Supported Employment, Job Finding, Job Support, and Transitional Work Services. Washington County currently provides Discovery and Customized Employment. Our individuals who have and are currently using the Discovery program have truly blossomed in the Employment area. One individual who had used Discovery is now running his own business where he creates his own artwork and sells it. He was able to determine through using Discovery that this is what he wanted to pursue as his employment. Through Discovery and Customized Employment the individuals are able to gain meaningful employment and succeed in that employment.

Washington County continues to be strongly committed to "Employment First." We have continued to have this as a goal for our Quality Management plan. One aspect of our Quality Management plan is tracking all individuals that have identified wanting to work in their IM4Q interviews. We started this in 2017 and track the person on an on-going basis, removing them only if they change their mind or obtain employment. Each year we add new individuals based on IM4Q considerations. The 20/21 fiscal year interviews will lead us to add 1 individual so we are now tracking a total of 48 individuals and their road to employment. We continue to track their status toward employment quarterly. The Supports Coordinators provide updates to our Employment Lead, as well as the AE reviewing Service Notes and ISPs in order to obtain the data. We look at all stages toward employment ranging from School to CPS to Volunteering to OVR and more. We are very excited to say that 90% of those that we are tracking are on the road toward employment. We continue to have an Employment Workgroup that meets every 2-3 months. In the workgroup, we have AE, SCO, OVR, School District, CPS/Employment Provider representation, Behavior Specialist and IT representation. We have also had family and individuals attend. We also include the ODP Western Region Employment lead as available. AE ISP reviewers continue to be conscientious of the Employment/OVR section of the ISP to ensure information is there and accurate. We had an Employment Fair and Training scheduled that had to be cancelled due to COVID-19 and will be rescheduled for late 2021 or early 2022. This will be open to agencies, individuals, families, schools, and OVR. There will be tables for information gathering as well as trainings on topics such as Benefits Counseling, OVR, Colleges, Job Resources, Self-Advocacy, etc. We continue to aim toward employment as a goal for those that are interested and to find unique ways to make this happen.

We would love to be able to have Benefits Counseling available as a waiver service in our area. Many individuals and families limit themselves, or their loved one, from working due to a fear of how income will impact their benefits. Anything that ODP can do to assist in identifying providers for that service would be greatly appreciated.

Supports Coordination:

A great deal of AE time/work is spent in educating and assisting the SCOs. The AE meets monthly with all SCOs to review new ODP guidance, tips/tricks on issues seen with ISPs, educating on waiver and non-waiver services, and more. One of the pieces that has been successful is having provider

agencies come in to present their services. The AE staff also meet weekly with all SCO Supervisors. At these weekly meetings new initiatives are discussed, areas of quality improvement, technical assistance, sharing of information among the SCOs, and more. We are excited to say that we have just added a 4th SCO to our choices in the County and are working closely with them on County policies, etc.

We are constantly reinforcing with SCs to offer Person Directed Services. We have seen SCs really understanding the AWC model and increasing numbers in that area. Person Directed Services have also increased due to the staffing shortage in the field, as well as COVID concerns with bringing outsiders in to the home. Pathways of SW PA, Inc. is our AWC provider. They have presented to the SCs at our monthly meeting, and have also developed a cheat sheet for them about services. We will continue to have them present as SC turnover is high at times so we want to ensure all are aware. On the PALCO V/F side of Person Directed Services, AE and SCO staff need more training. While we did have an increase of 1 person this year, overall it is an area that all are not as familiar with. We have invited PALCO to present several times. They have always been willing but have stated that their training materials/presentation have been at the ODP level for review for quite some time so they are unable to present. Any assistance ODP can offer in that area would be very beneficial.

In order to assist the SCOs further in being able to promote employment, as well as know more about non-waiver supports we have identified several areas we will be looking to do training on/have provider presentations of. Some of these areas include Social Security, AHEDD, more employment focused trainings, insurances and services available (EPSDT, etc.), Mental Health, and others. We continue to work with SCs to understand that they are “supports” coordinators, which is much more than just waiver. We let them know that they are helping people to access all resources available to them, and to use their community resources as any of us would.

An area of support in this area that would be beneficial from ODP is just general reinforcement of the AEs role; the importance of SCs knowing the Service definitions, variance process; meeting timelines, ISP completion, etc.; and an overall understanding of their role outside of waiver. With that being said it may be beneficial for additional training in these areas with SC Supervisors as at least within our County almost all Supervisors are newer, in addition to the high turnover rate of SCs in general.

Lifesharing and Supported Living:

Washington County sees great value in both Lifesharing and Supported Living. The first great positive is that it is an Everyday Life setting than some other Residential services. This enables people to live on their own, and or to be a true part of a family. So while that is the primary reason to grow, offer, and enhance those programs there is another benefit also. As we all know money is important and having a Consolidated Waiver to offer someone is rare. With lower SIS Needs Groups/Needs Levels a Community Living Waiver budget can support someone in Supported Living and Lifesharing. These are ways we have been able to stress the importance and positive attributes of these services, and to see growth although slow.

We have innovative providers in the County that want to offer the best supports possible so have been fortunate over the past couple of years to have one of the providers we are the Assigned AE for add Lifesharing, and another we are the Assigned AE for add Supported Living. The AE plans to work with SCOs to develop success stories with narratives, as well as quotes and pictures from individuals that participate in these supports as another way to promote the service. The AE Director also recently joined the ODP Western Region Lifesharing group which will be beneficial.

Some barriers to the growth of Lifesharing and Supported Living in the county include SC buy in to the services. The AE works closely with the SCs on understating that they need to see the abilities of the person and look at alternate non-group home levels of support to allow for an everyday life, enhance independence, and to build skills. ODP's continued support/training with SCOs to see that as an important area of focus would be beneficial. Families are also very leery and nervous of the service for a variety of reasons so the SCs knowledge is key. Some areas of concern expressed is a fear of the independence, the "guilt" of I can't take care of them but another family come, and other various reasons given. A third area of concern is that with limited waiver slots, most are going to high need emergent individuals which does not allow for pre-planning and it takes a significant amount of time for providers to find families on the Lifesharing end, especially to make sure they are a match. Another area, specific to Supported Living, is to find residences (typically apartments) that are affordable.

Cross-Systems Communications and Training:

In our full Block Grant, you will see that our new Human Services Model will really start to strengthen our ability to further increase the ability for us to coordinate in order to increase capacity of the county's community providers to more fully support individuals with multiple needs, including medical needs. We are having the various departments within Human Services present what they offer to providers as applicable. We are also continuing to work with insurance companies and the County Assistance office to ensure we know what is available. We will continue to offer trainings in a variety of areas, and look for diagnosis and need as we review ISPs to find areas that we need to learn more about and further support providers in.

At this time our AE works closely with school districts in a variety of ways. We participate in transition fairs, the OVR transition council with all local schools, attend IEPs if necessary, work with LEAs/Special Education Directors on cases that are graduating or being referred to ensure testing is done as needed, and do trainings with schools as needed. We have also invited schools to trainings we have hosted in the past such as the PA Family Network/Lifecourse Tools training. We participate in SAP/CASSP meetings as well that schools participate in frequently. While certain schools are more open to work with us than others, and more likely to give families information and try to get them referred early, there are some that are more of a challenge and we have to reach out to more often. Overall, we have a good working relationship with our school districts. We have had a local school district talk to SCs at a meeting about transition and IEPs, and sit on our QM group(s).

In addition to some of the items listed above such as working with the HCQU to train Crisis/Hospitals, our various medical and behavioral workgroups, and other items; with our Human Services Model, our County Aging program is in our area of our office and we work closely together on cases as needed. Our Area Agency on Aging also attends the Human Services meetings that the BHDS Administrator attends to bring back information. CYS is also on the same floor as us now. We have always worked closely with CYS on referrals, complex case meetings, and other areas but this allows for even further collaboration more easily. Our Mental Health (MH) department has always been with us and we work very closely together and share many individuals. We assist individuals in connecting to our Base Service Unit to get an Administrative Casemanager if needed to help to coordinate MH services. AE staff also review all Dual Diagnosis Treatment Team (DDTT) referrals and participate in all DDTT intake and monthly meetings for all individuals. We strive to be involved in with all of the agencies mentioned so that we can coordinate for individuals and families to have

access to all resources, and to be able to educate SCs on it as well so that they can share. For formalized supports through ODP, our AE is the first point of contact for intake and eligibility. We also review and approve all ISPs, variances, CTAs, wait list/PUNSetc. to ensure individuals are getting what they need and to be able to assist teams in this area as needed.

Emergency Supports:

Washington County works with all individuals who may be experiencing an emergency. The AE is extremely hands-on and involved with cases, planning, etc. We work with all the departments within Washington County such as Mental Health CYS, Crisis and others; as well as the respective SCO's in an attempt to resolve the emergency. We have worked with individuals to get them relocated to housing or a safe place to stay. Washington County SCO's work very hard in being proactive so that emergencies do not arise, however even with hard work they occur. SCO's will attempt to alleviate the emergency on their own, however when the emergency rises above their capabilities they will reach out to the AE. The AE will then work with the SCO, to come up with a solution whether short term or long term for the individual. This has included anything from respite care with a provider, contacting the County MH program for assistance if needed and reaching out to other resources when applicable. The AE reserves Base dollars for emergency situations and have been fortunate in at least the past 5 ½ year to not have to request emergency waiver slots.

In Washington County, it is required that each SCO have someone who is able to take phone calls/texts/emails on the weekends, holidays and outside of normal working hours. At the AE level, the ID Director is available by phone/text/email for all non-working hours. In Washington County, unless incident related, the ID Director would be who all would contact in an emergency. The ID Director would then work with the applicable parties, including the SCO, Administrator and other Directors of Washington County BHDS. In the absence of the ID Director there is someone designated to respond and handle situations of need. SPHS crisis services has our cell phone numbers to reach at any point should they get a call as well as our email addresses, the emergency line is on our office voicemail should someone call outside of hours. During office hours if we are not available in our offices, there are Administrative Assistants that answer all phones in order to locate us on our cell phones and/or by email. We also have a designated quality management staff person who reviews all incidents daily, including non-working days, and is readily available to begin investigations within 24 hours. Washington County continues to utilize SPHS as a 24-hour emergency crisis line. They provide phone, mobile, and walk-in crisis services. A text line will also be added over the next year. Washington County BHDS has provided the crisis and diversion staff training specific training on Intellectual Disabilities in areas such as communication, general understanding of Intellectual Disabilities and Autism, ISPs and Behavior Plans, and general resources. They also have utilized HCQU trainings as applicable. We continue to offer training regarding the CRISIS team as needed or requested. We have given the SCOs information on the Crisis services as well and include that in Behavior Support/Crisis plans for individuals as appropriate, especially for those exiting DDTT. DDTT provides 24-hour crisis to those enrolled in their service. We also have a Mental Health grant to expand Crisis services, and this will include an increase in training on how to respond to individuals with Intellectual Disabilities and Autism. We have also started working with Crisis to have pre-planning meetings for individuals so that they have the person's Individual Plan and in certain

cases we set for Crisis to have met the individual and their team in advance of any Crisis so it is not as hard for the individual or their Crisis worker as it creates a comfort level.

Administrative Funding:
Washington County has previously hosted PA Family Network trainings/sessions in the past for SCOs, AE staff, Cross-System providers, as well as individuals and their families/teams. We are hoping to be able to do some of that again over the next year. We also continue to talk to SCs about it and its uses. If ODP has any trainings for SCOs in this area it would be very beneficial.

Washington County is moving to a Human Services Model which will help in information sharing, education, and skill building areas. Some of the plans that will be implemented is a more cohesive blend between BHDS (ID, MH, and EI), CYS, Aging, Housing, and Veteran's Affairs. Washington County also currently funds a Self-Advocacy/Peer Leadership program headed by a local provider. We are continually looking for ways to increase participation in this group to allow for connection/network/support. We will also be looking to build/enhance parent support groups. As a part of that we hope to offer presentations for providers, community programs, etc. and lead to a parent ran group. There has typically been a challenge getting families to engage in something like this we will be working with stakeholders on ideas and planning. Please describe the kinds of support the county needs from ODP to accomplish the above.

Our County has a close working relationship with our HCQU, Kepro. They are on our Quality Management/Risk Management Council. They assist in reviewing data and trends for recommendations. They also help the group to review individuals identified with a high number of incidents and/or Fatal 4 and Falls to help make recommendations to the team. They also hosted a Fatal 4 and Falls training for all SCs from all of our SCOs. They participate in our Medication Error workgroup and will be hosting a Med Error training for providers (trainers, management, and direct are staff). We are currently working with them to develop and host a new Crisis/Hospital/Law Enforcement training with those entities. We continue to utilize them for Complex Technical Assistance (CTAs). While we have been fortunate not to have anyone identified in the area of Pressure Sores/Breakdown concerns, we will utilize them in this area as applicable also. As far as utilizing HCQU data for Quality Management purposes, we review all HCQU reports sent to us for any trends, # of active CTAs/closed CTAs, providers participating in training, and types of trainings/delivery methods of trainings being utilized. As applicable, if data relates back to areas of need those will be incorporated in to our Quality Management planning process.

Our County also works very closely with Chatham University as our IM4Q provider. A representative of the IM4Q teams participates in our Quality Management Council, Employment Workgroup, and Human Rights Committee. They also attend our ID/A Provider meetings, along with our monthly Provider meetings for MH, EI, ID/A providers combined. We also work closely with them for our Employment workgroup specifically as we utilize their data and considerations to identify those wanting to work to be able to assist those teams and track success. They also share data and information with the groups mentioned, as well as our BHDS Advisory Board.

Our new Human Services model will certainly enhance connections to other systems such as Aging and Mental Health to open up new resources, trainings, and contacts in this area. We will utilize and encourage HCQU trainings, proper use of crisis, meetings with insurance companies, and other creative and out of the box planning and trainings. We will be working with our MH department to host an Autism training also. We will also be working closely with our Crisis, hospitals, and law enforcement as we always hope that is not the need but it is key for the individual and provider to

know there are resources for help, especially Crisis to prevent the use of hospital and/or law enforcement. We will also encourage better use of their own Behavior Supports and ensuring that the Behavior Specialist is competent in the areas of need, and that good solid Behavior Support Plans are written, as well as being sure they understand what is restrictive. On the medical side we will encourage and assist SCs and providers to use medical professionals, HCQU, insurance company and other medical resources to plan.

Any resources that ODP has on supporting those with a higher need level in area would be great to share with providers, and maybe some enhanced trainings through the HCQU. Also, planning and importance/requirement of behavior supports and nursing as many providers do not seem to fully understand their responsibility in those areas.

One area that we are focused on is the Fatal 4/Falls. We have a process in place for meetings with full teams after an incident for plan review, completion of a plan and document for prevention, and a corrective action plan form. This is obviously on the postvention end, on the prevention end we are working on ensuring that ISPs are written with detail about what needs done when/supports needed by staff/risk areas, etc. The HRST is also an area of focus, as well as moving away from ratios and toward accurately identifying need. We stress to SCs to think of themselves as the staff and if they had to come in and work with someone after reviewing the ISP, would they know the basics of what to do/needs/strengths, etc. We will continue to utilize our QM/RM Council to identify trends and share that information, as well as use it to plan ways to ensure quality of life. We will also continue to work with SCs on how to work with individuals that live with their families, as they are there to support the families as well to ensure health and safety and forget that at times. We are sure to involve providers, self-advocates, families, and others in many areas of our Risk Management from our Councils, workgroups, stakeholder groups, and trainings. We need to continue to recruit individuals and families for a higher level of involvement.

With SC and SC Supervisor turnover, another training with for SCs or a train the trainer training for SC Supervisors on the Residential plan writing based on need, as well as HRST would be great to be offered by ODP.

As mentioned, our County is moving toward a Human Services model. Within that we are now a part of a model with the County Housing Director directly involved. They are actually in the same office space as the AE so they can work closely together on cases, brainstorming needs, and looking at funding as well.

As a part of BHDS we now require that all providers submit an Emergency Management/Continuation of Operations Plan with their contracts for those that we have Base contracts with. With COVID-19 providers really focused on Emergency Preparedness and most took their plans to cover all emergencies ranging from Pandemics, Bomb Threats, Fire, and more. The providers that we are the Assigned AE for gave us their plans, as well as any updates as they went for us to review and give feedback on. We also met with providers we were assigned to weekly to assist in planning, ensuring CDC/DOH/ODP guidance was included. We will continue to assist providers in development of Emergency Preparedness Plans.

Participant Directed Services (PDS):

In Washington County AWC has presented to our SCO's at our monthly meetings. PALCO who is our Vendor Fiscal Agent is schedule to present at an SCO monthly meeting once their materials are

approved by ODP. Currently in the AWC program, we have 149 individuals and in the PALCO V/F we have 3 individuals. These numbers continue to grow. With the numbers growing on a continual basis it is important for both programs to continue to present their programs to the SCO's and AE in order for all to have a full understanding of the programs, how they work and what all needs to occur while an individual directs their own services. SC's with training from both programs will then be able to explain the services to individuals and families. This will also encourage the SC's to ensure they are offering the self-directed services. This enables SCs to be able to have those conversations with individuals and families to ensure they know of the service delivery model as they consider what best meets their needs.

ODP could assist in promoting and increasing self-direction in Washington County by offering trainings related to PALCO. This is a very confusing process for both families and SC's. It is not as streamlined as AWC and can be hard for individuals, families and SC's to navigate. ODP could also help promote and increase self-direction by collecting information from participants who are already enrolled and creating some type of report regarding individual experience and how they have navigated the system from both sides as the managing employer and as an individual receiving the PDS services.

Community for All:

We have one individual currently residing at Polk State Center. The family has asked that she remain there until closer to time of closure. Their current goal is to have her move to a nursing home closer to them in Virginia. The Polk Social worker has agreed with this transition. At this time all individuals, and their families if involved, continue to be strongly committed to remaining where they are residing. This will continue to be an area of discussion with the individuals in this category, with options being presented to them and education on those options as appropriate and applicable. The individuals' needs and wants are reviewed on an on-going basis with a minimum of an annual monitoring.

HOMELESS ASSISTANCE PROGRAM SERVICES

The Washington County Department of Human Services provides a multitude of programs to assist homeless individuals and families in need of housing. These programs strive to ensure that individuals and families at risk receive prevention and intervention services to address their various housing and supportive service needs. This component of Human Services plans, directs, obtains funding through grants and allocations, coordinates, monitors and facilitates the local Continuum of Care.

Bridge Housing Services:

Washington County previously utilited Bridge Housing services but we have not for a couple years. We have determined that we do not have a need for this service through the Homeless Assistance Program funds. The services that were provided have been absorbed by another program to free up HAP funding for other initiatives.

Case Management:

The Washington County Department of Human Services will provide a full time case manager to provide countywide case management to homeless and near homeless individuals and families, to assist them in receiving the appropriate services available to them in Washington County's Continuum of Care. The case manager also assists in coordinating the use of Supported Housing Program and Emergency Solutions Grant funds received by the County. The County Case Management effectiveness will be evaluated based on the effectiveness of the providers. If we are effective in referring clients to appropriate resources, the providers will be better able to assist them with their needs. There are no planned changes to the Case Manager's responsibilities under this program.

Rental Assistance:

Blueprints is the designated agency to provide financial assistance through the RAP component. The role of this case manager is to do an intake and with the client's input an assessment of needs. This assist any family applying for the Rental Assistance Program the option of reviewing their current financial situation and the assistance to develop a realistic budget and refer to other programs providing additional life skills, home management, education and employment skills development. Therefore the case manager also screens for other programs that the family may benefit from and be eligible for and works with the family to develop an appropriate service plan. Follow up is also attempted but is often unsuccessful unless another episode of near homelessness or homelessness occurs for the family. Often these families are multi-agency involved. The Homeless Services Coordinator provides crisis intervention services for persons facing homelessness and for persons that are already homeless. This involvement allows for the intervention referrals needed to offer stabilization to both families and individuals facing homelessness or already identified as homeless. Blueprints continues to primarily provide individuals and families a comprehensive array of services to prevent homelessness to this population through assessment, education and intervention by

providing budget counseling, advocacy and referrals to other existing service providers to prevent an occurrence or reoccurrence of homelessness.

Also, to coordinate the housing assistance program, (RAP), Blueprints, is the only provider to receive HAP, ESG – HUD, ESG-CV and ERAP funds for financial assistance and this has enabled them to be the clearing house for that component. Referrals from various agencies or other sources or self-referrals can then be tracked. More importantly, this has improved the way to determine how much funds the client has already received. Blueprints has a well-established working relationship with the two PA DHS County Assistance Offices to determine if the office has also provided financial assistance and when and how much. Also, the two agencies can coordinate the combining of funds when both security deposit and first month's rent is needed. Clients are asked to identify any other programs that have provided financial assistance to them within the past twenty-four months. Often clients do not remember or do not report other sources of assistance they have received. As there are very few other programs that can provide limited financial assistance for the same services, this has been a very infrequent occurrence.

An individual or family at 200 % or below the Federal Poverty Guidelines is within the income guidelines. Though most of the clients are greatly below the 200 % guidelines, Washington County chose the higher amount to assist the those who are employed. The client can receive the maximum dollar amount within a twenty four month period. Blueprints system allows for determining past usage and the amount of financial assistance already received and the amount that the client could be eligible to receive.

Blueprints can assist with security deposit, rental assistance, utility assistance, mortgage arrearage and deliverable fuels/coal. However, several other factors are considered and criteria must be met before financial assistance will be provided. Documentation must be provided for all the following. Areas covered based on the identified need include a signed lease, verification from a magisterial hearing of eviction, termination notice, verification of household income and composition of the household, verbal confirmation from the landlord that the financial assistance will prevent any eviction process for at least sixty days, verbal confirmation from the Tax Assessment office that the named person is actually the owner of the property, verification from a bank or lending institution that the client is sixty days behind in the mortgage and the financial assistance will prevent any further action for at least sixty days, verification of a termination notice from a utility company and verbal confirmation that no further action will occur for a least sixty days. Other ongoing monthly expenses are looked at when determining the affordability of the housing or other assistance and when determining the client's contribution. For deliverable fuels/coal, the vendor is contacted and must provide information as to when the last delivery was made and for what quantity. Additionally a verifiable situation must have occurred within the last six months that resulted in the need for the financial assistance and that this aid will stabilize the housing of the client. Any client again requesting financial assistance within the twenty four month period must participate in a more intense housing and budget counseling program with Blueprints. The case worker often works with the client and the utility companies to set up a payment plan before financial assistance is given.

Blueprints receives written verification from the Housing Authority that the client is thirty days behind in rent even though a magistrate's hearing has not been held but will be scheduled. This is done because the Housing Authority initiates eviction procedures when the client is only thirty days behind. All other criteria for assistance must be met. Funds for security deposit in either Section 8 or other subsidized housing is available as this is often deemed to be an impossible amount for the client to come up with at this time.

Emergency Shelter:

Homeless and near homeless individuals and families are able to access any of the homeless and homeless prevention services at any point of entry. The shelter system is aware that some shelter only serves a specific population (domestic violence, families, males, etc.). If a shelter that serves targeted populations is contacted by someone not appropriate for their program, the shelter will often contact the Homeless Services Coordinator to find placement or will contact an appropriate shelter. The ESG component of HAP will fund two shelters, the Family Shelter and Safe House.

The Family Shelter operated by Connect, Inc. safe and secure emergency shelter for up to four families with children for up to sixty days. While in the Family Shelter guests work with specialized housing case managers who provide comprehensive, trauma informed assessment and housing case management throughout the shelter stay. Case managers assist shelter guests identify and obtain housing for when they leave the shelter and link the families with other community-based supports such as medical, behavioral health or substance-abuse related treatment services on an individualized basis.

The Safe House operated by Domestic Violence Services of Southwestern PA provides shelter to victims and their friends and family members at no cost. Emergency shelter is offered to individuals and families, regardless of gender. Those in need can reach a Counselor/Advocate via our 24/7 hotline. Intakes for and transportation to emergency shelter are also offered 24/7. During their shelter stay, victims receive individual and group counseling primarily focusing on domestic violence education, service plan goals, and referrals. DVSSP's Licensed Therapist also offers in-house therapy sessions. When necessary, DVSSP staff advocate on behalf of victims with area systems and agencies. Transportation is offered for goal-related appointments and emergency needs. Legal Advocates provide assistance with completing petitions for Protection From Abuse orders, and accompaniment is available to victims who have civil and/or criminal court hearings. DVSSP offers a children's program that includes age-appropriate individual and group sessions with resident children, as well as free parenting classes to parents. All residents receive food, clothing, and personal care items at no cost.

Since emergency shelter is a temporary solution to those experiencing homelessness, Housing Case Managers complete Coordinated Entry assessments with all clients who are in need of permanent housing. Coordinated Entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Connect, Inc. is the general assessment Center (GAC), while DVSSP is the Domestic Violence Assessment Center(DVAC).

Innovative Supportive Housing Services:

Washington County is part of the Western PA Continuum of Care, and provides receives in excess of $1.5 to provide units of Permanent Supportive Housing to Homeless residents of Washington County. A majority of the units serve individuals and families where the head of household has a disabling condition and may remain in the program for an indefinite length of stay. While in the program participants receive a combination of affordable housing assistance and voluntary support services to address the needs of the participant. The services available address skills to live independently, tenancy skills and connect people to community based treatment services. While there is no defined length of stay in these programs, many participants no longer need the intensive services provided but continue to need housing assistance. The Washington County Department of Human Services and the Washington County Housing Authority have partnered and developed the Moving ON program to address the need of these participants. The WCHA has agreed to set aside 25 vouchers to individuals and families who have demonstrated housing stability in their PSH unit, are no longer in need of intensive services and are ready and able to move up into the Section 8 Housing Choice Voucher Program. The WCHA and the PSH provider Agencies are in the beginning stages of creating and application and referral process to facilitate the transition from the PSH program.. The application will address the participants financial, housing and connections to services and mainstream resources. Most importantly the Moving ON program is voluntary, if a participant does not feel ready, they may remain in the PSH program. The Moving ON program will ensure PSH participants remain in affordable housing, while creating opportunities for people who are currently experiencing homelessness and need the intensive services and stable housing assistance afforded by the PSH Program.

In continued efforts to assist homeless individuals the Department of Human Services, Washington County Children and Youth Services and Washington County Housing Authority have partnered to assist Youth 18-24 who are or have recently left the foster care system. CYS certifies the youth is at least 18 years of age and not more than 24, that they have left foster or will leave the foster care within 90 days in accordance with the transition plan and is homeless or at risk of homelessness. A referral is made to Blueprints the agency that assist the Youth Independent Living services assisting them with locating an apartment that will meet the Section 8 HCV standards and is in a location convenient and accessible to their housing needs The WCHA has set aside six FYI vouchers to serve the youth for up to 36 months.

Homeless Management Information Systems:

HMIS is provided through the Pennsylvania Department of Community and Economic Development. The HMIS enhances the County's ability to identify service needs and gaps, facilitate entry into the homeless assistance service delivery system, improve the use of available resources and enhance the coordination of needed services. All of our Homeless Assistance providers enter data into the PA HMIS system.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

Washington Drug and Alcohol Commission, Inc. (WDAC) is an independent non-profit corporation serving as the Single County Authority (SCA) for Washington County. WDAC is in the center of the city of Washington, Pennsylvania and houses administrative, fiscal, prevention, case management and recovery support units. The SCA provides drug and alcohol intervention, prevention, and treatment-related services (case management and recovery support) to residents of Washington County through careful management of government funding. The WDAC Case Management Unit provides screening, level of care assessments, and case coordination services to individuals who are seeking substance use disorder (SUD) treatment. The SCA has been received Centers of Excellence Status from the Department of Human Services, providing assistance to those with opioid use disorder twenty-four hours a day; seven days a week.

WDAC is a member of the Human Services Block grant (HSBG) executive council along with the other human services administrators. Through the efforts of this Council, we are able to assess the needs of the county through a system-wide approach; which allows for a cost and time sharing of the resources. This collaboration allows for interaction and discussion that fosters a collective human services approach that effectively distributes the funding and deploys the services to the residents of Washington County.

As a block grant county, we must conduct public hearings and through this process, a great deal of information related to substance use disorders has been collected. We gather input from various community stakeholders and appropriately assess the needs of the county regarding substance use disorders. The prevalence and emerging trends regarding substance use are identified and then strategies are developed to address system barriers and increase resources to meet the demand for treatment services. The SCA continues to increase their understanding of our county's population regarding age stratification and demand for drug and alcohol services among the various age groups and special populations through a treatment needs assessment process.

The demand for Substance Use Disorder (SUD) treatment and related services remains high in Washington County and continues to take a toll on all human services resources. In many ways, SUD is the driving force behind soaring costs associated with crime and criminal justice, mental health, public assistance, children and youth, homelessness, and healthcare. The SCA continues to provide necessary services to the residents of Washington County all the while having to be creative with the limited amount of financial resources. The SCA continues to prioritize the SUD needs of the county, focusing on key priorities to not only ensure our fiscal responsible, but also to work as efficiently and effectively at addressing the county's most pressing SUD needs. This prioritizing is done in conjunction with other systems: children and youth, criminal justice, courts, mental health, correctional facility, schools, health care and community

1. **Waiting list information**

Below you will find a table that shows the number of individuals screened and assessed at the SCA, excluding Medicaid clients. The average wait time over all the levels of care is less than seven days. There are specific instances when individuals may be delayed in accessing treatment. In the event that someone would wait longer than fourteen days to access treatment services, the client is offered ancillary services to include case management and recovery support services.

When exploring the reasons that someone would possibly wait longer than 14 days, it is primarily due to the referral source (i.e. criminal justice involved clients at the jail) or client choice. Because the SCA holds contracts with over 70 licensed treatment providers, the wait is rarely due to bed availability. Individuals involved with the Jail Pilot Program, Specialty Courts and referrals from the Adult Probation Office may have release dates that extend two weeks post level of care assessment. These delays are often due to the internal process that must take place within these various disciplines. Participants in the Vivitrol Plus Program also skew the data as they don't appear to be officially admitted into Outpatient treatment until they are released from jail, even though treatment takes place within the jail three to six months prior to their release. Individuals referred to intervention class (level .5) may not actually attend a class within a fourteen day period, even though the class is offered twice per month. Lastly, client choice of a specific treatment provider may have a wait time for admission.

	Total # unduplicated Individuals referred	**Wait Time**
Withdrawal Management	**74**	**< 5 days**
Medically managed Intensive Inpatient service	**2**	**< 7 days**
Opioid Treatment Services	**34**	**<5 days**
Clinically Managed High Intensity Residential	**94**	**< 7 days**
Partial Hospitalization	**38**	**< 10 days**
Outpatient	**256**	**< 10 days**
Other: .5 intervention/education	**263**	**<14 days**
Totals	**761**	**7 days average wait**

2. **Overdose work**

The SCA Administrator and the District Attorney serve as co-chairs of the local opioid overdose coalition consisting of key stakeholders from the healthcare system, criminal justice system, emergency medicals services system, and county government. The current Opioid Coalition is being facilitated by The University of Pittsburgh's Program Evaluation and Research Unit's (PERU) Technical Assistance Center, which has empowered the committee to create actionable strategies to collectively combat this crisis through the use of data.

Founded in November 2016, the Washington County Opioid Overdose Coalition exists to eliminate opioid overdoses, stigma associated with Opioid Use Disorder, and to ensure every patient with an Opioid Use Disorder has access to and support throughout treatment and recovery. We completed our first strategic plan of three years. In November 2019, a coalition

work retreat was held to conduct a strategic planning process with the group and from this retreat a new three year strategic plan was formulated. The coalition is in the process of executing this new three-year strategic plan initiated in January of 2020. We restructured our subcommittees and added two new committees: primary prevention subcommittee and Harm Reduction subcommittee. Naturally we did not have a lot of time to get the new plan rolling due to COVID-19. We continue to meet monthly via a zoom platform and we continue to move our priorities forward. Our priorities include:

- Coordinate efforts between law enforcement, the legal system, and treatment. (Integration of public health and public safety) allowing for grants and diversionary programs
- Increase access and utilization of naloxone and other harm reduction strategies such as establishing a syringe service program
- Increase community awareness to reduce stigma.
- Educate individuals and families about addiction and overdose, particularly those at high risk, and all persons in contact with high risk individuals and those with an OUD or addiction.
- Increase access and utilization of SUD treatment programs to include Medication Assisted Treatment (MAT).
- Conduct a county-wide needs assessment to determine the assets and gaps in primary prevention service delivery

The Coalition has developed and participated in the following programs throughout Washington County: 1) Community and First Responder Naloxone trainings and recognition events; 2) Medication Assisted Treatment (MAT) program in the correctional facility which demonstrated decreased fatality and recidivism rates of participants;3) Public quarterly meetings to share resources and information with the community; 4) Collection and analysis of more than 1,500 surveys to better target initiatives for stigma reduction; 5) Material development including MAT informational pamphlets, leave behind postcards for first responders, and pharmacy Naloxone availability; 6) SCA established as a Centers of Excellence 7) Naloxone distribution to include mailing Narcan upon request, drive through Naloxone community events, and NaloxBoxes. The SCA Administrator serves as a co-chair of the coalition and SCA funding has been allocated to support many of the initiatives listed above.

Washington County saw a decrease in the number of accidental overdose deaths from 2016-2018. In 2016 Washington County had 106 accidental overdoses. In 2017, there were 97 and in 2018 there were 71. In 2019 we began to see an increase in accidental overdoses with the number being 75. The overdose death rate is 36 per 100,000 which is slightly higher than the state rate of 34 per 100,000. The Washington County Overdose Fatality Review Team (OFRT) was formed in 2019 and is currently chaired by the Chief Medical Officer, Dr. John Six, of the Washington Health System. The OFRT conducts confidential reviews of resident drug and alcohol overdoses to identify opportunities to improve member agency and system-level operations in a way that will prevent future similar deaths.

The Washington SCA and its affiliation with the Opioid Coalition has made huge strides in the past five year in addressing the opioid overdose epidemic. The coalition is a data driven coalition which means we compile and analyze data, develop strategies, and implement programs and initiatives that are evidence-based. An eclectic approach is having a profound impact in the reduction of overdose deaths: 1) increased Naloxone availability; 2) MAT program at the county correctional

facility; 3) increased MAT providers; 4) increase in the number of screenings and level of care assessments; 5) increased access to treatment; 6) increased usage of case management and recovery support services; 7) the addition of SUD recovery center in the community; 8) development of local treatment infrastructure both in quantity and quality; 9) implementation of the Strategies to Coordinate Overdose Prevention Efforts (SCOPE) project for First Responders; 10) decrease in the number of prescribed opioids.

The following charts indicates the number of overdose survivals that were referred by the local health care systems. The SCA is working to secure direct referrals from EMS and law enforcement. The actual number for overdose survivors is much greater for the county as a whole; however, these are the numbers that the SCA received a direct referral from the health care system alone.

Overdose survivors	# Referred to Tx	Referral method	# Refused Treatment
68	52	Case Management referral as per a level of care assessment	10

3. Level of Care (LOC)

Washington County SCA contracts with 71 substance use disorder treatment providers offering over 100 different levels of care to include 6 providers that prescribe MAT.

LOC ASAM	# of Providers	Providers in County	Co-occurring/enhanced
4WM	4	0	N/A
4	3	0	N/A
3.7WM	13	1	N/A
3.7	8	0	8
3.5	35	1	N/A
3.1	16	4	N/A
2.5	6	5	N/A
2.1	8	7	N/A
1	7	6	N/A

4. Treatment Services Needed in the County

As a system state-wide, we need additional resources for the more medically complex individuals. This would be considered a 3.7 according to ASAM criteria. Due to our extensive outreach efforts with area hospitals we are seeing many more medically complex patients, particularly alcohol-related conditions that need a higher level of care than 3.5 clinically managed level of care or OBOTs can

accommodate. Additionally, there are some opioid use disorder individuals who require longer term IV antibiotics and subsequently receive no SUD treatment during the six-week period these medications are administered. Having resources that can meet the needs of these high-risk individuals can be the difference between life and death and is one of the only two areas where we experience consistent deficiencies in bed availability associated with the SCA warm hand-off protocol. The local HealthChoices program has issued a Request for Proposal for a 3.7 level of care in southwestern PA. Currently there are eight designated 3.7 levels of care throughout the entire state.

Another area of need is for pregnant women and women with children (PWWWC). Currently, there are two providers locally where a pregnant female with OUD can receive both methadone and SUD treatment in a residential setting. The bed availability is problematic. As a result of an initiative with the Washington Health System OB/GYN and through the Plans of Safe Care, it was realized that the county would benefit from a residential facility that could accommodate this population geographically located within our own county. An RFP was initiated and awarded, but the provider has since withdrawn their commitment to locate in Washington County. The SCA will continue to interface with the Washington Health System Obstetrics and Gynecology clinics to work toward early identification of pregnant women with substance use disorder. We now have local physicians who are willing to convert patients to Subutex or Methadone and it is our goal to allow these women to stay in their home county to access their SUD treatment needs. WDAC continues to be involved in the following local iniatives to combat Neonatal Abstinence Syndrome: Children and Youth Services Roundtable; The Governor's Plans of Safe Care; Rapid Response-as a core component of the Family Engagement Initiative.

There is a state-wide shortage of adolescent SUD residential programs. In 2020, the WDAC student assistance program case management services (SAP) assessed 90 students and 50 were referred to SUD treatment. The two main providers for residential level of care for adolescents closed their programs over the last two years. Programs that can accommodate the LGBTQ members of this population is virtually non-existent. The Department of Drug and Programs (DDAP) has issued a requirement that the SCA must have, at minimum, two contracts for each level of care and to assure special populations receive the care they need. The SCA will plan to collaborate with the County Behavioral Health and Developmental Services to develop a more robust SAP service to include parochial and alternative schools. The SCA has been in many meetings that include the juvenile court system, juvenile probation, and the Office of Children and Youth Services to develop a more comprehensive approach for the needs of adolescents who are in the juvenile justice system.

Throughout Pennsylvania, residential treatment providers do not readily accept individuals on Medication Assisted Treatment (MAT). This is problematic when so many of the people we see at the SCA need a higher level of care for substances. Residential providers are becoming more aware of this need and are beginning to collaborate with the SCA to find a remedy. There is also the subcategory of MAT patients who have a legitimate prescription for Suboxone and yet this is their drug of choice; a downward spiral where patients are abusing the medication and individuals want to detox from it. If the patient has a legitimate prescription, the treatment provider will deny access and refer the patient back to his/her prescribing physician for withdrawal management. Another area of concern around MAT; Methadone providers are not required to make entry into the PDMP; it would be most helpful to have this data as we begin to see more integration between physical health and behavioral health.

Criminal Justice related referrals make up 40% of the SCA's annual client base. We continue to operate multiple programs to address this need and we have a strong partnership with

Washington County Court of Common Pleas, Magisterial District Judges, Adult Probation, and the correctional facility. We need to establish open communication between the treatment provider and the local SCA, regardless of funder, to allow for a smooth transition upon the individual's return to their home community. The SCA will continue with case management and recovery supports upon return to the county and yet sometimes a discharge takes place without any notification. It is imperative to build a system that emulates a recovery-oriented system where extra therapeutic services are emphasized.

Lastly, We have a great need for Housing services for those with Substance Use Disorder (SUD). Many individuals have criminal backgrounds which may include felony charges which then precludes them from any type of federal housing. Washington has a strong network of recovery houses. In the past, the SCA has utilized HealthChoices reinvestment dollars to fund rent and/or utility costs for individuals engaged in drug and alcohol services. The reinvestment funds will no longer be available to the SCA in December 2021. Unmet housing needs can be detrimental to the long-term recovery efforts. Since 2018 the need for housing assistance has nearly doubled in the number of people and the financial effort. In 2018 the SCA assisted 153 individuals at a cost of $44,100.03 in 2020 the SCA assisted 279 at $86,000.

5. Access to and use of Narcan in the County

Since the inception of Act 139, Washington Drug and Alcohol Commission, Inc, which serves as the SCA for Washington County, has been the single point of contact for training and distribution of Naloxone to first responders. The SCA works collaboratively with the Washington County Office of Public Safety and the District Attorney to drive a county-wide training protocol that includes the distribution of Naloxone to all first responders to include: EMS, police, fire, and quick response teams.

Washington County Opioid Overdose Coalition was established in 2016. The coalition has developed a three- year strategic plan and has established six subcommittees, one being, Naloxone Subcommittee. As a collaborative team, we wanted to eliminate all barriers associated with attaining Naloxone. One major barrier is the expense involved both initially and when having to resupply. Through financial support from the SCA and the District Attorney and most recently a special grant from the Pennsylvania Commission on Crime and Delinquency we have been able to distribute 5,814 Naloxone kits to both traditional and non-traditional first responders. This distribution also includes replenishment kits. Since training efforts began in 2015, there have been 3700 individuals trained in the use of Naloxone and 600 administrations of Naloxone from the kits the SCA distributed, this number does not include EMS administration.

In actuality, there was an increase in the number of calls to 911 for suspected overdoses; however, more lives were saved. We know from earlier data that there is a connection between prescription pain medication availability and heroin use. In 2013 and 2014 we begin to see heroin related overdoses as the most prevalent cause of death. Beginning in 2015, a new threat of fentanyl had emerged and taken the lead as the chief cause in our county's staggering per capita opioid death rate. The county is seeing more drug toxicology with a combination of a stimulant and an opiate. From 2015-2020 there were 13 overdose deaths that involved simulants in the absence of an opiate and there were 154 deaths involving the combination of a stimulant and an opiate. New trend are constantly emerging.

The first wave of overdoses was a result of prescription narcotics. The second wave was heroin. The third wave, which we are currently experiencing is from fentanyl. Fentanyl is a synthetic which is

50 times more potent that heroin. Fentanyl has a legitimate medical use in surgeries and for extreme cases of pain, but what is equally problematic is that regionally we are seeing several different "analogs" of fentanyl; derivatives that aren't quite pure fentanyl, but still are exponentially more potent than heroin (16-25% according to laboratory analysis conducted from local busts by the DEA). These analogs have never been tested in human subjects and are easily accessible from the dark web

In late 2017, the SCA became the Centralized Coordinating Entity (CCE) for Naloxone and was awarded a grant from Pennsylvania Commission on Crime and Delinquency (PCCD). Naloxone distribution, data collection, and outcome measures continues to be a county-wide collaborative effort and seemingly playing an integral part of curbing this public health crisis. The SCA has once again been awarded CCE status as of June 2020. Being the CCE allows us the opportunity to provide Narcan to traditional and non-traditional first responders.

During the pandemic we offered 4 different drive thru locations to obtain Naloxone; have added a link on the SCA website where individuals may request Naloxone and have it mailed directly to their home; and have developed the H.E.A.R.T Program (Hands-On Emergency and Rususcitation Training). This is a three part training to include: Hands-On CPR; Naloxone Administration; and Stop the Bleed. This program builds off the initial Naloxone trainings and by including other life save techniques it is our hope to reduce any stigma associated with the use of Naloxone.

6. County Warm Hand-off Process

Warm Hand-off Data for state fiscal year 2020-2021

Number of individuals contacted	**535**
Number entering treatment	**208**
Number completing treatment	**117**

It is the policy of the SCA to ensure 24-hour access to treatment for an overdose survivor. Overdose survivors are considered a priority population and are treated as an emergent situation. Outcomes are tracked through the SCA internal data system, CPR web. The SCA has an afterhours phone line to assure that all OD survivors receive immediate attention. Once the call screener is informed that there is an overdose survivor situation, a case manager will be dispatched to any county hospital as quickly as possible. The Case manager conducts a level of care assessment and makes the appropriate referral to treatment. The case manager will provide case coordination and support services throughout the continuum of care.

All three county hospitals and the EMS providers have been briefed on the designated phone line and it has been provided to appropriate management staff in each emergency department. The phone line is staffed during non-business hours by the executive director or the director of clinical and case management services or a case management supervisor. Calls are triaged to determine if an on-call worker needs to be dispatched. Certified Recovery Specialist may be dispatched to professional medical sites as a first line of contact to help prevent AMA situations from medical facilities before treatment accommodations can be arranged. All clients who leave AMA or NO SHOW are provided with a follow-up phone call.

The SCA has entered into agreements with Washington Hospital and Mon Valley Hospital which allow for one full-time case manager and recovery

specialist to be embedded at each facility. The SCA embedded staff serve individuals within the ED, behavioral health unit, and medical floors.

The SCA has entered into contractual agreements with 4 EMS providers to provide financial reimbursement for the SCOPE Project. The overarching purpose of the project is to institute a sustainable and expandable training program that will train EMS first responders on 1) using naloxone for overdose reversal and training patients and families on how to use “leave-behind” Naloxone kits; 2) Using motivational interviewing principles to conduct referrals and “warm handoffs” to help patients access substance use disorder/mental health evaluation/treatment; 3) Implement community paramedicine and follow-up procedures in collaboration with the SCA for patients who do not wish to pursue treatment at the time of the 911 response.

From January 2018 through December of 2020, 352 Naloxone administration events, including all EMS events and events voluntarily reported by law enforcement and the general community. Historically warm hand off has been associated with local hospitals. In Washington County, however, warm-hand offs can occur from any system. The SCA has expanded its reach to include local ambulance services and the faith-based community.

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

Adult Services: Please provide the following:
Program Name: Outpatient Counseling Services
Description of Services: Provides mental health services to low income individuals, couples, families and groups in Washington County. The services include counseling for depression, anxiety, anger management, marital counseling and divorce, parenting services, eating disorders and blended family adjustment.
Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functoning.

Aging Services: Please provide the following:
Program Name: Senior Center Services
Description of Services: Aging Services of Washington County provides Senior Community Center programming throughout Washington County. The Centers provide Social, Recreational, Educational, and Fitness programs for individuals 60 and over.
Service Category: Socialization, Recreation, Education, Health Promotion - Meets the socialization, recreational, educational and enrichment needs of older persons within a senior center facility or at other locations. Services are available to all older Pennsylvanians.

Children and Youth Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:
Program Name: Veterans Transportation Program
Description of Services: These funds pay the salary of a driver of a van dedicated to veterans in need of transportation to Pittsburgh for medical services.
Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Program Name: PA 211 Southwest
Description of Services: The PA 211 system provides a 24 hour Human Services information line to allow access to pertinent information on available human service agencies and programs in the county. This hotline provides consumers, providers and the general public with real time information on service locations, hours of operation, eligibility criteria and other useful information to enhance the accessibility and delivery of human services. More than 70 categorical programs and community based non-profit agencies have their information included and updated in the PA 211 system.
Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):
☑ Adult ☑ Aging ☑ CYS ☑ SUD ☑ MH ☑ ID ☑ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name:
Description of Services:

Interagency Coordination: (Limit of 1 page)

During the 2021-2022 Fiscal Year, HSDF coordination funds will be used to enhance the planning, delivery and coordination of services within the Washington County Human Services Model. The Department of Human Services will continue to meet regularly with the categorical programs, private non-profit agencies, community organizations and stakeholders to ensure that planning efforts are well coordinated and to promote and facilitate agency collaboration. The department has begun to implement a more fully integrated system of delivery and coordination to provide a holistic approach to the families we serve. This is being done through a client first, lifestages perspective to make entry easier and faster as well as less administratively costly so more funding can be used for services. This will result in an integrated, efficient, easily accessible system that addresses all the Human Services needs of families and individuals in Washington County. Planned Human Services expenditures are for salary, benefits and other miscellaneous costs associated with this initiative.

Appendix D
Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management
Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office
Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)
Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)
ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for or having a history of criminal justice involvement, and at risk for or having a history of experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

Children's Evidence Based Practices
Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services
Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment-Related Services
Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services
Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community-based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services
Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services
Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services
Emergency-related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility-Based Vocational Rehabilitation Services
Programs designed to provide paid development and vocational training within a community-based, specialized facility using work as the primary modality.

Family-Based Mental Health Services
Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services
Services designed to enable persons with SMI, children and adolescents with or at risk of Serious Emotional Disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services
Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services
Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services
Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization
Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services
Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization
Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation
Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services
Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management
Services that provide assistance to persons with SMI and children diagnosed with or at risk of SED in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services
Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office
Activities and services provided by the Administrator's Office of the County Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management
Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services
Residential habilitation programs in community settings for individuals with intellectual disabilities or autism.

Community-Based Services
Community-based services are provided to individuals with intellectual disabilities or autism who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other
Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance Program

Bridge Housing
Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management
Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance
Payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter
Refuge and care services to persons who are in immediate need and are experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services
Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management
A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation
A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification
A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House
A licensed community-based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification
A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation
A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient
A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient
An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Partial Hospitalization
Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention
The use of social, economic, legal, medical or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)
Any treatment for addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services
Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance use disorder. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist
An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer-to-peer basis.

Recovery Centers
A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing
A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund

Administration
Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination
Planning and management activities designed to improve the effectiveness of county human services.

Adult Services
Services for adults (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other services approved by DHS.

Aging
Services for older adults (persons who are 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other services approved by DHS.

Children and Youth
Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services and service planning.

Generic Services
Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services
New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet within the current categorical programs.