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 actively participate 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

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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.

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.

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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.

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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 FY21-22.

During FY 21-22, Washington County Behavioral Health and Developmental Services (BHDS) has continued to provide a broad range of services within its 100% community-based system of care for all ages with zero utilization of State Hospital Civil admissions. Despite all of the challenges posed throughout the pandemic and the truly critical and unprecedented staffing crisis, we continue to embrace the driving philosophy and practices of the original "Call for Change" and look forward to implementation of any changes identified in forthcoming revisions. In fact, in May we sponsored a provider training to refresh and re-orient staff to the basics of providing a Recovery Oriented System of Care. The training, which was conducted by AMI, Inc., our 100% consumer operated agency, was extremely well received. Also, during the past year, the Washington County Human Services Department has become fully integrated allowing for greater collaboration and communication. As a result, it is expected that BHDS may be able to reach more individuals in need of Mental Health services and supports as they are identified by other Human Services Departments. In addition, throughout the year we engaged in numerous activities to enhance our service system and provide outreach. The highlights are as follows:

- We applied and were awarded a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to fund a Diversionary Care Manager position to serve individuals in the Mental Health Court Program, ensuring increased collaboration and communication with the hope of diverting individuals from incarceration and/or minimizing the length of incarceration.
- BHDS was also awarded a grant from the Commonwealth to fund an expansion of Student Assistance Program (SAP) such that Private, Cyber and Charter Schools will also have designated access to a SAP Liaison. The grant has also provided additional funding for a designated staff person trained to best meet the needs of children and adolescents experiencing a mental health crisis.
    - Through additional grant funding, Care Managers were hired to assist individuals who have experienced inpatient behavioral health admissions by linkage to a variety of services and supports, addressing his/her needs associated with the Social Determinants of Health (SDoH). In addition to funding the positions, funding for commodities is also available to directly assist with the costs of such things as food, transportation, housing and more.
    - A new provider for Mobile Psychiatric Medication services has been awarded and approved. The provider is currently working to recruit staff,
    - BHDS continues to work with a new provider awarded the RFP to develop an additional Modified Assertive Community Treatment (ACT) Program. While staff recruitment has

proven to be more difficult than originally expected, the provider is working diligently to get the team up and running.

- In order to address the needs of so many children, adolescents, and families awaiting services, BHDS awarded proposals to multiple new Family-Based and IBHS Providers. Additionally, BHDS is working closely with Southwest Behavioral Health Management (SBHM) and Beacon Health Options to explore resources to divert children and adolescents in need of inpatient behavioral health. Current bed shortages often result in out of county (and sometimes out of state) placements for children and adolescents.
- We have continued to work to enhance our Emergency Behavioral Health Department. During the past year our Mental Health Director for Crisis, Emergency and Disaster Services trained to become a Certified SWAT Negotiator. He also participated in a National Tactical Officers Association training designed to enhance the response to suicidal individuals.
- In June, BHDS hosted two sessions of Mental Health First Aid-Public Safety for local law enforcement, corrections officers, and other first responders.
- With the provision of new dedicated funding stream through OMHSAS, we were able to use our Forensic Person-Centered Planning dollars to assist numerous individuals in achieving a fresh start.
- To address the staffing crisis within our system, BHDS worked with providers to develop a Recruitment Workgroup to explore creative ways of recruiting and retaining staff. The providers moved to form a coalition to engage in legislative advocacy in an effort to secure annualized funds dedicated to recruit and retain staff.
- To provide a higher quality of service with greater affordability, BHDS worked actively with its provider of Mobile Housing Supports to convert the base-funded service to the Evidence-based and HealthChoices billable Mobile Psychiatric Rehabilitation Service that can readily address our individuals' goals of maintaining his/her living environment through skills such as cooking cleaning, laundry, shopping, etc.
- We were able to work with one of our school districts and identify a provider to develop the new, innovative CHILL Program that provides a blend of prevention and treatment.

b) <u>Strengths and Needs by Populations:</u> (Limit of 8 pages-items b) #1-11 below)

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.

1. Older Adults (ages 60 and above)

- Strengths: Washington County BHDS has had a close working relationship with the Washington County Aging Department and the Area Agency on Aging for years. We directly contract with them to utilize their Ombudsman Services for individuals who are in need but not yet 60 years of age. This has been a successful partnership particularly when closures occur of long-term care facilities or when individuals in our system living in long term care have complaints. Often in recent years our office has conducted Depression and Anxiety Screenings at each of the Senior Centers in Washington County. Additionally, BHDS is pleased to have several mobile services for Older Adults

in need of Mental Health supports. These include services such as Certified Peer Support for Older Adults and Mobile Psychiatric Rehabilitation for those interested as well as Blended Case Management for those who qualify. Additionally, we are currently working with a new chosen provider to implement a Mobile Psychiatric Medication service which may benefit many older adults. Finally, some older adults need assistance with safe affordable housing, and our Mental Health Supportive Housing Programs are also a very beneficial mobile support.

- Needs: Despite the resources identified above, many older adults still struggle with transportation and become socially isolated. During our visits to the Senior Centers, a number of older adults (including some who actively volunteer at the center) identified that because they have no close family members, they often feel sad and lonely on the weekends. As a result, we are happy to collaborate with the local Area Agency on Aging and the Washington County Aging Department to assist them by providing volunteer training as they develop a “Reassurance Line” that would be available to provide telephone contact to older adults experiencing this need.

2. **Adults (ages 18 to 59)**

- Strengths: BHDS has many strengths to offer the adult population including a broad range of services and supports with numerous evidence-based practices and treatment modalities. All services are designed to operate within a recovery-oriented system of care where individuals have informed choice and where involuntary treatment is the exception. Washington county continues to have the lowest rate of involuntary commitments among Beacon Counties in Southwestern Pennsylvania. Additionally, most adult providers have had training in trauma informed care, and we serve hundreds of adults with Peer Support between the base funded Peer mentor Program and the three Certified Peer Support Programs offered within the County. Individuals served by these programs are encouraged and supported in exploring meaningful life roles. When individuals wish to explore employment, multiple supports are available.
- Needs: Probably the greatest need within our service system pertains to the extreme shortage of staff such that individuals often must wait weeks to begin treatment, and the frequency of contact is less than desired. Another key area of need is safe, decent affordable housing. Although we fund two providers of Mental Health Supportive Housing services that do a nice job assisting with housing acquisition, there simply is not enough housing stock available.

3. **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: Prior to and during our participation in the SAMSHA “Now is the Time: Healthy Transitions Grant, Washington County began the development of several specialized support for this age group including the Transition Age Community Residential Rehabilitation Services (CRRS) for individuals18-25 developed with youth/young adult culture in mind. At the program, the young adults work both individually and together learning the skills that they will need in supportive housing or independent living. Most importantly perhaps, they learn key social skills and self-management skills that will assist them across the lifespan. Many of our young adults

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do not want to live alone but have no natural support system and lack friendships among same age peers to pull from as potential house/apartment mates. Over the years, we have witnessed friendships that develop, and individuals choose to lease a house or apartment together.

During the SAMSHA Grant partnership with the Commonwealth, we continued to build a system with even more services and supports including a Youth/Young Adult Peer Mentor Program as well as a Youth/Young Adult Certified Peer Support Program and a Youth/Young Adult Psychiatric Rehabilitation Program which is quite beneficial in helping this population in any area of interest from living, learning, working, socializing and self-maintenance. Most importantly, at the request of our youth and young adults, we assisted them in the development of their very own support group. Since that time, the "Thrive for Hope" model was so successful that during the pandemic, the Pennsylvania Mental Health Consumers Association (PMHCA) asked to use the model to virtually provide the support group to youth/young adults across the Commonwealth. Employment is a key need for this age group, and when the youth/young adults are ready to begin, they can access one or both of our Supportive Employment Programs, each with its own specialty, although both ascribe to the Evidence -Based Practice model. Our Mental Health Supportive Housing Programs can also provide key assistance for those who neither need nor wish to begin with the Transition Age CRRS.

- Needs: Despite the many strengths identified above, a number of stakeholders have expressed that gaps still occur in part because parents are often reluctant to link their sons or daughters to mental health supports due to concerns regarding stigma that may impact the entire family. Additionally, it was noted that the Educational System needs to become more actively involved in collaboration with the Mental Health System when youth/young adults are linked to services and supports. During the SAMSHA grant we had developed a care management model especially for this age group to help ensure that youth and young adults do not fall through the cracks. It was our intention to continue to fund this model but base it in our office after the grant ended. Unfortunately, due to hiring limitations this did not occur; however, we are still very committed to the idea and hope to be able to assume some of the coordination functions within our office as soon as we are able.

4. **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, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

   - Strengths: Our Children's System has a strong Task Force that works diligently to advocate and plan outreach and training. Another key strength is our robust CAASP process that provides for careful planning to address child and family needs. Additionally, we have witnessed greater collaboration between BHDS and the Children and Youth System under our fully integrated Human services Department. This can prove to be very helpful in promoting positive outcomes. BHDS staff attempts to regularly participate in the RTF Summit meetings hosted by Beacon Health Options.We

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also participate regulary in Complex Case Meetings with Beacon Health Options. We are also very proud to offer Outpatient Satellites at all school districts in county to increase the likelihood that children in need receive access to regular treatment. Finally, perhaps one of our greatest strengths stems from our participation in the Garrett Lee Smith Grant (GLS 4). Through these efforts, our system has had many additional training opportunities. One of our identified goals focused on the need to increase outreach and awareness, and a really great newsletter was developed to ensure that a broad range of stakeholders are apprised of a wealth of information on a regular basis. Additionally, we have now been able to link with the American Foundation for Suicide Prevention and are in the process of planning for our first ever "Out of the Darkness Walk". This effort was embraced not only by our Children's system, but all the departments within BHDS and has now expanded to our entire Human Services System. Finally, through a recent OMHSAS grant, we were able to add a specialized Child/Adolescent Crisis worker to the staff at our Crisis provider, and were able to expand the SAP Program to include provision of the service for Private, Charter and S Cyber schools. The BHDS Child/Adolescent Department had also workely closely with our Early Intervention Department to develop a smooth process to transition children from Early Intervention at age three.

- Needs: Unfortunately, despite our assertive efforts to develop new services through the RFP process, there are still far too many children and families in a holding pattern awaiting their turn on the list for Family Based or IBHS Services. Additionally, the shortage of psychiatric care providers is most critical among Child and Adolescent Psychiatry. Because of the gaps, Inpatient Behavioral Health admissions unfortunately become necessary, yet there are often no beds available locally. As such, children may travel across multiple state lines for treatment often limiting collaboration with family members. Clearly there is a need for innovative new programs to provide the desired outcomes and to prevent the need for more restrictive levels of care.

5. Individuals transitioning from state hospitals

- Strengths: As previously indicated, Washington County does not utilize state hospital civil beds, and we are fortunate to have built the infrastructure for an expansive, community-based system of care. Nevertheless, we do work collaboratively with the Courts to plan for the discharge of individuals with Serious Mental Illness from the Torrance State Hospital Forensic Unit.
- Needs: With the funding cuts that occurred a number of years ago, and the significant increases in cost, there is a great need for proportional increases dedicated for counties who do not use State Hospital Civil beds in order to maintain our successful efforts. Also, due to the nature of the TorranceForensic population to be served, specialized training and additional resources for specialized programming may be beneficial.

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

- Strengths: BHDS is fortunate that numerous staff in our provider system have been trained in Co-occurring Mental Health and Substance Use Disorders both during the years when we participated in the Mental Illness Substance Abuse (MISA) Pilot and in

more recent years during the on-site training provided by Dr. Kenneth Minkoff and Dr. Christine Kline. Additionally, we have many individuals trained to provide Peer Support who are also trained as Certified Recovery Specialists. We work as closely as possible with our local Washington Drug and Alcohol Authority (WDAC), collaborating on specific cases when appropriate. We also are supportive in attending each other's outreach events and have successfully partnered in conducting events successfully in the past. In fact, we recently received notice of a Mini Grant award for an Adult Suicide Prevention Initiative, and we have invited the WDAC to join us in the endeavor which will target adults with Mental Health challenges and/or those with Co-Occurring Mental Health and Substance Use Disorders. Finally, one of the BHDS Directors participates actively in the Washington County Overdose Task Force and the Overdose Death Review Committee.

- Needs: Although we recognize several strengths, we acknowledge that there is still plenty of work to do to ensure a welcoming environment with "No Wrong Door" for all individuals with substance use disorders who seek our services. Stakeholder input also suggests it would be beneficial to periodically have a "mental health presence" at some of the local support group meetings to provide resource information and further engage this target population.

7. **Criminal justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) 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: BHDS has worked actively with our local CJAB for many years and received our first PCCD grant in a collaborative effort with Adult Probation in FY 08/09. During that time, we began working to develop our 90-day diversionary program at the Magisterial District Justice level, and our 18+ month Mental Health Court Program in the Court of Common Pleas. As identified above, the specialized forensic funding available through OMHSAS for the Person-Centered Planning initiative has been extremely beneficial particularly when individuals re-enter the community post incarceration or when the funds are able to support complete diversion. Additionally, a portion of the funds previously allocated to BHDS are used to provide Psychiatric Care in the Washington County Correctional Facility. We are also fortunate to have a provider system that understands the importance of serving all individuals regardless of the challenges. We are also fortunate to have been awarded additional funding through a recent PCCD grant which provides for an additional Diversionary Care Manager imbedded within the Mental Health Court Program to ensure coordination of Care. For years we have had a Forensic Liaison and a Forensic Case Manager in place, and we have simply converted them to Care Manager positions which effectively broadens the scope of their activity. Recently we also sponsored two Mental Health First Aid Public Safety trainings for local Law Enforcement and Corrections Officers.
   - Needs: Clearly there is still work to be done. Although some efforts have begun towards CIT Training with one Police Department in County, additional efforts are needed toward the development of a Co-responder program whereby a Mental Health

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Worker and a Law Enforcement Officer respond together in the community with the intent to immediately divert any potential criminal charges.

8. Veterans

- Strengths: Over the past year with the integration of our Human Service Department, we have engaged in cross training to develop a much greater understand of each other's systems. The training provided by the Washington County Veterans office, was extremely helpful for situations when we may need to support or assist someone in our system who is a veteran. Additionally, we now have greater flexibility in collaboration when an individual's needs overlap. The relationship is reciprocal, and at times we can also assist if a veteran with Mental Health needs would benefit from some our supportive services.
- Needs: Many Veterans are reluctant to discuss their mental health needs with professionals who have no military experience. Perhaps if we were able to engage in additional interactions and outreach activities, we could begin the bridge the gap.

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

- Strengths: Washington County is fortunate to have multiple resources available for our LTBTQI population such as a satellite of Persad, a licensed Mental Health Outpatient Clinic providing specialized treatment and support to this population. We can also have a wonderful advocate and ally in Dr. Mary Jo Podgurski, who operates the "Common Ground Teen Center" and provides education on sexuality to most of the school districts in the county. Over the past year, a Central Outreach satellite has opened in the City of Washington which is another great resource for members of this population who are HIV positive. Central Outreach also provides overall medical care to for the LGBTQI population who still too often experience discrimination at the hands of medical professionals. As the County Behavioral Health Administration, we have provided several trainings for our provider system to help increase skill in serving this population.
- Needs: Although our provider system is very open, interested, and supportive, additional discussions, collaboration and even more training would be helpful to ensure that members of this population receive the best possible services.

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

- Strengths: Washington County is very motivated and interested in increasing the skill level among its office and its provider system to best serve Racial and Ethnic Minorities. We have had workgroups in the past, but all have agreed that training is an essential starting point. Although most staff and providers have had basic cultural awareness or cultural sensitivity training, clearly this is not sufficient. As our county continues to become less homogeneous, many of our providers have had opportunities to learn and utilize language translation tools.

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- Needs: Despite the above, we recognize that we are very much in need of training that will lend in the development of a more formalized plan for true organizational change within our system.

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

N/A

- Strengths:
- Needs:

* **Please note that in adressing the population categories identified above, we recognize that disparities exist in all areas. While we have no simple solution, we are committed to consider potential stratgegies in all that we endeavor.**

c) <u>Strengths and Needs by Service Type:</u> (items-c) #1-7 below)

1. **Describe telehealth services in your county (limit of one page):**

   a. How is telehealth being used to increase access to services?
   Prior to the onset of COVID-19, Only one entity had approached us for our approval to utilize telehealth. They were approved. Over time two of our contracted providers submitted initial requests. One submitted an actual service description which we reviewed and were willing to support with minor revisions to ensure adherence to the Telehealth Bulletin. Unfortunately over time, the provider decided not to pursue the program. The second provider who had expressed interest never followed through. Last year, an Out-of- network provider reached out to Washington County and another county of the Southwest Six to request to request inclusion in the network for the purpose of providing Telehealth for our members. We reviewed the service description but did not agree with their practice guidelines, but agreed to a meeting to discuss. The provider was unwilling to be flexible in their position, and as such they were not approved by either county. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.) **(limit of one page).**

   b. During COVID-19, all of our providers adopted telehealth platforms to continue providing care for those in need. At times a designated space was created at provider sites. At other times, providers would go to the individuals served and assist them in using smart phones, IPads, Laptops, etc. that were provided for them if necessary. Regular calls were held between individual providers and the BHDS office to discuss resources and continuity of care and ensure that no unnecessary gaps occurred. A percentage of those served flourished through this method. However, a different cohort, representing a slightly larger percentage of individuals expressed dissatisfaction and waited anxiously to resume in-person services. Currently several our providers are willing to continue telehealth for individuals who can thrive under this method. We fully support these endeavors but when they are consistent with the approved guidelines.

Additionally,we do not believe that Telehealth is a "One Size Fits All" method of service delivery. We have not issued any requests to bring new Telehealth Providers in network at this time, but we are always willing to consider options for present and future development.

(Limit of 1 page)

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

☒ Yes ☐ No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY22-23. (Limit of 1 page)

Although we have no particular structured initiative per se, we are very committed to the provision of Trauma Informed Care across all services. In fact, BHDS has provided opportunities for training in Trauma Informed Care to an unlimited number of staff within its provider system through the trainers at the SAMSHA's National Center for Trauma Informed Care. As a result of collaboration with Southwest Behavioral Health Management, numerous BHDS Providers have had the opportunity to train staff in Trauma Focused CBT. Additionally, one of our very large providers with multiple subsidiary corporations have numerous staff trained and some fully credentialed in Trauma Informed Care. All other providers are contractually required to ensure that all Mental Health workers and Mental Health Professionals receive training in Trauma Informed Care.

3. 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 FY22-23. (Limit of 1 page)

Per last's years Recovery Oriented System Transformation Priority, Cultural and Linguistic Competence was identified. At the request of BHDS, a basic proposal had been submitted to BHDS from Dr. Wendy Jones at Georgetown University's National Center for Cultural Competence. We had planned to conduct the training during the earlier part of this year, but we were not approved for the foundation grant that would have provided the funds. Also, because of fluctuating COVID numbers, the University was hesitant about travel and in person trainings. Fortunately, now, we have access to the funding for the training and Georgetown University has approval to travel and train. We are very excited to plan the training for either September or early November of this year.

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

☐ Yes ☒ No

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If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY22-23. (Limit of 1 page)

Although we have not completed an independent initiative, we have actively participated and invited providers and other stakeholders to participate in the Regional Accountable Health Council (RAHC) workgroups.

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

☒ 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)

Washington County has participated in the Garrett Lee Smith (GLS) Youth Suicide Prevention Grant for four years as indicated previously in this document. Through the grant, stakeholders meet regularly under the guidance of GLS facilitators, and our providers have had the benefit of numerous excellent trainings. Additionally, we just were notified that we have been approved for a SAMSHA Mini-grant to promote Suicide Awareness among the adult population. In accordance with our proposed timeline, we will begin meeting in the fall to discuss screening and prevention efforts in addition to planning our May Mental Health and Suicide Awareness Color Run that we will conduct, and we have invited the local Washington Drug and Alcohol Authority to join us.

6. Employment First:

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see the Employment-First-Act-three-year-plan.pdf.

a. Please provide the following information for your county employment point of contact (POC).
- Name(s): Mary Jo Hatfield
- Email address(es): hatfielm@co.washington.pa.us

b. Please indicate if your county follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:
☒ Yes ☐ No

c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data
• Please complete all rows and columns below with **FY 20-21** data. • If no data available, list as **N/A**. • If data is available, but no individuals were served within a category, list as **zero (0)**.

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Include additional information for each population served 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
i. Total Number Served	183	
ii. # served ages 14 up to 21	10	
iii. # served ages 21 up to 65	174	
iv. # of male individuals served	81	
v. # of females individuals served	103	
vi. # of non-binary individuals served	3	
vii. # of Non-Hispanic White served	162	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	19	
x. Asian	0	
xi. # of Native Americans and Alaska Natives served	1	
xii. # of Native Hawaiians and Pacific Islanders served	1	
xiii. # of multiracial (two or more races) individuals served	5	
xiv. # of individuals served who have more than one disability	37	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	168	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	15	

Data Requested	County Response	Notes
xvii. lowest hourly earned wage of individuals served (ex: minimum wage)	$7.25	
xviii. highest hourly earned wage of individuals served	$21.00	
xix. # of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	8	

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7. **Supportive Housing:**

   a. Please provide the following information for the county housing specialist/point of contact (POC).
      - **Name(s) Mary Jo Hatfield_____**
      - **Email address(es):hatfielm@co.washington.pa.us________________________**

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

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

b. **SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not.* ***Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn't available because it's a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year's planning documents.***

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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).

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY20-21 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Targeted BH United		9. Term of Targeted BH Units (e.g., 30 years)
Totals									
Notes:									

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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.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
MH Supportive Housing Program	2020	HealthChoices Reinvestment	$94,120	$130,000	38	60	38	$210.	0
	2021	Forensic Person-Centered Funds	$,1698.						
Totals			$95,818	$130,000	38	60	38	$210.	0
Notes:									

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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.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY20-21	10. Average Subsidy Amount in SFY20-21
Totals									
Notes:									

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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.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Totals									
Notes:									

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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.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Mental Health Supportive Housing and Intensive Mental Health Supportive Housing	1990	Mental Health Base Funding	$325, 628	$325,628	251			251	18
Totals			$325,628	$325,628	251			251	18

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Notes:	

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.

1. Project Name MH Supportive Housing Contingency	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
	2020	HealthChoices Reinvestment	$129,461.	$180,000.	88			130	$1471.
	2020	Forensic Person Centered Funds	$ 1,699.						
Totals			$131,160.	$180.000	88			130	$1471.

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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.**	

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY20-21	5. Projected $ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23
Totals								
Notes:								

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

i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

a. **Priority 1-Garrett Lee Smith Suicide Prevention, Child/Adolescent System Enhancement and Capacity Building**- As indicated previously in this document, numerous RFPs have been issued, and we have been able to add multiple new providers of IBHS and Family-Based services. We are engaging in planning efforts for he first ever “Out of the Darkness Walk” with the Assistance from the American Foundation for Suicide Prevention. A newsletter has been developed to to share valuable information with a large group of stakeholders. System providers have experienced the benefits of many excellent trainings to enhance their skills. Additionally, development of the new CHILL Program is in process.

b. Priority 2- Collaboration with Law Enforcement to include linkage to beneficial training
During the past year we had experienced an unexpected turn of events because we were unable to work collaboratively with Transitional Paths to Independent Living to conduct the Mental Health First Aid trainings for Law Enforcement. As such we proceeded forward in acquiring our own funding and arranged for contracting with other trainers for the two trainings dates. In June of 2021, we offered two sessions of the Mental Health First Aid-Public Safety and reached out to all the police departments within the county as well as corrections officers and other emergency responders. In addition to this effort, our office has had multiple interactions with law-enforcement. At the request of one Police Department, we have participated in a number of CIT training sessions. Additionally, we are currently working to plan an Autism training for both the Courts and Law Enforcement.

c. **Priority 3 Establishment of Cultural and Linguistic Competence within our Mental Health system**- Although we had established contact with Georgetown University, due to uncertainties regarding funding and fluctuating Covid numbers with potential travel restrictions at Georgetown University, we were not able to schedule the training in accordance with the time frames indicated; however, we are pleased to note that we are working to finalize access to the funding, and the travel restrictions for Georgetown University have been lifted. As such, we are looking forward to very soon confirming dates for the 1.5 days of training.

d. **Priority 4-Revitalization and Capacity Building with the Adult System-**During the past year we have worked with our chosen new provider for the development of a second Modified ACT Team, approving the service description, workign collaboratively to develop the reimbursement rate and other work towards start up. However, due to the extreme staffing crisis within our system, the team has been unable to fill several of the required positions to date. On a separate initiative in this priority, we have been successful in converting our Base-funded Mobile Housing Support Team to a HealthChoices billable, Mobile Psychiatric Rehabilitation Program that can work with individuals on their housing specific needs and goals.

e. **Priority 5-Work Collaboratively with the Washington County Aging Services Department and the SPHS Area Agency on Aging to meet the needs of Older Adults**. We were able to conduct the depression screenings as planned although we did not finish them until a little past our target date of January, having carried some over into February and early March. We did begin to work collaboratively on an endeavor

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when an area of need was expressed by seniors during the screenings. We hope to continue to assist in this endeavor in the coming year. Unfortunately, we were not able to complete an update of the resource directory due to staffing shortage within the BHDS office. Hopefully we will be able to accomplish that in the 22/23 Fiscal Year. For this same reason, we also have not had the opportunity to conduct the Treatment for Hoarding Training.

ii. 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 FY22-23 at current funding levels.

For **<u>each</u>** transformation priority, please provide:

a. A brief narrative description of the priority including action steps for the current fiscal year.
b. 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.
c. 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.
d. A plan mechanism for tracking implementation of the priorities.

1. (Identify Priority) Garett Lee Smith Suicide Prevention, System Enhancement and Capacity Building

☒ Continuing from prior year ☐ New Priority
Narrative including action steps:

a. Narrative Including action steps -Washington County will continue its involvement with the Garrett lee Smith suicide Prevention Grant and will work to Identify and develop additional resources for the Children and Adolescents in Washington County.
b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1-BHDS will continue to participate in the GLS Grant for year 5, participating in regular strategic planning meetings to define primary goals. Work collaboratively with CYS to explore new programs for diverting youth from inpatient treatment and out of home placement. Additionally work with CYS on Suicide Rrisk Assessment for children entering Foster Care. Continue to work with Allegheny Health Network for a new non-MA- funded Children's Partial. Continue to issue RFPs for IBHS and Family Based.
Quarter 2- Conduct out of the Darkness Suicide Prevention Walk. Work with Southwood Hospital, Beacon Health Options and SBHM for expansion of its beds. Continue to Issue RFPs for IBHS and Family-Based services to add additional providers. Continue to work on GLS identified goals.
Quarter 3-Work with School Districts to identify training needs and assist with Youth Mental Health First Aid
Quarter 4- Continue any incomplete efforts identified above and reassess for additional needs.

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c. Fiscal and Other Resources: Largely unknown at present other than HealthChoices training dollars for Youth Mental Health First Aid and potential HealthChoices Reinvestment Funding and misc. grants for start-up of new initiatives.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-)
The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress or barriers that occur.

2. (Identify Priority) Collaboration with Law Enforcement to include linkage to beneficial training

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: Washington County BHDS will continue to establish effective partnerships with Law Enforcement with the goal of minimizing risk of harm and/or criminal charges for those with serious mental health disorders. This will include increased collaboration and the provision of training in accordance with identified needs.

b. Timeline: Provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1- Provide training for Police Departments on entry to our service system, await notification regarding CIT Grant to fund a “Train the Trainer” for CIT. If awarded begin additional planning. Work to plan Autism training
Quarter 2- Provide Autism training, Continue CIT Training efforts
Quarter 2 Work to plan and implement Co-Responder Program continue CIT Training efforts.
Quarter 4 Evaluate and plan for any additional training needs

c. Fiscal and Other Resources: Grant funding through The Pennsylvania Commission on Crime and Deliquency (PCCD) in the amount of $20,000 for additional CIT Training. HealthCHoices Training Funds to be determined as well as any supplies or curriculum to be purchased.Training on Autism and Intellectual and Devleopment

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress or barriers that occur.

3. (Identify Priority) The Establishment of Cultural and Linguistic Competence within our System

☒ Continuing from prior year ☐ New Priority

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a. Narrative including action steps: BHDS and its System recognize our lack of true competency (beyond basic awareness and sensitivity). The first step along our path to competency is to provide expert training for our service system. It is expected that the training will help BHDS and each of its contracted providers to identify its strengths and needs and develop an individualized action plan for transformation to competency.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1-Work with Dr. Wendy Jones and colleague of Georgetown University to identify one or more potential dates for the fall. BHDS will also finalize funding arrangements, arrange for a venue and morning and afternoon refreshments for the 1.5 days of training. BHDS will also work to develop a flyer and provider registration forms.
Quarter 2- Conduct Training
Quarter 3- Conduct follow up meetings with Washington County providers to discuss strengths and needs and request each entities' individualized plan for implementing and ensuring practices consistent with Cultural and Linguistic Competence.
Quarter 4-Collect and review provider plans, provide feedback and evaluate next steps.

c. Fiscal and Other Resources: HealthChoices Training Funds in the amount of $10,000.at a minimum.as well as funds in the amount of $2,500 towards the cost of the venue and refreshments to be contributed by the Mental Health Association of Washington County partnering with us on this endeavor as a key advocacy agency.

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

The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress or barriers that occur

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

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: BHDS Leadership will work with the identified provider of the new Modified Assertive Community Treatment (ACT)Team, the new provider for the Mobile Psychiatric Medication Service and will announce the award the chosen provider(s) for one or more new Licensed Psychiatric Outpatient Clinic. Additionally, BHDS will work with chosen provider to implement Cognitive Enhancement Therapy (CET) within Psychiatric Rehabilitation. Throughout the year, BHDS will work to identify additional services needed and/or identify changes to be made to existing services.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverable
Quarter 1- Announce awardees for new Outpatient Provider, Work with UPMC and identified provider to arrange for training contract to begin provider CET training and work with provider to begin advertising new services. Continue to monitor staffing recruitment updates for ACT and Mobile Med providers
Quarter 2 Work with CET provide to recruit potential program participants
Assist ACT Provider in acquiring any waivers from OMHSAS, continue preparation for start-up of Act and Mobile Psychiatric Medication program.

Quarter 3 Work with provider to begin full implementation of CET. Work with new Provider(s) of Outpatient Services to acquire promise approval and develop physical site. Assist provider in credentialing with Beacon Health Options as necessary.
Quarter 4- Assess outcomes of fully implemented new services and work to identify future needs and/or modifications.

c. Fiscal and Other Resources: Staunton Farms Foundation Grant in the amount of $67.000 (already acquired) and HealthChoices Reinvestment Funding for staffing costs, training, and computers for approximately $70,000. Other resources to be determined based upon needs to be identified throughout the processes.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress or barriers that occur

5. (Identify Priority) Work Collaboratively with the Washington County Aging Department and the Area Agency on Aging

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: BHDS will assist the Washington County Aging Department and the Area Agency on Aging by continuing to conduct Depression and Anxiety screenings annually. Additionally, BHDS will work to update resource information such as the directory of service available for Older Adults. BHDS will also work to provide training for the clinical treatment of Hoarding which can be particularly problematic for Older Adults. Additionally, BHDS will assist in the training of volunteers for the Reassurance Line.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1-Begin to identify qualified individuals to provide training on the clinical treatment of hoarding. Meet with Aging Services leadership to plan for volunteer training. Begin Contacting Senior Centers to schedule screenings
Quarter 2- identify training dates, arrange funding and venue for clinical training and conduct Depression Screenings.
Quarter 3- complete any final screenings, begin to work on updates to the resource information and/or directory.
Quarter 4- Meet with the Aging Department discuss progress and/or any additional unmet needs that have been identified.

c. Fiscal and other Resources: HealthChoices Training Dollars for clinical training for the treatment of Hoarding. Provider staff to assist in the training of volunteers and any curriculum materials to be reproduced,

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided) The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress or barriers that occur.

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d) <u>Existing County Mental Health Services</u>

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ 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	☒	☒ 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	☒	☐ 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

Note: HC= HealthChoices

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

(Below: if answering Yes (Y) to #1. **Service available,** please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	51	TMACT	County and AHCI	annually		Y	
Supportive Housing	Y	281	Toolkit	Provider	unknown		Unknown	
Supported Employment	Y	187	Toolkit	Provider	annually		Y	Include # Employed 73
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	849	Toolkit	Provider	unknown		unknown	
Illness Management/ Recovery	Y	28	Toolkit	Provider	unknown		Y	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	6	unknown	Unknown	unknown		unknown	
Multisystemic Therapy	Y	42	unknown	Unknown	unknown		unknown	
Functional Family Therapy	N						unknown	
Family Psycho-Education	N							

*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

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f) <u>Additional EBP, Recovery-Oriented and Promising Practices Survey*:</u>
(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1199	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	107	
CPS Services for Transition Age Youth (TAY)	Yes	19	
CPS Services for Older Adults (OAs)	Yes	4	
Other Funded CPS- Total**	Yes	15	
CPS Services for TAY	Yes	1	
CPS Services for OAs	Yes	1	
Dialectical Behavioral Therapy	Yes	451	
Mobile Medication	Yes	0	Awaiting new provider
Wellness Recovery Action Plan (WRAP)	Yes	66	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	133	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	932	
Consumer-Operated Services	Yes	396	
Parent Child Interaction Therapy	Yes	0	
Sanctuary	Yes	1	
Trauma-Focused Cognitive Behavioral Therapy	Yes	22	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	16	
First Episode Psychosis Coordinated Specialty Care	No		
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

g) <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.

<u>In the table below</u>, please include CPSs employed in <u>any</u> 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

Name and email of county CPS Point of Contact (POC)	Mary Jo Hatfield hatfielm@co.washington.pa.us
Total Number of CPSs Employed	**15**
Average number of individuals served (ex: 15 persons per peer)	**8**
Number of CPS working full-time (30 hours or more)	**15**
Number of CPS working part-time (under 30 hours)	**1**
Hourly Wage (low and high)	$14.65-$19.87
Benefits (Yes or No)	**7-yes, 9-no**

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
   ☒ No, chose to opt-out for all of CY2021
   ☐ Yes, AOT services were provided from date: _______ to date: _______ after a request was made to rescind the opt-out statement
   ☐ Yes, AOT services were available for all of CY2021

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 CY2021 (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 CY2021:
   a. Provide the number of written petitions for AOT services received during the opt-out period. #___0_______
   b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). #__0_________

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

	i. AOT	**ii. IOT**
I. Number of individuals subject to involuntary treatment in CY2021	N/A	142
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		2
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	N/A	15

V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	N/A	$6730.75

i) CCRI Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will 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 2021 been reported to the state as a pseudo claim? ☒Yes ☐ No

j) Categorical State Funding-FY 21-22 (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 Initiative?**

   ☐ 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 closure of 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 to support the closure of 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 21-22. 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 21-22**	**Funding Expended FY 21-22**	**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

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to enabling individuals with an intellectual disability and autism live rich and fulfilling lives in their community. 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.

This year, we are asking the county to focus more in depth on the areas of the Plan that will help us achieve the goal of an Everyday Life for all individuals.

Washington County currently supports 669 individuals through their ID/Autism system. Washington County provides a wide array of services for all those enrolled. Washington County continues to be fortunate to have providers that offer a widespread selection of waiver services. We continue to work with providers to encourage and increase 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 currently are not receiving waiver-funded services are always aided by their Supports Coordinators to use natural supports and resources. 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. 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 dual diagnosis, more intense behavioral and/or medically complex needs would be beneficial. It is important to also ensure the families and other stakeholders have 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 21-22	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be Served in FY 22-23*	*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	62	.09	62	.09
Residential (6400)/unlicensed	4	.005	4	.005
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	146	.21	146	.21
PDS/VF	3	.004	3	.004
Family Driven Family Support Services	0	0	60	.089

Supported Employment: "Employment First" is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. ODP is strongly committed to competitive integrated employment for all.

Washington County makes every effort for all individuals to be competitively integrated employed. Washington County currently provides the following services: Supported Employment, Enhanced Supported Employment, Discovery and Customized Employment. Currently in Washington County we have a total of 39 individuals using Supported Employment Services. Currently in Washington County we have a total of 41 individuals using Small Group Employment Services. Washington currently has no individuals using Advanced Supported Employment.

Washington County is strongly committed to "Employment First." We continue to have this as a goal for our Quality Management Plan and will be beginning another round of three years of tracking. One aspect of our Quality Management plan is tracking all individuals that have identified wanting to work or volunteer in their IM4Q interviews. We started this in 2017 and track the person on an on-going basis. In recent meetings we as a group have come up with criteria for determining when someone should be removed from the tracking list. We recently also had a discussion about adding transition age to the tracking and it will continue to be a topic of discussion. Each year we add new individuals based on IM4Q considerations. The 21/22 fiscal year interviews will lead us to potentially add 6 individuals, if those 6 are added we will then be tracking a total of 51 individuals and their road to employment. Before adding those individuals, we were following 45 individuals and had removed three individuals, 1 due to moving and 2 due to no longer having interest. We continue to track certain individuals' status toward employment quarterly/biannually. 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 continue to have an Employment Workgroup that meets quarterly. 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. Washington County had been planning an Employment Fair and Training that was to be in late 2021 or early 2022. Due to the ever-fluctuating COVID numbers, we were unable to host this. We are hopeful that we will be able to host this event in late 2022 or early 2023. 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.

Supports Coordination:

Washington County is very involved with all of the SCO's that serve our individuals. There recently has been plethora of new SC's who have joined the organizations. Washington works very hands on with the SC's. Washington has monthly SCO meeting where the life course tools are discussed. Washington County plans to reach out to ODP/PA Family network to hopefully be able schedule a training so that all SC's are able to properly use the life course tools with their individuals and families. Washington County intake begin the process of using the life course tools with the individual/family at intake and the hope would be that the SC's continue to use that completed tool and also expand into the other tools. With proper training for the SC's then they would be able to link all individuals to resources and come up with out of the box thinking to support some of their individuals.

Currently Washington County's ID Waiver Coordinator oversees the waiting list. Washington County does and will continue to have discussions with the SC's about waitlist and train them on how to use them and what should be included. The ID Waiver Coordinator sends reminder emails to the SC when the PUNS is due so that they are capturing the current needs of the individual. Washington County would also like to host a training on how to complete a MA application to ensure that an individual is eligible for Waiver. Washington County also shares all resources with SC's as we receive them so that they can use with their families in the instance that they could help.

In Washington County we have both Agency with Choice and PALCO V/F available for individuals to self-direct. Washington County supports individuals self-directing by ensuring that SC's offer the opportunity for the individuals to run their own meetings, be part of all decisions that will affect the individuals and by ensuring that SC's offer choice to all individuals.

Life sharing and Supported Living:

Washington County currently has three Life Sharing providers; however, we only have two individuals who use the services. Washington County also currently has 2 Supportive Living providers, two of which have usage by individuals, serving 5 individuals. Washington County ensures that all individuals who may be appropriate for life sharing, and supported living are given the option of using this service. We ensure discussions happen as they are appropriate, and that planning is occurring for someone who is in residential who is able to transition to supported living. We also would like to have current providers of both life sharing and supported living come and present to families, individuals and SCO's. Washington County would also like to highlight one of the individuals who is living successfully in Supported Living to be able to share with other individual, families and or others who may be interested. The AE Director is also a part of the WRO Life sharing group.

Washington County has not made much progress in expanding Life sharing, but we hope to do so in the future. Supported Living is slowly expanding, we currently have a few individuals who are interested, in addition to those who are already utilizing the service. We found that having a provider who has really bought in to the service and is willing to place individuals in Supported Living was very successful. Those individuals who are interested, will continue to transition

A specific barrier that Washington County has experienced for life sharing is the lack of families willing to be a host family and lack of interest from individuals. We have the providers who could provide the life sharing service but are unable due to no willing families. The biggest barrier that we have experienced with the Supported Living situations is individuals not having the appropriate SIS scores. The current barrier we have experience with one provider is that they have had turnover in their staffing which has affected getting new individuals into the Supported Living program. The provider is in the process of getting someone hired so this should be rectified quickly.

ODP could be of assistance in expanding the life sharing as an option in Washington County by hosting/presenting to those who may be interested in providing the service, whether that be families or other community members. ODP could be of assistance in expanding Supportive living by sharing success stories and hosting some trainings for SCO's and individuals who may be interested more regularly where success stories could be shared. Washington County feels this could be beneficial for both individuals and SCO's, especially SC's as if they see that it is successful, they would be more enthusiastic to encourage other individuals to pursue the service.

Cross-Systems Communications and Training:

Washington County recently hosted an “it’s about the individual not the numbers training” in the coming FY we plan on hosting some trainings for families and community providers as well. We have scheduled with the HCQU to provide an ID/A training to the Crisis Unit and are meeting again to talk with them about providing a training to Washington County Courts. Washington County would also like to host an Employment Fair in the late 22 or early 23 years to which all types of providers and individuals may participate. Washington County would also like to set up with the PA family Network to host another training(s) for families, individual, SCO’s and providers. We also are wanting to host an Incident Management training for Individuals and parents. And lastly, we would really like to get our parent advocacy group up and running.

Washington County has a good working relationship will all of our school districts. Currently an AE staff attends all transition meetings that are held by the IU, which have each school in attendance. The intake coordinator frequently gives presentations at schools when asked. We also participate in transition fairs and attend IEPs when needed. When trainings mentioned throughout the ID portion, school districts will also be invited to participate as relevant. There are some school districts that are a bit challenging, but we work with them to get what is needed for the individual, especially passing along the correct information so that they can be referred at an early age.

The AE has always been paired with the County MH Department. Most recently we moved to a new building to which BHDS, CYS, and Aging are all located in the same suite. This has really brought us together. We also have the new Human Services model to which all parties have representation at meetings and are easily accessible. Each department is involved and receives referrals from the central intake unit as appropriate as well.

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. This fall, in September, the HCQU will be providing a training to the CRISIS response team regarding Intellectual Disabilities and Autism. 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 Dual Diagnosis Treatment Team (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: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

Washington County had utilized the PA Family Network regularly pre-covid. We had hosted training sessions for families, individuals, providers, SCO's and cross system providers. During COVID this got away from us. We as a County are diligently working on getting back to regular usage and discussions with the PA Family Network. It is the hope that we can schedule another training session this year for all interested and the potential of other training as provided by the PA Family Network.

Washington County as of June 30th has moved to a Human Services model. This model encourages information sharing and education. There is now a centralized intake unit to which if a community member calls, they will then be directed to the help they are trying to find. This is also helpful for our community members as if they would mention a need for our system the coordinator documents that and passes it along so that we can begin our processes. Our County also utilizes, washingtonpa.findhelp.com. with the addition of this website availability all community members have access to all the resources located in Washington County.

Washington County could use more specific trainings on the intake process/GDP/and medical Complexities. This is something that Washington County sometimes struggles with and would appreciate trainings and documents that set forth exactly what is required as many other interpret things differently. Provider Qualification training for all parties involved would be very beneficial as well as things are ever changing, and new staff have on boarded at the AE and provider level. Trainings on CHC including the Obar Waiver, just so we are more aware of how those systems work

since we do have individuals who utilize those Waivers. Training in all the changes to MA would also be beneficial.

Washington County has a strong relationship with the HCQU. We currently have numerous things that are planned in conjunction with the HCQU this Fiscal Year. This fall the HCQU will be presenting a training on ID/A to the CRISIS response team for Washington County. We are also scheduled to meet to discuss another training Washington County would like the HCQU to provide to the Washington County Court system. These trainings will improve the quality of life of our individuals who are involved with the Courts as well as if they are in CRISIS. The HCQU is a participant on our Quality Management/Risk Management Council, they assist in reviewing data and trends for recommendations, they also help to review individuals identified with a high number of incidents and/or Fatal 4 and falls to help make recommendations to the team and provide Complex Technical Assistance (CTA) as needed. Regarding QM, 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. When data relates back to areas of need those are incorporated into our Quality Management process.

Washington County has a very close relationship with Chatham IM4Q. They participate in numerous committees including QM Council, Employment, Human Rights Committee (HRC) and Peer Review. Washington County and Chatham work very close together regarding the Employment workgroup as those who are chosen to be tracked are selected from the considerations that have been provided by Chatham from the surveys completed. Chatham also shares data and information with the groups mentioned, as well as our BHDS Advisory Board.

With the launch of our Human Service model for Washington County there is now a direct to connection to all other systems. With this model we now have a place for new resources, training and contacts and also have the find help website specifically for Washington County. We have all types of resources that are available to all of our providers. Washington County in addition utilizes the DDTT and the HCQU. The HCQU is available for CTA’s and to complete trainings for all providers especially those with higher levels of need related to aging, physical health, behavioral health, communication, and other needs. Washington County is very hands on and has great communication with our providers.

If ODD could provide more in-depth trainings on those with medically complex needs and those who are extremely behavioral this would be beneficial for all parties including providers, SCO’s and AE’s. Training is Behavior Supports for providers as not all seem to provide the service in the same capacity as other providers. Also, it would be very beneficial for more trainings to be offered regarding the Health Risk Screening Tool (HRST).

Washington County currently has a very intensive Fatal 4 plus falls protocol, which entails the SC holding a meeting to discuss the fatal 4 that occurred. During the meeting they discuss what occurred and corrective action to prevent reoccurrence. The AE as well as SCO’s have all been trained on its about the person not the numbers, which in turn ensures that plans are written correctly which will keep the individuals safe for those providing service. HRST is a strong focus for Washington County. The AE ensures that HRST’s are updated and in the ISP when appropriate. Washington County has a large QM Council in which parents and advocates are welcome to be a part of, we discuss risk management at these meetings. It is also the hope to get a parent group started where risk management could be a topic of discussion. We also would like to host a training regarding Incident Management and what that looks like for individuals and families, as not all understand the process

and what should be reported, when and to who. We also have the Human Services hotline to which anyone could call and be directed to the correct department.

Assistance from ODP in regard to stakeholders and risk management would be helpful in getting them to buy in to the process. It doesn't always appear that stakeholders understand the full process or why things are done they way that are required.

Washington County ID/A has recently been working with the County Housing Coordinator on a particular individual who was homeless, and we were able to find him interim housing until he could be set up with permanent housing. The ID/A Director and Housing Coordinator worked together to educate the coordinator on the individual and come to a conclusion if she would be able to help. In the future it is the hope that the ID/A Director and Housing Coordinator continue to work together whether that be from the housing side or the ID/A side. The housing Coordinator is located in the same office as the Administrative Entity, which make both the ID/A Director and Housing Coordinator easily accessible to one another.

As a part of BHDS we 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 and we also continue to meet with providers we were assigned to monthly to assist planning, brainstorming and receiving current status of the provider. We will continue to assist providers in development of Emergency Preparedness Plans.

Participant Directed Services (PDS):
In Washington County we have individuals who utilize both PALCO and AWC services. Currently in PALCO we have 3 individuals and in AWC we have 146. Washington County encourages self-direction. We plan to have a presentation from PALCO this coming fiscal year as well as another from AWC. There has been a lot of SCO turnover so this would be very beneficial for those who are new as well as be a refresher for those who have been around much longer. With the training from both programs SC's would then be able to describe the services to individuals and families. These trainings would also encourage the SC's to use their knowledge of the programs in offering the self-directed services. This enables SC's 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. The program is very confusing for all parties involved, and SC's who do not have someone using PALCO are not as familiar with how the process goes and can be hard for individuals, families and SC's to navigate.

Community for All:
Washington County currently has 10 individuals who are living in a State Center. One of those individuals is currently at Polk State Center. The individual's family would like her when the center closes to move the individual to an ICF Facility in Virginia where they live. The SC has been in touch with the State Center and has attempted contact with the family. SC's meet with the other 8 individuals at least twice yearly unless more frequent is needed. 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.

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.

The County measures efficacy for this program by reviewing case files and reports from HMIS to determine how quickly individuals and families are being connected with the services and resources necessary to resolve their homeless situation and attain permanent housing.

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).

The County measures efficacy for this program by reviewing case files and reports from HMIS to determine how long families have resided at the shelter, the referrals made to mainstream resources

and if the families exited to permanent housing, through a private landlord, subsidized housing or housing programs.

Innovative Supportive Housing Services:

Washington County is part of the Western PA Continuum of Care, and 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 awarded a Centers of Excellence Status from the Department of Human Services, allowing us to provide assistance to those with an 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. Through a county-wide treatment and prevention needs assessment process, the SCA is able to prioritize the SUD needs of the county. This prioritizing is done in collaboration with other systems: children and youth, criminal justice, courts, BHDS, veteran’s affairs, aging, correctional facility, schools, health care and community groups.

Please provide the following information:

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 two 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.

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	48	< 5 days
Medically-Managed Intensive Inpatient Services	2	< 7 days
Opioid Treatment Services (OTS)	45	<5 days
Clinically-Managed, High-Intensity Residential Services	80	< 7 days
Partial Hospitalization Program (PHP) Services	9	< 10 days
Outpatient Services	271	< 10 days
Other (specify)	455	7 days average wait

*Average weekly number of individuals

**Average weekly wait time per person

Overdose Survivors' Data: Please describe below the SCA plan for offering overdose survivors

The SCA Administrator and the Commonwealth Court of Common Pleas president Judge serve as co-chairs of the 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 8) Recovery recognition events. 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 number of accidental overdose deaths have continued to increase. Overdose death statistics indicate that fentanyl is the leading cause of death, followed by polysubstance use with indication of benzodiazepines and fentanyl in the victim's system. 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 deaths.

The Washington SCA and its affiliation with the Opioid Coalition has made huge strides in the past six years 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) increased 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.

Through newly established county human services department it has been determined that other core agencies should be involved in the strategic planning of overdose response. Overdoses do not always involve just one person or happen in isolation many times there are children in the home (Children and youth services) or older adults (Aging Services) or the individual my be a veteran (Veteran's Affairs) so it is very important to approach future overdose response strategies through a full-spectrum approach.

The following charts indicates the number of overdose survivals that were referred by the hospital. These numbers are not the total picture for the county. 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, many, in fact most, usages of Narcan is not reported. The Opioid Overdose Coalition is developing a software program application (App) for both first responders and community at large to complete when Narcan is used. There will be a QR code that will be included in all Narcan kits and all first responders will be trained in the use of the App. The SCA will assist all police/fire/EMS with the administrative burden of completing the App information. The SCA receives very few Narcan utilization reports and are developing ways to attain this information.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
43	15	Hospital warm hand off protocol to the SCA	28

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	2
4	3	0	1
3.7 WM	15	1	7
3.7	4	0	4
3.5	35	1	7
3.1	17	4	2
2.5	6	3	2
2.1	7	3	2
1	5	2	N/A

3. **Treatment Services Needed in County**: Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

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 awarded two hospital-based 3.7 levels of care. One is located in Washington County in the Mon Valley and will flex beds between 4.0 and 3.7 levels of care. This new facility will most assuredly assist with the placement of our complex individuals with multiple comorbidities. The facility plans to be fully operational by December 2023.

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. The SCA will work closely with the County Human Services Department in developing strategies to address Neonatal Abstinence Syndrome and Fetal Alcohol Spectrum Disorder. The SCA will continue their involvement in the Children and Youth Services Roundtable; The Governor’s Plans of Safe Care; and 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 to prevent adolescents from entering into the juvenile justice system and assisting those who are already engaged in the system. The SCA provides an education program know as S.T.E.P. STEP is designed as an education opportunity for teenagers in Washington County; referrals can be made by MDJ’s, schools, Probation Officers, Peer Jury Program, and parents. Upon completion the program may serve as an alternative to suspension, decrease fines and court costs and act as a tool for parents who may be concerned about their child’s drug or alcohol use.

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. Recovery houses must now be licensed in order to use any state or federal funds and many houses in Washington County are choosing to not become licensed. Most house owners are hesitate because the licensure requires that the house accept renters on MAT. All the houses in Washington County have a history of being abstinent-based and are leary to have these prescribed medications on the premisses due to the fact that the substances can be abused and diverted. The SCA continues to work with the recovery house network providing technical assistance and training around the area and philosophy of MAT.

4. **Access to and Use of Narcan in County**: Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

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 worked 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, the focus is 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 7000 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 nearly 5000 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 are being 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.

5. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

Warm Handoff Data:

# of Individuals Contacted	**509**
# **of Individuals who Entered Treatment**	343
# **of individuals who have Completed Treatment**	152

The warm hand off response team is very successful engaging the individual and connecting them to treatment. Of the total referrals, 67% enter into treatment, this is a is a noteworthy statistic.

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.

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:
Description of Services:
Service Category: Please choose an item.

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. Services are provided to both the Adult and Aging populations.
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. Services are provided to all client populations.
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)
If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services.

During the 2022-2023 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 redesign of the Department was publicly launched on June 30, 2022. 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 implemented 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).

Warm Handoff

Direct referral of overdose survivors from the Emergency Department to a drug treatment provider.

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.