

Washington County

Human Services Plan

FY 2023-2024

Appendix B

County Human Services Plan Template

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

Describe the county planning and leadership team and the process utilized to develop the Plan for the expenditure of human services funds by answering each question below.

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 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 to collect data and develop 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 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, Food Helpers, Inc. (formerly 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.

The new integrated Human Services department focuses on prevention and diversion. We believe the best outcomes occur by keeping people out of restrictive environments. We actively intervene to divert people from incarceration and provide care management and reentry programs to support early release and treatment. We focus on keeping individuals in the communities of their choice and bring services to them.

Washington County follows the Call for Change document guidelines focusing on Least Restrictive Environment, as well as the Mental Health Procedures Act. We feel strongly that individuals should live within their home county if they choose to do so, in the setting that allows them to be as independent as possible with supplemental supports as needed. We are proud to say that we do not utilize State Hospital beds and have not done so for years.

While we do have a 16-bed LTSR in our County, it is only used for individuals with the most Severe Mental Illness that need that intense support short-term. We have two CRRs which are supervised housing. The CRR residents can come and go as they please. The 24- hour staffing at the CRR works with the individuals to learn independent living skills and then aid in locating their own residence when they are ready. Our Supportive Housing Program assigned a Case Worker to an individual to be able to assist them in locating safe, appropriate, and affordable housing. They will also work with them on applying for benefits, securing food, helping with first month's rent and security deposit, basic furniture, etc. as needed. We focus on a Recovery Oriented model with a wide array of services available to those

living in their own residence, as well as those residing in one of our two CRRs. Some of these options include Peer Supports, Mobile Medication, Blended Case Management, Assertive Community Treatment Team, and Psychiatric Rehabilitation.

We secured a Crisis Intervention Grant and are currently providing free training to law enforcement and have a 24 hour crisis team available to respond to situations that are suspected to be Mental Health related.

Funding is an ongoing concern especially in the 24 hour residential programs due to the rising costs of staff, utilities and food in particular. Our providers have had to put hundreds of thousands of dollars of their own fund raising and unrestrictive funds into these programs and we are no longer able to supplement those costs. We continue to search for funding sources outside of the block grant to supplement these programs to ensure their sustainability and long term success. We are looking to move more funding into the CRR and Supportive Housing programs because of this. In addition, our Congregate Meals program ran out of money the last two years. We will continue to utilize some funding, but less than previous years, as well as trying to reduce costs to ensure that does not happen going forward.

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.

ADNo: 14446 Customer Number: W31321
 Customer Name: JASON BERGINI Company: WASH CO DEPT HUMAN S
 Address: 95 WEST BEAU ST #300
 City/St/Zip: WASHINGTON, PA 15301
 Phone: (724) 228-6995 Solicitor: AD
 Category: 10 Class: 1000 Rate: PN-0 Start: 6-9-2023 Stop: 6-9-2023
 Lines: 12 Inches: 1.17 Words: 80

Credit Card: Expire:
 Order Number:
 Cost: 127.78 Adjustments: .00
 Payments: .00 Discount: .00
 Balance: 127.78

Block Grant

PUBLIC NOTICE

The Washington County Department of Human Services is in the planning process for the FY 2023-2024 Human Services Block Grant. All requests for funding from the Human Services Development Fund and Homeless Assistance Program must be submitted in writing to the Department of Human Services, 95 West Beau Street, Suite 300, Washington, PA 15301 on or before Friday, June 23, 2023, at 4:30 p.m. Interested programs should contact this department at 724-228-6998 for additional information.

6-9

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REFERENCE COPY

Please retain for comparison to monthly statement

This advertisement is: **PAID** **NOT PAID**

Observer-Reporter 122 S. Main Street, Washington, PA 15301
 724-222-2200

NOTE:

Proof of publication is furnished upon receipt of payment / after insertion date.

Observer-Reporter

122 S. Main Street
Washington, PA 15301
Phone: 724-222-2200 Fax 724-223-2639

PUBLIC NOTICE ADVERTISING AFFIDAVIT

Account Number: W31321

Proof Date: 06-09-23

Ad Number: 14446

WASHINGTON COUNTY DEPT. OF HUMAN SERVICES
JASON BERCINI
95 WEST BEAU ST #300
WASHINGTON, PA 15301

ACCOUNT #	DESCRIPTION	LINES	TIMES	PROOF	TOTAL CHARGES
W31321	Block Grant PUBLIC NOTICE The Washington	12	1	7.50	127.78

PROOF OF PUBLICATION

In compliance with the Newspaper Advertising Act of July 9, 1976, P.L. 877, No. 160, as amended
COMMONWEALTH OF PENNSYLVANIA, COUNTY OF
WASHINGTON SS:

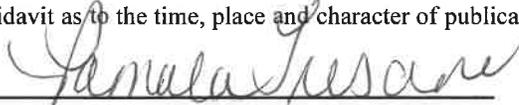
Before me, a Notary Public in and for said County and State, personally appeared

Pamala Tuscano who being duly sworn according to law, deposes and says that she is
Classified Manager of Central Pennsylvania Newspapers LLC dba Observer-Reporter, a
Pennsylvania corporation, and its agent in this behalf, that the said company is the owner and publisher
of the Observer-Reporter, successor to The Washington Observer, established September 18, 1871, and
The Washington Reporter, established August 15, 1808, a daily newspaper of general circulation, printed
and published and having its place of business in Washington, Washington County, Pennsylvania where
it or its predecessors have been established and published continuously for more that six months prior to
the publication of the notice hereto shown: that the printed notice or advertisement hereto shown is a
copy of an official advertisement, official notice, legal notice or legal advertisement exactly as printed or
published in the Observer-Reporter in its regular editions on the following date or dates:

Observer-Reporter: 06-09-23

that neither the affiant nor the Observer-Reporter is interested in the subject matter of said notice or
advertising and that all allegations of this affidavit as to the time, place and character of publication
are true.

Sworn to and subscribed before me this 9th day of June 2023



Eleanor B. Smith

Commonwealth of Pennsylvania - Notary Seal
Eleanor B. Smith, Notary Public
Washington County
My commission expires June 18, 2024
Commission number 1207780

Member, Pennsylvania Association of Notaries

Observer-Reporter

122 S. Main Street
Washington, PA 15301
Phone: 724-222-2200 Fax 724-223-2639

Proof Date: 06-09-23

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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 assisted 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 Human 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.

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 FY 22-23.

During the past year, Washington County Behavioral Health and Developmental Services (BHDS) has engaged in numerous activities to enhance our Mental Health System for the benefit of those we serve as follows:

- Development and Enhancement of services: During the year we were able to add a Mobile Medication Program through George Jr. Republic for those in need of support in taking their psychotropic medications, and we were also able to add also a second Assertive Community Treatment Team through Merakey. Due to an increased need for Outpatient treatment, we worked with Carelon (then Beacon Health Options) to do a RFP and were able to add two new Clinics to our system, Chartiers Center and Allegheny Health Network who is currently in the process of building the new site. We were also extremely pleased to receive a Staunton Farms Foundation Grant and subsequent Reinvestment funding to develop another Evidence- Based Practice, Cognitive Enhancement Therapy (CET), for implementation in one of our Psychiatric Rehabilitation Programs. CET was originally developed through the University of Pittsburgh. In doing so, we had the pleasure of working with Dr. Shawn Eack and his staff for training and supervision. We were also pleased to receive funding for the Community Based Care Management initiative allowing us to better identify and support those with complex needs who would qualify for services within the realm of our Behavioral Health Managed Care Organization's (BH-MCO) Value-Based Purchasing initiative. Additionally, we are fortunate to also access funding through a Social Determinants of Health (SDoH) Reinvestment plan which provides funding for purchases and other expenditures to improve the health trajectories of individuals and families with urgent and emergent needs. As part of the statewide initiative to enhance Crisis Intervention Services, we applied and received a grant which will allow for the purchase of a RV thus allowing for a Mobile response more conducive to serving individuals who are in need of food, psychiatric intervention, and medication as well as care of their hygiene. Also, through grant funding, we were able to add a designated Child/Adolescent Crisis Worker and create a crisis text line also more amenable to the needs of our youth and young adults.
- Training, Collaboration and Outreach- In the fall of 2022, we were excited to finally offer an excellent two-day training on Cultural and Linguistic Competence provided by Dr. Vivian Jackson of Georgetown University. Another valuable training opportunity was offered in the spring of 2023 on treatment and support for those with Hoarding Disorder bringing to Washington County the

expertise of Dr Elspeth Bell. This training, offered to our provider system and our partners within the Aging Services System was extremely well received. We have continued to enhance collaboration with our fellow Human Services Departments such as Children and Youth Services, the Washington County Veterans Affairs Department, Housing and Homeless Services and the Aging Services Department for which we provide at a minimum of annually, “Feel Good Bingo” which is a fun way to help older adults develop awareness of their own mental health. We also conduct depression and anxiety screenings while at the Senior Centers for those interested, linking them to our resources when desired. We interact regularly with the Washington Drug and Alcohol Authority to best serve those with Co-occurring Mental Health and Substance Use Disorders. Perhaps most importantly our Behavioral Health Director in charge of Crisis and Emergency services as well as our BHDS Administrator have worked actively to enhance our partnership with first responders of all types with particular focus on law enforcement and other members of the Judicial system including the Magisterial District Courts, the Court of Common Pleas, both the District Attorney’s Office and the Public Defender’s Office as well as the Washington County Correctional Facility. In fact, our Crisis Emergency Director is now fully certified and has become an active member of our Local SWAT Team, at which time he was able to facilitate the addition of two of our lead crisis staff to the SWAT Team. Most recently he has also become certified as a Crisis Intervention Team (CIT) Trainer which allows for a significant expansion of collaborative efforts with the Police Departments within our county.

Our Child/Adolescent Department has also been very busy throughout the year. They worked with the Canon McMillan School District to develop a second CHILL Program which is extremely beneficial to students who are struggling. They also were able to add one new Provider of IBHS Services and two new Family Based Teams. As part of the department’s ongoing efforts with the Garret Lee Smith Suicide Prevention Grant, they hosted two trainings. Specifically, they provided a Postvention training for the school districts in our county and a Safety Planning-Skill Building training for the mental health professionals within our provider system. The Child and Adolescent Department also worked with our local Intermediate Unit to arrange for a training on the topic of “Threat Assessment”. Finally, they participated actively in numerous outreach opportunities including a Hispanic Fair and the “Kidsfest” at our local mall, as well as “Touch a Truck” and a “Back to School” events. They also participated along with our adult service system in May the “Mental Health Awareness Night” at the Washington Wild Things Stadium which is our local Farm League Baseball team. Led by our BHDS Quality Department, we are also excited that again this year the entire BHDS office and provider system collaborated for the second year in a row to host a table and conduct outreach at the Washington County Agricultural Fair. While there our office staff and our provider system offered free screenings during scheduled ours and provided literature regarding our services and supports. We also provide several “Mental Health Awareness giveaways” and attracted individuals to our table by providing free raffle tickets for prizes to anyone who stopped to talk. Last year we were able to interact with 1,000 plus individuals. This August we are pleased to provide our table again and have daily contact with well over 100 individuals per day planting the seeds of awareness, sharing resource information and/or directly linking individuals in need to appropriate supports. Last but certainly not least, we hosted a Mental Health and Suicide Awareness Color Run in May 2023 funded through the

Pennsylvania National Strategy for Suicide Prevention. It was a quite a success with over 250 individuals registered to attend. In addition to the actual run, we provided a DJ. and prize raffles, compliments of community donors, as well as finger foods and beverages. We also offered free screenings. Although it was an adult focused event, for parents with children, we did provide child-appropriate activities such as face painting, bubbles and Mental Health Awareness coloring and activity booklets.

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

Please identify the strengths and needs of the county/joiner 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:** More now than ever the full integration of the Washington County Human Services System allows close collaboration with the Washington County Aging Department and its partner organization, Area Agency on Aging. This can include Multi-disciplinary Team Meetings as well as individual consultation and collaboration. Over the years we have we conducted screenings at each of the Senior Centers in the county. Over the last few years, we have also introduced “Feel Good Bingo, mentioned previously both as an Ice breaker and also as a tool to help the older adults recognize the signs of anxiety and depression. As a result of those visits, we were able to learn that many seniors struggle with loneliness and sadness on the weekends when the Senior Centers are closed. As such, we communicated with the Aging Director and that collaboration prompted their developing of an “Assurance Program” which will allow those who are interested to have calls from other older adults during those down times. BHDS has offered to provide some basic training through our service system for the staff who will operate the service so that they are prepared to manage more difficult situations. We also are proud to have services that are of benefit for our older adults such as our Social Rehabilitation Program and numerous mobile services such as Blended Case Management, Older adult Peer Support, Psychiatric Rehabilitation, and Mental Health Supportive Housing for Older adults in need of obtaining and maintaining safe, affordable, and decent housing. We also have a provider credentialed to provide Mobile mental Health Treatment to those in long term care facilities. Unfortunately, despite all of the efforts provided including those from the identified provider, our office and the BH-MCO to educate such facilities during the development of Community Health Choices, many facilities are reluctant to utilize this valuable service. For Older adults with mental health challenges who are more mobile, Social Rehabilitation programs and Drop-In Centers can provide valuable social and recreational interactions.
- **Needs:** Although we do collaborate quite well among the Human Services System and have provided numerous trainings over time, many individuals feel that it would be beneficial to have periodic trainings, perhaps annually or semi-annually for our systems to help one another understand the service guidelines and processes so that providers within our systems can best collaborate. We are more than willing to explore this option. It is also recognized that it would be beneficial for our system to Increase the pool of geriatric-competent clinicians.

2. Adults (ages 18 to 59)

- **Strengths:** BHDS has many resources 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 the Caramel Counties in Southwestern Pennsylvania allowing individuals maximal opportunities for choice and autonomy in conjunction with crisis/safety planning and wellness tools. Additionally, we are pleased that most adult providers have had training in trauma informed care, and we serve hundreds of adults with Peer Support to include the base funded Peer Mentor Program and the three Certified Peer Support Programs offered within the County. We are fortunate to have a provider system which fully espouses the values and principals identified within “A Call for Change” and one which has worked diligently to identify and develop programs such as Psychiatric Rehabilitation and Supported Employment. Individuals served by these programs are encouraged and supported in exploring meaningful life role in their communities. 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 to begin treatment, and the frequency of contact is at times less than desired. Another key area of need is for safe, decent affordable housing. Although we do utilize base funding for two providers of Mental Health Supportive Housing services and two Mobile Psychiatric Rehabilitation Providers focused towards housing needs that do a nice job assisting with housing acquisition, there simply is not enough affordable housing stock available. In fact, over the past year, numerous landlords have begun the truly unfair practice of requiring that individuals and families demonstrate proof of income up to three times the amount that they would pay for rent. In such situations we do advocate stridently for those we serve, and our providers are familiar with fair housing practices. We are also very fortunate to have access to HealthChoices Reinvestment and Forensic funding to assist many of our individuals and families in acquiring safe and decent housing options.

3. Transition age Youth (ages 18-29)- 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 individuals 18-29 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 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 at the CRR program and individuals choose to lease a house or apartment together which has proven to be quite successful often times more so than young adults getting an apartment by themselves.

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:** 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 exploring creative ways to re-create the model using already existing resources. Finally, the Adult services department within the BHDS office and the Child/Adolescent department collaborate quite well to ensure a smooth transition.

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:** Every district within Washington County has access to Student Assistance Programs (SAP) whose liaisons continue to utilize the B-H Works assessment tool originally developed at the Children’s Hospital of Philadelphia to identify an expansive variety of concerns. BHDS also continues to provide School-based therapy through its provider system at all of the districts in the county. We even offer an excellent school-based-Partial Hospitalization Program at one of the districts which at times can be accessed by students of other districts. As previously stated, this year we were able to assist one district with the implementation of the CHILL program which has proven to be very beneficial to our students with mental health needs. We are also pleased to state that Washington County also has a very active Child Adolescent Service System Program (CASSP) model. The Child/Adolescent Department of Washington County also works very closely with representatives from the BH-MCO to ensure collaboration and monitoring of children and adolescents with intensive needs and minimize the utilization of more restrictive option such as inpatient and RTF utilization. The Child/Adolescent system comprised of our office staff and the Child/Adolescent Providers work together through the Child/Adolescent Task force to provide trainings and other activities throughout the year. Although it is very difficult to find qualified providers of IBHS, We have been able to add one new provider of IBHS services over the past year and were pleased to add two new providers of Family Based services. We plan to continue these efforts. The Acting Child/Adolescent Director participates actively in the RTF Summits to impact quality

improvement. Washington County also now has the training and resources to utilize a very comprehensive and multipurpose tool, the Child Adolescent Needs and Strengths (CANS) designed to support decision making and service planning. Finally, Washington County is proud to be a continued participant in the Garrett Lee Smith Suicide Prevention grant.

- **Needs:** Despite the intensive efforts, there are still many additional providers needed for all levels of treatment services and supports, with a particular systemic shortage of credentialed Child/Adolescent psychiatrists and staff qualified to deliver IBHS. Additionally, despite all of the efforts, we are still in great need of solutions for the shortage of Child/Adolescent inpatient beds such that often these youth must go to facilities out of county and at times out of state. We are hopeful that through ongoing collaboration with our BH-MCO and Southwest Behavioral Health Management we will be able to identify and develop additional resources.

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

5. Individuals transitioning from state hospitals

- **Strengths:** Washington County does not admit to state hospital Civil beds and has not since 2008 with the closure of Mayview State Hospital. During the time of preparation, we developed a comprehensive infrastructure of evidence-based, and recovery-oriented promising practices to provide appropriate treatment and supports. Additionally, we worked with Allegheny HealthChoices to utilize a web-based application for the entry and tracking of early warning and critical incidents which has proven to be an essential component of helping to support individuals at the first signs of difficulty. Although Allegheny HealthChoices is no longer in operation, we have been able to duplicate the process with the assistance of the Washington County IT Department. In regard to forensic discharges, our Crisis Director and Forensic Care Managers work to plan for discharges from the Torrance Forensic Unit. Through identified forensic funding, we are able to assist those discharged and others at risk to achieve a fresh start. Additionally, when necessary, we attempt to utilize the George Jr. Republic Regional Forensic LTSR to provide specialized support.
- **Needs:** With increased costs, fewer qualified staff willing to work for the wages allowable within the budget of a public mental health system that has not increased for over a decade and with increased numbers of those in need with serious mental health conditions, we desperately need additional funding to continue to support these efforts to which we are passionately committed. Having successfully managed a complete paradigm shift throughout our system, it would be truly tragic to regress as a result of inadequate dedicated funding for Mental Health services.

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. 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.:

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:** 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. Additionally, our crisis staff often interact successfully and collaboratively with law enforcement and at times it is beneficial for our clients who offend to be admitted to one of the "forensic beds" at our Crisis Stabilization and Diversion Unit. Over the past year, we have also been fortunate to receive specialized forensic funding available through OMHSAS for our Person-Centered Planning initiative which 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 continues to assist in funding a portion of the cost for Mental health Care at the Washington County Correctional Facility. We have also been fortunate to benefit from the regional funding that provides for the George Jr. Republic Forensic LTSR.
- **Needs:** A process to link incarcerated individuals to trained Forensic Peer Support in preparation for and following release. We are hopeful to develop this in the coming year.

8. Veterans-counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):

<https://www.dmv.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf>

- **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. We are committed to continued collaboration and would be interested in recruiting veterans with mental health struggles into Peer Support training and opportunities.

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, and it has proven to be is another great resource for members of this population including those who are HIV positive or are in need of overall health and/or specialized gender 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 and collaboration 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:** As previously stated, in November of last year, we were fortunate to be able to provide the opportunity for our staff and our provider system to attend a wonderful two-day training with Dr. Vivian Jackson of the Georgetown University Center for Cultural and Linguistic Competence. Through the training and its active participation, we were able to identify key concepts of importance and key elements essential to enhancing our system a along the path to becoming truly culturally competent and well prepared to serve individual of diverse values, beliefs and needs. During the training, each provider began to identify

an area to begin change. Unfortunately, due to the staffing crisis and other variables, we were not able to complete all of our intended work.

- **Needs:** Much more work is needed in the area and providers have requested that BHDS develop expanded policies and procedures to guide their efforts.

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

- Strengths:
- Needs:

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

i. *Previous Year List:*

- Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:
 - i. **Priority 1:** Garrett Lee Smith Suicide (GLS) Suicide Prevention Grant- During the past year the Child/Adolescent system actively continued work on the GLS initiatives conducting periodic meetings for strategic planning with stakeholders and specifically continued to collaborate with the Washington County CYS, Carelon (formerly Beacon health Options), and Southwest Behavioral Health Management to identify potential new resources to divert children and adolescents from restrictive levels of care. BHDS also participated in the planning of the first ever, “Out of the Darkness Walk” to fight suicide that occurred last October. We also worked to encourage participation of high school students in an annual “Prevent Suicide” Contest, inviting local students to submit a public service announcement focused on youth suicide prevention. Additionally, through the SAP process we have continued to provide and monitor screenings for student who may be at risk.
 - ii. **Priority 2:** Collaboration with Law Enforcement-During the past year the BHDS Director for Crisis, Emergency and Disaster worked closely with numerous police departments and other first responders to include training regarding mental health diagnoses and linkage to treatment resources. During the past year he also became certified as a member of the Regional SWAT Team and was able to assist in adding two additional representatives from our system to the team. Most recently, the identified Director also traveled to Utah to become a trainer for Crisis Intervention Teams (CIT). Additional trainings were held during the past year with law enforcement on the topics of autism. Also, conducive to work with law enforcement is the crisis grant, previously mentioned to provide funding for an RV allowing a more comprehensive crisis response which allows for greater collaboration with law enforcement when an offender is in crisis. It is also notable that the MH Crisis Director has been appointed to the local Emergency planning Committee.
 - iii. **Priority 3:** Establishment of Cultural and Linguistic Competence within our Mental Health System BHDS was finally successful in bringing the expertise of Georgetown University’s Center for Cultural and Linguistic Competence to Washington County. Through collaboration with Wendy Jones, we were able to link with Dr. Vivian Jackson who ultimately provided the training. We received

wonderful reviews for the quality of the training that she provided. At the training, providers identified the first steps of a plan to achieve organizational change. Unfortunately, due to a variety of elements including extreme staffing issues in our provider system and turnover even at the management levels, we have not arrived at a point where providers have fully implemented their action plan. As such we will continue this priority in the coming year.

- iv. **Priority 4:** Revitalization and Capacity Building within the Adult Services System- Over the past year we were successful in the expansion of Assertive Community Treatment Teams by adding a new modified team operated by Merakey. Additionally, as planned, we added a Mobile Medication Program operated by George Jr., Republic. Through an RFP process in collaboration with Beacon, now Carelon, we were able to choose two new organizations to operate licensed Psychiatric Outpatient Clinics. One of them, Chartiers Center has been operational for a few months, but Allegheny Health Network is still in the process of building the new site. The hope is that they will be operational sometime during the winter months at the latest. We also are excited to have our evidence-based Cognitive Enhancement Therapy (CET) Program implemented through an expansion of the AMI, Inc. Psychiatric Rehabilitation Program. The program has been up and running since early summer but through the contract with the University of Pittsburgh, the agency will still receive supervision from Dr. Shawn Eack and his team for several months.
- v. **Priority 5:** Work Collaboratively with the Washington County Aging Services Department and the SPSHS Area Agency on Aging. During the past year we have continued to provide outreach to all of the Senior Centers using “Feel Good Bingo” and conducting screenings with anyone who is interested. We also provided resource information for those who would like to access supports. As discussed in the plan last year, through our work it was identified that an Assurance line would be beneficial especially for those older adults who expressed sadness and loneliness alone on the weekends. The Aging services Department has largely organized this endeavor, but we are willing and able to provide requested assistance going forward with training for their senior volunteers who will operate the Assurance Line. While we will not be choosing this area as a priority for next year, we are committed to continuing this endeavor through our ongoing Human services collaboration.

ii. *Coming Year List:*

- o Based on Section b **Strengths and Needs by Populations**, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.

1. (Identify Priority) GLS Suicide Prevention Initiative

Continuing from prior year New Priority

a. Narrative including action steps:

The Child/Adolescent Department of BHDS will continue its Suicide Prevention efforts including the GLS grant which will end in October of 2024. BHDS would like to develop

and provide a variety of webinars for all of the school districts in Washington county to be utilized by students, parents, teachers, and other school personnel.

- b. Timeline: Quarter 1- BHDS will be devoted to finalizing webinar topics that stakeholders feel is most relevant as well as identification of other activities that the group feels would promote the objectives and outcomes of the GLS grant.
Quarter 2- identify information, materials, curriculum, and speakers consistent with the identified topics.
Quarter 3-Identify and contract with vendors for technical support to record and format the Webinars.
Quarter 4- Distribute Webinar series to all relevant audiences.
- c. Fiscal and Other Resources: Approximately \$1,000 may be needed for technical assistance for the development of the Webinars.
- d. Tracking Mechanism: The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress and/or any barriers.

2. (Identify Priority) Collaboration with Law Enforcement and other First Responders

Continuing from prior year New Priority

- a. Narrative including action steps:
BHDS will continue its collaboration with law enforcement and other first responders over the coming year with the goal of minimizing utilization of law enforcement when possible. and maximizing favorable outcomes for those with mental health challenges when they do interact with law enforcement. We plan to accomplish this through ongoing training and collaboration.
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1- BHDS will begin the provision of the 40-hour CIT course beginning on October 9th with a 40-hour CIT training to be co-facilitated by our Crisis Director and a CIT trained officer from one of local police departments. It will be provided to up to 24 officers from any of the departments within the county. It is intended that BHDS will conduct one CIT training per quarter. BHDS will plan for the next CIT training to occur during the 2nd quarter.
Quarter 2-BHDS will conduct the Second training and will utilize every opportunity to meet with 911 Dispatch and Emergency Services to develop a MH Call dispatch and coding within the system. BHDS Crisis Director and the Adult Services /Quality Director will attend a train the trainer for Mental Health First Aid
Quarter 3- BHDS will continue CIT Trainings as previously indicated and will begin to plan for the provision of Mental Health First Aid trainings to occur during the remainder of the year. The crisis Director will also continue all of the activities identified above.
Quarter 4 Continuation of all of the above and provision of Mental Health First Aid trainings if they have not already begun to occur.
- c. Fiscal and Other resources:
Grant funding for Mental Health First Aid Training and potentially any other costs associated with The CIT training such as supplies, venue, etc.

- d. Tracking Mechanism:
The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress and/or any barriers.

3. (Identify Priority) Continued Establishment of Cultural and Linguistic Competence

Continuing from prior year New Priority

- a. Narrative including action steps:
BHDS will meet with providers to discuss progress on identified goals. BHDS will also engage in outreach activities, utilizing our office, our provider system and external partners to engage individuals of diverse culture who may benefit from behavioral health services. Such partners may include the NAACP, members of the Hispanic Community and any other prominent groups to identify individuals willing to act as cultural brokers.
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1 resume workgroup meetings, receive and review provider reports of organizational change to improve and increase cultural competence. Discuss overall progress and identify specific assignments.
Quarter 2 Conduct outreach to identified cultural groups.
Quarter 3 Develop a formalized model and process for utilization of volunteers to provide cultural brokering.
Quarter 4 Work to develop Policies and Procedures to be adopted through the entire BHDS Mental Health Program
- c. Fiscal and Other Resources:
Potential Outreach materials/literature \$500.
- d. Tracking Mechanism:
The identified BHDS designee for this priority will monitor and review progress quarterly at a minimum, documenting progress and/or any barriers. (Example: quarterly and annual goals met; deliverables provided)

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

Continuing from prior year New Priority

- a. Narrative including action steps:
BHDS will identify areas of need within our system to include the development of new and enhanced services potentially focusing on increased utilization of evidence based practices when possible transitioning services to an appropriate model allowing for greater quality and affordability BHDS will also explore the development of potential new housing programs.
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1-research and identify options to meet the growing needs of our service system.
Quarter 2-identify fiscal needs, develop potential budgets, and explore potential funding options.

Quarter 3-Develop RFPs if needed and/or identify providers for new development and/or collaborative change of existing programs.

Quarter 4-Acquire funding, begin development and/or transformation of the identified exiting service.

c. Fiscal and Other Resources:

Potential Grant funding and/or HealthChoices reinvestment. The funding amount that that is needed is unknown at present.

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 and/or any barriers.

5. (Identify Priority) Expansion and Enhancement of Crisis Intervention Services

Continuing from prior year New Priority

a. Narrative Including Actions Steps:

In keeping with increased numbers of individuals struggling with serious mental health conditions and or/co-occurring disorders as well as the development of 988 and increased Focus on suicide prevention, Washington county plans to enhance its existing crisis services.

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

Quarter 1-Identify strengths and needs and research all options for change and/or new development.

Quarter 2-Develop strategic action plan to include individual participants and any identify potential training needs as well as Purchase the RV

Quarter 3-conduct meetings and identify needed resources and acquire additional funding or other resources as needed.

Quarter4-Embark upon full implementation/development and/or enhancement as identified though the planning process.

c. Fiscal and Other Resources:

This is unknown at present. Some resources have already been acquired such as the funding for the RV which will be used when appropriate for the mobile crisis response. BHDS will continue to submit requests for grant funding and/or HealthChoices Reinvestment funding as needed.

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 and/or any barriers.

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

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

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

Telehealth is an option that many providers have continued to use beyond the public health emergency. Although most do not rely on it as an exclusive option, it is available and beneficial especially for those with transportation barriers.

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

We would not likely need to provide designated spaces since providers have licensed locations of their own. If and when we would have additional funding to provide, we would certainly work with our system to appropriately distribute it. We did recently share information with our provider agencies regarding opportunities to apply for funding for technology and some providers have chosen to do so.

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

Washington County has provided training to its system regarding Trauma Informed Care, and we are willing to do so again when requested. We have an open line of communication with our providers regarding training needs which we discuss annually through our quality management committee. If several providers are in need of a particular type of training, we do attempt to provide it free of charge when possible. Additionally, our contracts specify our expectations for staff training, and trauma informed care is one of those requirements.

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 23-24. (Limit of 1 page) please see above.

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 FY 23-24.

In November of 2022, Washington County BHDS contracted with Dr. Vivian Jackson of the Georgetown University National Center for Cultural and Linguistic Competence to provide a two-day training for its staff and provider system and opened the training to other counties in the region. The training was exceptional and received rave reviews almost unanimously from attendees. The topics covered in the training include the following: definitions of culture, Cultural Diversity, multiple cultural identities, organizational culture, the culture of Pennsylvania and Washington County. Definitions of Cultural Competence, 5 elements of culture, a conceptual framework, essential elements in a culturally competent system, cultural competence continuum, linguistic competence, linguistic demographics for Pennsylvania, The NCC's guiding principles for language access, Legal Mandates, the Civil Rights ACT, Health Literacy and Culture, Health and Behavioral Health disparities, defining bias, Strategies to address bias, fears and concerns.

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

Yes Efforts are not complete

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 23-24.

We have participated in our regional workgroups with relevant stakeholders to address health inequities, but these are limited to certain specific communities and certain identified outcomes and are still in process.

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)*

Through our work as part of an integrated Human Services System, Washington County began collaboration with the American Foundation for Suicide Prevention in 2022. Through these efforts the “Pathfinders” Suicide Prevention Group was developed, and, in the fall of 2022, Washington County conducted its first ever “out of the Dark” Suicide Prevention walk. We are currently working on planning for a second walk in September to take place in the heart of the City of Washington. Throughout the year numerous other events and trainings take place as well. counties may describe plans to implement future initiatives in the coming fiscal year.

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

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 [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

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

- Name: Mary Jo Hatfield
- Email address: hatfielm@co.washington.pa.us
- Phone number: 724-288-3845

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

Yes No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

Previous Year: FY 22-23 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>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).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	202	
ii. # served ages 14 up to 21	15	
iii. # served ages 21 up to 65	187	
iv. # of male individuals served	85	
v. # of female individuals served	116	
vi. # of non-binary individuals served	1	
vii. # of Non-Hispanic White served	173	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	22	
x. # of Asian served	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	3	
xiv. # of individuals served who have more than one disability	41	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	70	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	20	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	6	\$8.00 an hour
xviii. # of individuals served with highest hourly wage	1	\$21.00 an hour
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	10	

7. Supportive Housing:

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

Name: Mary Jo Hatfield
Email address: hatfielm@co.washington.pa.us
Phone number: 724-288-3845

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 to include:**

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

i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 23-24 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Totals								
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Rental Subsidy Program	2. initially developed in 2008 Current plan developed in 2021	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23
		Reinvestment	\$20,337		5	20	17	\$212.00	2
		Forensic Funds	\$22,918		11	10			1
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Totals								
Notes:								

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Mental Health Supportive and Mobile Housing Supports	Originally around 1998	Base	\$318,130	\$270,000	286		250	7
Totals								
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
Project Name	2. Year of Implementation Originally 2008	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
MH Housing Contingency		Reinvestment	\$33,717	\$50,000	47		70	\$717
		Forensic	\$31,017		35		10	\$886
Totals								
Notes:								

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
<p>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.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24
Intensive	2012 ???	Base	\$627,814	\$627,814	17		15
Permanent Supportive Housing Program							
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as:

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

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

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Mary Jo Hatfield
	Email: hatfielm@co.washington.pa.us
	Phone number: 724-288-3845
Total Number of CPSs Employed	15
Average number of individuals served (ex: 15 persons per peer, per week)	5.7
Number of CPS working full-time (30 hours or more)	13
Number of CPS working part-time (under 30 hours)	2
Hourly Wage (low and high), seek data from providers as needed	\$14.04-24.14
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Yes for 13 Peer Staff
Number of New Peers Trained in CY 2022	3

f) Existing County Mental Health Services

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

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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(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	90	TMACT	County and Contractor	annually	Y	Y	
Supportive Housing	Y				?	Y	?	
Supported Employment	Y	202	SAMSHA toolkit	Agency and their board	annually	Y		Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y							
Illness Management/ Recovery	Y	65	SAMSHA toolkit	Agency	?			
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Normally but none this year							
Multisystemic Therapy	Y							
Functional Family Therapy	N							
Family Psycho-Education	N							

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

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

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

(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1268	
Compeer	No		
Fairweather Lodge	No		Would like to develop one at some point
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	129	
CPS Services for Transition Age Youth (TAY)	Yes	30	
CPS Services for Older Adults (OAs)	Yes	10	
Other Funded CPS- Total**	Yes	12	
CPS Services for TAY	Yes	0	
CPS Services for OAs	Yes	10	
Dialectical Behavioral Therapy	Yes	323	
Mobile Medication	Yes	8	
Wellness Recovery Action Plan (WRAP)	Yes	26	
High Fidelity Wrap Around	No		
Shared Decision Making	No		Not according to a particular model
Psychiatric Rehabilitation Services (including clubhouse)	Yes	176	
Self-Directed Care	No		Not according to a particular model
Supported Education	No		
Treatment of Depression in OAs	Yes	249	
Consumer-Operated Services	Yes	361	
Parent Child Interaction Therapy	Yes	19	
Sanctuary	Yes	2	
Trauma-Focused Cognitive Behavioral Therapy	Yes	31	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	5	
First Episode Psychosis Coordinated Specialty Care	No		We have components of it though
Other			

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

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT) Services* under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2022
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2022

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). 0

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

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	119
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022		
III. Number of AOT modification hearings in CY 2022		
IV. Number of 180-day extended orders in CY 2022	9	
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022		

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

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

❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? Yes No

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

I) Categorical State Funding-FY 22-23 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

State Categorical Funding				
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 22-23. If yes, complete the question below the chart that pertains to the specific line of funding. 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 Yes or No	Funding Received FY 22-23	Funding Expended FY 22-23	Balance of funds
Respite Services				
Consumer Drop-in Center				
Direct Service Worker R&R				
Philadelphia State Hospital Closure				
Forensic Support Team				
Eastern State School & Hospital				
Mayview Children's Unit Closing				
Student Assistance Program				

- 1. If your county currently receives state funds for Respite services, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 2. If your county currently receives state funds for Consumer Drop-in Centers, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 3. If your county currently receives state funds for Direct Care Worker Recruitment & Retention, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 4. If your county currently receives state funds for the closure of Philadelphia State Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**

- 5. If your county currently receives state funds to support the Forensic Support Team, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 6. If your county currently receives state funds to support the closure of the Eastern State School & Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 7. If your county currently receives state funds to support the closure of the Mayview Children's Unit, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 8. If your county currently receives state funds to for the Student Assistance Program, describe the services rendered with these funds, including an estimate**

DRAFT

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 number of financial resources. Through a county-wide treatment and prevention needs assessment process, the SCA can 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 for FY 22-23:

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. If someone were to 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.

The numbers that are included in the chart are funded by the SCA. The HealthChoices clients are not included in these numbers. It is interesting to note that there was a significant increase in the number of individuals referred to medically managed level of care (hospital-based) compared to last fiscal year.

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	52	< 1 day
Medically-Managed Intensive Inpatient Services	11	<7 days
Opioid Treatment Services (OTS)	38	<5 days
Clinically-Managed, High-Intensity Residential Services	42	<7 days
Partial Hospitalization Program (PHP) Services	8	<10 days
Outpatient Services	197	<10 days
Other (specify)		

*Average weekly number of individuals

**Average weekly wait time per person

2. Overdose Survivors' Data: Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 22-23.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
403	403	Hospital, on call, self, ems	230

The above chart indicates the number of overdose survivals that were seen by the SCA. A total of 2832 individuals screened and/or assessed and 403 indicated that they had experienced one or more overdoses in the past year. These numbers are not the total picture for the county. Many people have experienced an overdose, yet never call 911 or seek services. The SCA is working to secure direct referrals from EMS and law enforcement. The actual number of 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. This has a target date of January 2024 to become realized.

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 medical 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 with 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. The coalition is in the process of executing a new three-year strategic plan initiated in January of 2023. We restructured our subcommittees and added two new committees: primary prevention subcommittee and Harm Reduction subcommittee. 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 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.

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 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.

Through the 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 may be a veteran (Veteran’s Affairs) so it is very important to approach future overdose response strategies through a full-spectrum approach/

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In- County	# of Co- Occurring/Enhanced Programs
4 WM	2	0	
4	2	0	
3.7 WM	20	1	
3.7	2	0	
3.5	34	1	6
3.1	17	4	3
2.5	6	4	2
2.1	7	3	2
1	6	3	2

4. **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.
- a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services:
 - b. Provide an overview of any expansion or enhancement plans for existing providers:
 - c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services:

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 there is a consistent deficiency 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 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, women with children (PWWWC), and single parents with dependent children. Currently, there are two providers locally where a pregnant female with OUD can receive both medically assisted treatment and SUD treatment in a residential setting. The bed availability is problematic. As a result, a HealthChoices program issued a request for proposal with the potential of start funding support through a HC reinvestment plan. This request is for SUD halfway house services for pregnant women and single parents with dependent children. There are more and more fathers raising children and there are no facilities that allow fathers to bring dependent children. It is the hope that this RFP will bring about new program opportunities to better serve this population.

There is a state-wide shortage of adolescent SUD residential programs. In 2022-23, the WDAC student assistance program case management services (SAP) assessed 206 students and 137 were referred to SUD treatment. The SCA has been working with the HC program to assure that there is proper access to young people who need a residential level of care—both for adjudicated and non-adjudicated minors. 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. It is difficult for the SCA to satisfy this regulation. The SCA provides an education program (ASAM level 1.0) known 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. The HC program is reviewing current available services for adolescents and hopes to be able to offer some assistance.

Lastly, the system has 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 preclude 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. Recovery houses must now be licensed to use any state or federal funds and many houses in Washington County are choosing to not become licensed. Most house owners are hesitating because the licensure requires that the house accept renters on MAT. All the houses in Washington County have a history of being abstinence-based and are leary to have these prescribed medications on the premises because 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. There is HC reinvestment funding available for the startup of new recovery houses.

- 5. 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 works collaboratively with the Washington County Office of Public Safety and the District Attorney to drive a county-wide training protocol that includes the distribution of Naloxone to all first responders to include: EMS, police, fire, and quick response teams.

Washington County Opioid Overdose Coalition was established in 2016. The coalition has developed a three- year strategic plan and has established six subcommittees, one being, Naloxone and harm reduction Subcommittee. As a team, we wanted to eliminate all barriers associated with attaining

Naloxone. One major barrier is the expense involved both initially and when having to resupply. Through financial support from the SCA and the Pennsylvania Commission on Crime and Delinquency we have distributed 2,148 Naloxone kits to both traditional and non-traditional first responders. Since the inception of the Naloxone distribution initiative, nearly 7000 kits have been distributed. This distribution also includes replenishment kits. There have been nearly 4000 individuals trained in the use of Naloxone.

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.

There was an increase in the number of calls to 911 for suspected overdoses; however, more lives were saved. We know from earlier data that there is a connection between prescription pain medication availability and heroin use. The first wave of overdoses was a result of prescription narcotics. The second wave was heroin. The third wave was fentanyl. We are now experiencing a fourth wave and this is synthetic opioids/counterfeit pills. Many toxicology reports are not testing for the new drugs that are currently plaguing our streets.

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

- a. **Warm Handoff Data:**

# of Individuals Contacted	519
# of Individuals who Entered Treatment	358
# of individuals who have Completed Treatment	163

The warm hand off response team is very successful engaging the individual and connecting them to treatment. Of the total referrals, 69% enter treatment, this is a noteworthy statistic. It is difficult to determine the number of individuals who have successfully completed treatment. To do so, one must define “successfully completed treatment.” We continue to provide case management and recovery support services to these individuals, but sometimes, people simply disappear.

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. Calls are triaged to determine if an on-call worker needs to be dispatched. Currently we conduct all after-hour calls by means of telehealth. This assures the fact that we make immediate contact with the patient which minimizes the patient leaving against medical advice. The SCA utilizes the hospital's internal system to create the telehealth platform. All clients who leave AMA are provided with a follow-up phone call.

The SCA has entered into agreements with Washington Hospital and Mon Valley Hospital which allows 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.

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INTELLECTUAL DISABILITY SERVICES

Washington County currently supports 678 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 can live an Everyday Life. The individuals that we serve in Washington County who currently are not receiving waiver-funded services are always supported 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 as well as training for providers on Autism. 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

	<i>Estimated Number of Individuals served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 23-24</i>	<i>Percent of total Number of Individuals Served</i>
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
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	175	.25	175	.25
PDS/VF	7	.01	6	.008
Family Driven Family Support Services (ARPA)	15	.02	60	.089

Supported Employment:

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 50 individuals using Supported Employment Services. Currently in Washington County

we have a total of 45 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 just began 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 discussed 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 Supports Coordinators provide updates to our Employment Lead, as well as the AE reviewing Service Notes and ISPs 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 is in the process of planning Employment Fair and Training that will be held in the FY 23-24. 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 the SCO's that serve our individuals. Washington works very hands on with the SC's. Washington has monthly SCO meeting where multiple topics are discussed as well as providing Technical Assistance. Washington County would like to host another training by ODP/PA Family Network to so that all SC's are able to properly use the life course tools with their individuals and families. Washington County intake uses the life course tools with the individual/family at intake and the hope is that the SC's continue to use that completed tool and 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 holds monthly SCO Supervisor meetings with 4 SCO's, at which the waitlist is discussed as well as the SCO can discuss individuals in emergencies. The AE has trained all the SCO's on our waitlist forms, how to use them and what should be included. 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. Washington County had Agency with Choice present at a monthly Joint SCO meeting and plans to have Palco present as well in the future.

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 one Supportive Living providers, serving three 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 can 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.

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 and individuals wanting to use the service but may be out of their budget, so they continue to wait for a larger waiver.

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 effective, 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 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 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 including but not limited to the Housing Department of Human Services at Washington County. The AE reserves Base dollars for emergency situations. In the past year we did have to request a

In Washington County, it is required that each SCO have someone who can 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. SPSHS 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 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 SPSHS 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. Last fall, in September, the HCQU provided 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

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 30, 2022 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 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. Trainings on CHC including the Obra 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. Last fall the HCQU presented a training on ID/A to the CRISIS response team for Washington County. We also would like the HCQU to provide training to the Washington County Hospital. These trainings will improve the quality of life of our individuals who are involved with the Hospital 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 have the find help website specifically for Washington County. We have all types of resources that are

available to all 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 ODP 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 in Behavior Supports for providers as not all seem to provide the service in the same capacity as other providers. Also, 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 it's 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 regarding 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 the way that are required.

Washington County ID/A worked last FY 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 housing Coordinator is in the same office as the Administrative Entity, which make both the ID/A Director and Housing Coordinator easily accessible to one another. We will continue this relationship for all individuals who would be appropriate for the Housing Coordinators services and resources.

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 6 individuals and in AWC we have 175. Washington County encourages self-direction. This past FY we had AWC complete a presentation for the SCO's. Palco has not gotten back to the AE, however it is the hope that Palco and AWC will present in 23-24 FY. Annual training will serve SCs as a great refresher from both programs. With training from both programs SC's would then be able to successful and correctly describe the services to individuals and families and encourage the SC's to use

their knowledge of the programs in offering the self-directed services. This enables SC's to share with families while deciding on what service will best meet the individual's needs.

ODP could assist in promoting self-directed services in Washington County by hosting trainings related to PALCO and AWC. The PALCO program is very perplexing for all parties involved. Trainings for AE's, SCO's and individuals and Families would be very beneficial.

Community for All:

Washington County currently has 9 individuals who are living in a State Center. During the previous FY we had an individual who was at Polk when it closed and is now with Verland. SC's meet with all 9 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.

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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 utilized Bridge Housing services but we have not for a number of 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 assists 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. 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 24-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 24-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 million dollars 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.

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

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Aging Services: Please provide the following:

Program Name: Senior Center Meal Program

Description of Services: We have identified a need based on the increased utilization and the increased cost of food. We are planning to supplement other funding with a portion of HSDF funds to be able to provide meals for the entire year.

Service Category: Congregate Meals - Provided to eligible older persons in a group setting either in senior centers or adult day care centers. Appropriate meals which meet at least one-third of the recommended nutritional needs of older persons are available.

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**):

All populations will be served but veteran status is required. Primary populations will be Adult and Aging.

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**):
All populations will be served but the primary populations will be Adult and Aging.

Adult Aging CYS SUD MH ID HAP

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 functioning.

Please indicate which client populations will be served (must select at least **two**):
All populations will be served but primary populations will be Adult and Aging.

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 2023-2024 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 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.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized	
Mental Health		
Intellectual Disabilities		
Homeless Assistance		
Substance Use Disorder		

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).

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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.

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