Washington County

Human Services Plan

FY 2026-2027

(Draft)

Appendix A
Fiscal Year 2026-2027

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Washington

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.

B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature(s)	*Please Print Name(s)*	
	Nick Sherman, Chair	Date:
	Electra Janis, Vice Chair	Date:
	Larry Maggi, Commissioner	Date:

Appendix B
County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2026-01.

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.

1. Please identify, as appropriate, the critical stakeholder groups, including:
    a. Individuals and their families
    b. Consumer groups
    c. Providers of human services
    d. Partners from other systems involved in the county's human services system.

Critical Stakeholder Groups Involved in Human Services Planning

Washington County utilizes a collaborative and inclusive planning process to develop its annual Human Services Block Grant Plan and to guide the ongoing delivery of human services throughout the county. The County's Block Grant Leadership and Planning Team serves as the primary body responsible for coordinating planning activities and identifying priorities for the use of Human Services Block Grant funding.

The Planning Team includes leadership and administrative staff from Washington County Human Services, Behavioral Health and Developmental Services (BHDS), the Washington Drug and Alcohol Commission (Single County Authority), and other county-administered human service programs. Input is continuously gathered from consumers, family members, service providers, advocacy organizations, advisory boards, community stakeholders, and partner systems to ensure that services are responsive to community needs and aligned with county priorities.

Stakeholder engagement includes representation from the following groups:

Individuals and Families Receiving Services

Washington County actively seeks input from individuals receiving services and their family members through a variety of formal and informal mechanisms, including:

- **Consumer and Family Satisfaction Surveys** administered through provider agencies and county-operated programs.
- **Community Support Program (CSP)** meetings, hosted by the Mental Health Association of Washington County, which provide a recognized forum for consumer and family engagement and feedback.
- **NAMI Washington County** meetings, where individuals and family members discuss service needs, system challenges, and opportunities for improvement.

- **Self-Advocacy Groups** facilitated through intellectual disability service providers, ensuring individuals with intellectual and developmental disabilities have a voice in service planning and system development.
- Participation on various advisory boards, quality management committees, and specialized workgroups.

Consumer and Advocacy Organizations

Consumer-driven and advocacy organizations play a vital role in identifying community needs, evaluating service effectiveness, and promoting recovery-oriented and person-centered services. Key groups include:

- National Alliance on Mental Illness (NAMI)
- Mental Health Association of Washington County
- Community Support Program (CSP)
- Self-Advocacy organizations serving individuals with intellectual and developmental disabilities
- Project Refuge and faith-based community partners
- Washington County Opioid Overdose Coalition

Human Services Providers

Washington County collaborates closely with a broad network of providers across the human services continuum. Providers contribute expertise, identify emerging needs, and assist in evaluating service gaps and system performance. Provider involvement includes:

- Mental health providers
- Substance use disorder treatment providers
- Intellectual disability and autism service providers
- Recovery housing operators and members of the Recovery Housing Coalition
- Prevention service providers
- Housing and homeless assistance providers
- Transportation service providers
- Employment and vocational service providers
- Older adult service providers

Provider participation occurs through quarterly provider meetings, quality management committees, advisory boards, coalition meetings, and specialized workgroups focused on priority populations and service delivery improvements.

Cross-System and Community Partners

Washington County recognizes that successful outcomes require strong collaboration across multiple systems. The County engages a diverse group of public and private partners that contribute to planning, coordination, and service integration, including:

- Courts, probation, and community corrections
- Law enforcement agencies
- Emergency Medical Services (EMS)

- Hospitals and healthcare providers
- Public health organizations
- Educational institutions
- Faith-based organizations
- Transportation providers
- Housing and homeless service systems
- Southwest Behavioral Health Management and HealthChoices representatives
- The Western Region Continuum of Care
- Washington County Transportation Advisory Board
- Washington County Opioid Overdose Coalition
- Beacon Health Options/AmeriHealth Caritas and other managed care partners

Advisory Boards, Committees, and Planning Bodies

The County also receives ongoing guidance from several formal advisory and oversight entities, including:

- Behavioral Health and Developmental Services (BHDS) Advisory Board
- Mental Health and Intellectual Disabilities Quality Management Committees
- Older Adult MH/ID Workgroup
- Coordination of Care Workgroup
- Employment Workgroup
- Single County Authority Executive Board and its Prevention, Advocacy, and Finance Committees
- Drug and Alcohol HealthChoices Oversight Committee
- HealthChoices Quality Management and Oversight Committees
- Hunger & Homelessness Awareness Task Force

Through these collaborative structures, Washington County ensures that the voices of consumers, families, providers, advocacy organizations, and community partners are incorporated into planning, funding, and service delivery decisions. This ongoing engagement process helps identify service gaps, improve system coordination, promote equitable access to services, and strengthen outcomes for residents across the county.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

   Washington County is committed to ensuring that stakeholders have meaningful opportunities to participate in the planning, development, implementation, and evaluation of human services programs. The County utilizes a variety of formal and informal engagement strategies designed to encourage participation from consumers, family members, advocacy organizations, service providers, community partners, and other interested stakeholders.

   Several Human Services departments operating under the authority of the Washington County Board of Commissioners maintain appointed advisory boards and committees that meet regularly throughout the year. These bodies provide a structured forum for stakeholder engagement, allowing participants to share experiences, identify emerging community needs, discuss service gaps, review performance and outcome data, and make recommendations regarding program priorities and resource allocation. Information gathered through these meetings is incorporated

into ongoing strategic planning efforts and helps guide decisions regarding the utilization of Human Services Block Grant and other funding sources.

In addition to advisory board participation, Washington County conducts outreach through consumer and family satisfaction surveys, public forums, coalition meetings, provider meetings, quality management committees, workgroups, and community-based stakeholder gatherings. These engagement opportunities provide stakeholders with multiple avenues to offer feedback regarding service accessibility, quality, effectiveness, and unmet community needs. Individuals with lived experience, including consumers of behavioral health, intellectual disability, substance use disorder, housing, transportation, aging, and other human services, are encouraged to participate and provide direct input regarding the services they receive.

The County also collaborates with community-based organizations, advocacy groups, managed care organizations, healthcare providers, educational institutions, faith-based organizations, and public safety partners to ensure broad representation in the planning process. Outreach efforts are conducted through email communications, public meeting notices, agency websites, social media platforms, newsletters, and direct invitations to stakeholder groups and community partners. Meeting schedules and opportunities for participation are shared regularly to maximize stakeholder awareness and involvement.
Furthermore, county staff actively participate in regional and local coalitions, including behavioral health, substance use disorder, housing, transportation, and overdose prevention initiatives, to gather additional feedback and ensure that planning efforts reflect both local priorities and emerging trends. Input obtained through these collaborative efforts is reviewed by the Block Grant Leadership and Planning Team and considered alongside service utilization data, demographic information, community needs assessments, and program performance measures.

Through this multi-faceted engagement process, Washington County seeks to ensure that planning decisions are informed by diverse perspectives, responsive to community needs, and reflective of the experiences of the individuals and families who rely on the county's human services system. This ongoing stakeholder involvement strengthens service coordination, promotes transparency, and supports the development of a comprehensive and effective human services delivery system.

3. Please list the advisory boards that participated in the planning process.

   The following advisory boards participated in the planning process and included:

   - Washington County Human Services Advisory Board
   - Behavioral Health & Developmental Services Advisory Board
   - Washington County Housing and Homelessness: DHS Advisory Board, Local Housing Option Team, Regional Housing Advisory Board
   - The Washington County Opioid Overdose Coalition

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.

   The Block Grant is intentionally structured to serve individuals in the least restrictive environment. Our ongoing efforts are focused on identifying and addressing needs at the local level while

providing the necessary supports for all individuals. Through strong partnerships with our service providers, we develop strategies to enhance access to care. Human Services departments prioritize meeting residents where they are—whether that's through satellite offices in Avella, virtual meetings, or community-based visits—to consistently improve accessibility.

Washington County Drug and Alcohol Commission (WDAC) ensures accessible care through coordinated planning and management of prevention, intervention, treatment, case management, and recovery support services for county residents. WDAC works hand-in-hand with the Washington County Human Services Department to deliver a holistic, integrated model of care. Our collaborative relationships span healthcare providers, school districts, courts, probation offices, the correctional facility, law enforcement, and district judges—all working together to break the cycle of addiction. WDAC's core mission is to meet individuals where they are, without judgment, and to support them in achieving lasting stability, health, and recovery.

Washington County Behavioral Health and Developmental Services (BHDS) is dedicated to delivering holistic, person-centered services for individuals across the lifespan who experience mental health challenges or intellectual and developmental disabilities. BHDS continually promotes accessibility in the least restrictive settings. By working closely with a system of providers—either funded directly or through Beacon Health Options—we offer a continuum of care for children, adolescents, adults, older adults, and transition-age youth. From crisis response to case management, BHDS ensures service quality through tools such as Consumer Satisfaction Surveys, Incident Management with Root Cause Analysis, Evidence-Based Practices, Residential Program oversight, and the Quality Management Committee. Regular monitoring of state hospital discharges and diversions also strengthens accessibility. Our approach centers on recovery, resilience, and the "Everyday Lives" principles through meaningful community engagement and individualized care planning.

Housing and Homeless Services in Washington County offers assistance programs aimed at preventing homelessness and supporting individuals and families in securing stable housing. In addition to leveraging grant funding, the program plans, develops, manages, and oversees the county's Continuum of Care. Coordinated Entry serves as the central access point to housing services. By working collaboratively with a network of providers, we ensure streamlined access to shelter and integrated supports that pave the way for long-term housing stability. Additionally, two members of the Human Service Department, Nicole Masur- Director of Housing and Homelessness and John Tamiggi, Director of Human services were appointed to the Western Pennsylvania Housing Coalition that provides further insight and guidance to the complex nature of the current housing policy landscapes.

Ultimately, our goal is to maintain a comprehensive, person-centered system of care that offers the least restrictive alternatives at every level. Through strong partnerships with providers and stakeholders, we strive to deliver services that are accessible, effective, and responsive to the needs of our community.

5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

Washington County continues to strengthen its housing and homelessness response system as recent Point-in-Time (PIT) Count data identified a significant increase in the number of unsheltered individuals throughout the county. In response, the County has prioritized expanding staffing

capacity, enhancing service coordination, and pursuing additional grant funding opportunities to augment housing and supportive service resources. These efforts are focused on increasing access to affordable housing, rental assistance, homelessness prevention programs, supportive services, and non-congregate shelter options to better meet the needs of vulnerable individuals and families.

To further inform these efforts, the Washington County Department of Human Services partnered with the Greater Pittsburgh Community Food Bank to complete a Collective Impact Assessment examining community needs and key Social Determinants of Health. The assessment evaluated factors affecting individual and family stability, including housing, food security, transportation, employment, income, healthcare access, and social connectedness. Findings reinforced the interconnected nature of these challenges and highlighted the need for coordinated, cross-sector strategies to address barriers to self-sufficiency and long-term housing stability.

Using data gathered through the Point-in-Time Count, the Collective Impact Assessment, and ongoing stakeholder engagement, Washington County is working collaboratively with housing providers, healthcare organizations, human service agencies, and community partners to develop sustainable solutions that address both immediate housing needs and the underlying factors contributing to homelessness. These efforts are intended to strengthen the county's housing continuum, improve service accessibility, reduce homelessness, and promote greater housing stability and overall well-being for county residents.

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)?

    *If other media options were utilized, such as social media, internet, etc., for the public hearing announcement, please attach a copy(screenshot) of the notice, along with the date(s) posted.

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.

Ogden Newspapers Legal Advertising Print Ad Proof

ADNo: 24775 Customer Number: W31321
Customer Name: JASON BERCINI Company: WASHINGTON COUNTY D
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: 7-1-2026 Stop: 7-1-2026
Lines: 18 Inches: 1.75 Words: 155

Credit Card: Expire:
Order Number:
Cost: 181.42 Adjustments: .00
Payments: .00 Discount: .00
Balance: 181.42

Block grant

PUBLIC NOTICE

The **Washington County Department of Human Services** is soliciting comments from the community regarding the Human Services Block Grant Plan for Fiscal Year 2026-2027, which includes funding for Behavioral Health and Development Services, Drug and Alcohol, Homeless Assistance, and Human Services. Public Hearings will be held on Wednesday, July 8, 2026, at 10 a.m., and Thursday, July 9, 2026, at 2 p.m., in Suite 300, Conference Room 4 of the Crossroads Building, 95 West Beau Street, Washington, PA 15301. Comments will be accepted in writing by the Department of Human Services, 95 West Beau Street, Suite 300, Washington, PA 15301 on or before Monday, July 13, 2026. A copy of the plan draft will be available for pickup in the Department of Human Services, as well as on the county website, as of Tuesday, July 7, 2026. Interested parties can contact the department at 724-250-4122 or 724-223-7060 for additional information.

7-1

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; identify partners and agencies involved in the provision of services; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

1. Employment:

   Washington County Behavioral Health and Developmental Services (BHDS) continues to work collaboratively across multiple human service systems to promote competitive, integrated employment opportunities for individuals with mental health conditions, intellectual and developmental disabilities, autism, and co-occurring substance use disorders. Employment remains a key component of recovery, self-sufficiency, community integration, and overall quality of life.

   BHDS leverages a variety of funding streams, including county, state, federal, HealthChoices, and reinvestment funds, to support evidence-based employment services and reduce barriers to workforce participation. Current employment supports include Supported Employment services consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based model, psychiatric rehabilitation services, peer support services, vocational skill development, and individualized employment planning. These services are designed to help individuals obtain, maintain, and advance in meaningful employment opportunities within their communities.

   The County maintains strong partnerships with local employment providers, including AMI, Inc., Transitional Employment Consultants (TEC), and the Pennsylvania Office of Vocational Rehabilitation (OVR), as well as workforce development agencies, educational institutions, and community employers. Through these partnerships, individuals are connected to vocational training, job placement services, benefits counseling, career exploration opportunities, and ongoing employment supports.

   BHDS also utilizes cross-system employment workgroups that include providers, county staff, community partners, and stakeholders to identify barriers to employment and develop strategies to improve workforce participation among individuals receiving services. These collaborative efforts focus on addressing transportation challenges, workforce readiness, housing instability, employer engagement, and other social determinants that impact employment outcomes.

   Looking ahead, Washington County recognizes that recent and anticipated federal policy changes, evolving funding priorities, workforce shortages, and potential shifts in Medicaid, workforce development, housing, and social service programs create uncertainty regarding future service delivery and resource availability. As a result, the County will continue to monitor federal and state policy developments closely and adapt planning efforts accordingly. BHDS remains committed to leveraging existing resources, pursuing new funding opportunities, strengthening employer partnerships, and exploring innovative service models that support employment outcomes while maintaining flexibility to respond to changing funding and regulatory environments.

Additionally, BHDS is continuing development of a Clubhouse-inspired, recovery-oriented employment model funded initially through HealthChoices Reinvestment funds. This initiative is designed to create additional pathways to employment, social connectedness, skill development, and community participation while complementing existing supported employment services.

2. Housing:

Housing stability remains one of Washington County's highest human services priorities and is recognized as a critical social determinant of health that directly impacts behavioral health outcomes, recovery, employment, family stability, and overall community well-being. BHDS works collaboratively with county departments, housing providers, healthcare organizations, managed care entities, and community-based organizations to expand access to safe, affordable, and supportive housing opportunities for vulnerable populations.

During the past year, Washington County has continued to strengthen its housing response system amid increasing housing affordability challenges, rising homelessness rates, and growing demand for supportive housing services. These efforts have been informed by data from the annual Point-in-Time Count, stakeholder feedback, and a recent Collective Impact Assessment completed by the Washington County Department of Human Services in partnership with the Greater Pittsburgh Community Food Bank. The assessment identified housing instability, food insecurity, transportation barriers, workforce challenges, and access to healthcare as key social determinants affecting county residents and reinforced the need for coordinated, cross-sector solutions.

BHDS actively participates in the Local Housing Options Team (LHOT), providing ongoing coordination with county housing partners to identify housing resources, address service gaps, and develop housing solutions for individuals with complex behavioral health and support needs. Through this collaboration, the County is better positioned to align housing investments and maximize available resources across multiple service systems.

The County continues to leverage HealthChoices Reinvestment funding to provide rental assistance, housing contingency funds, security deposit assistance, utility support, and other housing stabilization services for individuals with serious mental illness, co-occurring disorders, and other behavioral health needs. These investments help individuals remain in community-based settings and reduce the need for more restrictive or institutional levels of care.

Washington County has also significantly expanded its portfolio of federally funded housing programs, including HUD-funded initiatives serving youth, adults, families, and older adults. Specialized housing supports are available for transition-age youth, helping prevent unnecessary family separation, homelessness, or involvement in more restrictive systems due solely to housing instability.

The County maintains strong partnerships with organizations including Southwest Pennsylvania Human Services (SPHS), Supportive Concepts for Families, AMI, Inc., Gateway Rehabilitation Center, recovery housing providers, and other community-based organizations to expand access to transitional housing, supportive housing, recovery housing, and housing stabilization services. These partnerships create a more comprehensive housing continuum capable of addressing a wide range of individual and family needs.

Washington County is also utilizing Opioid Settlement Funds to support housing-related recovery initiatives and expand services for individuals affected by substance use disorders. Collaborative efforts with the Washington Drug and Alcohol Commission, healthcare providers, recovery organizations, and housing partners continue to strengthen the connection between housing stability and long-term recovery outcomes.

Additionally, Washington County is actively exploring opportunities to access and leverage the U.S. Department of Housing and Urban Development's (HUD) Foster Youth to Independence (FYI) Program to expand housing options for young adults transitioning out of the child welfare system. The County recognizes that youth aging out of foster care face a heightened risk of homelessness, housing instability, unemployment, and other barriers to successful independence. Through collaboration among Children and Youth Services, the Housing Authority, Human Services, and community-based providers, Washington County is evaluating strategies to establish eligibility, strengthen referral pathways, and coordinate supportive services necessary to participate in the FYI program. Access to FYI resources would enhance the County's ability to provide stable housing, promote self-sufficiency, and improve long-term outcomes for transition-age youth by combining rental assistance with critical supportive services such as education, employment, life skills development, and case management. As part of its broader commitment to preventing homelessness and supporting vulnerable populations, Washington County will continue to pursue partnerships and funding opportunities that expand housing stability for youth transitioning to adulthood.

As the County plans for the coming year, housing remains an area of both opportunity and uncertainty. Potential federal policy changes affecting HUD programs, Medicaid funding, homelessness assistance programs, and other human service funding streams may impact future housing resources and service delivery models. Given these uncertainties, Washington County will continue to pursue diverse funding opportunities, strengthen public-private partnerships, maximize available federal, state, and local resources, and advocate for policies that support affordable housing, supportive housing, and homelessness prevention efforts.

Despite the evolving policy landscape, Washington County remains committed to expanding housing opportunities, improving housing stability, and ensuring that individuals and families have access to the supports necessary to live safely and successfully within their communities. Through continued collaboration and strategic investment, the County seeks to build a resilient housing system capable of responding to emerging needs while supporting long-term community well-being.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 25-26.

- For the benefit of our Child/Adolescent service system, BHDS worked collaboratively with our BH-MCO to develop a C4 Pilot Program designed to reduce multiple readmissions and recidivism, and they have worked with the GLS Grant to develop tools and resources for utilization within the school system
- Our BHDS Crisis/Emergency Behavioral Health Director has conducted quarterly CIT trainings which include the “Hearing Voices” training developed by Patricia Deegan. Finally, BHDS is pleased and honored that he was chosen as the lead negotiator of the local SWAT team.
- We are also pleased to continue utilization of our in-house Complex Care managers. We have one specific for adults and one for children and adolescents.
- We have also continued to work collaboratively with law enforcement, including the Washington County Correctional facility and the Justice System overall.
- Development of the Crisis Symposium is set for October. This will include Ernie Stevens, speaker from the HBO documentary Crisis Cop and Scott Medlin who will speak on the 10-code mindset.
- Both Adult and Youth Mental Health First Aid train-the-trainer is set for fall.
- We have received a national grant for facilitation of the Sequential Intercept Model (SIM Mapping), to which collaboration of the judicial system, law enforcements and other entities will come together to develop this strategic plan.
- Youth CIT is being developed and will be offered to all school districts, Children and Youth Services, first responders, police and probation. The first training course is set for December. Kevin Briggs will speak about his experience on the Golder Gate Bridge and crisis intervention in difficult situations.
- Continued collaboration with NAMI every month.
- Our Adult services Mental Health Director continues to participate in the OMHSAS Mental Health Planning Council. She also participates in the Carelon Quality Management and Quality of Care Committees.
- One of our most significant accomplishments is opening a Human Services satellite office in Avella PA, which is a more rural part of Washington county, with the hope of providing services and supports to this community.
- We are also actively utilizing the availability of Person-Centered Forensic Funding to successfully support those with forensic involvement to have a true fresh start.

- Over the past year we have worked with our CRR provider to open a second Adult CRR program in Washington PA. The already existing CRR will be utilized for young adults, and the other is identified for adults past the age of 26. Since we still do not utilize a state hospital, this service is essential in helping adults with SMI develop healthy living skills and continue to develop stability with a highly supportive staff.
- We also continue to utilize Cognitive Enhancement Therapy through one of our Psychiatric Rehabilitation Programs. The Adult Services Director also completed a thorough monitoring of our three providers of Evidence -Based Supportive Housing to see what was going well and to give feedback on procedures, etc.
- Development of Collaborative Assessment of Suicidality (CAMS) program was established in Washington County for youth ages 14-26. The county was provided with a grant through SAMSHA to develop this program for numerous outpatient therapists to get certified in this modality, which allows those with suicidal thoughts and tendencies to get treatment within 72 hours in most cases, avoiding hospitalization when possible. We are one of 4 counties in Pennsylvania to be offered this grant.
- Also, in order to engage those in need who may not know how to access services and supports, along with those reluctant to seek help due to stigma, we have conducted a number of outreach events of our own and in conjunction with others in collaboration with the entire Human Services Department such as the annual Out of the Darkness Walk to increase awareness and prevent suicide. We hosted a Mental Health Picnic to bring support, services and speakers in one area to focus on mental health awareness. We participated in a Senior Expo and Hosted an Outreach table to include resource information and free screenings at the Washington County Fair last August, and we are planning to do so again this year. We also conducted a Back to School event in August with Tanger Outlets. This June we conducted a Touch-a-Truck at the Tanger outlets with all the first responders, police and SWAT to bring awareness; in addition to 20+ community service providers.

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

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

1. Older Adults (ages 60 and above)

- Strengths: Washington County BHDS works collaboratively with our Washington County Aging Department collaborating as an integrated Human Services System, which includes the Aging Department. We also collaborate with the local Area Agency on Aging. Additionally, we often provide base funding when the condition of an older adult requires services above and beyond what is traditionally covered by Medicare such as Assertive Community Treatment, Housing Supports, Partial Hospitalization, Mobile Psychiatric Medication Services, etc. Additionally, the Mental Health Director for Adult Services, Quality Planning and Development provides Mental Health Screenings and “Feel Good Bingo Games” at all of our Washington County Senior Centers annually at a minimum to conduct outreach with this population. Additionally, this same Director who has been

appointed by OMHSAS to the Older Adult Planning Council, participates actively in the Older Adult Subcommittees. Finally, through Southwest Behavioral Health Management, SBHM, we have the opportunity for our providers to participate at least annually in Older Adult Training to provide clinicians with the opportunity to gain additional competencies which would enhance our services for this population. We also have an Eagles Psych Rehab group for older adults.

- Needs: It is difficult when one of our older adults with significant mental health challenges develops a need for long-term care, particularly Nursing Care. Even though our system can offer Mobile Mental Health Treatment for qualifying individuals in the facility, most facilities are not interested. Often, facilities will not accept our folks with behavioral challenges. Frequently, older adults are hesitant to seek help due to the associated stigma surrounding mental health concerns regardless of the amount of outreach. Older adults tend to prioritize physical health needs, which of course, are important, but they discount the relevance of mental health at times and we want to assist them to appreciate the importance of taking care of not just their physical health but also their mental health and wellbeing. Staffing is also a need for which outreach could be enhanced, and we would be able to reach out to more older adults with mental health needs.

2. Adults (ages 18 to 59)

- Strengths: Washington County continues to target the least restrictive alternatives for those we serve through the creation of a Recovery and Resiliency-oriented system of care focused on providing a plethora of community-based services. We created a wealth of evidence-based services and key ancillary services primarily, but not exclusively for the adult population. Some examples of these services are Psychiatric Rehabilitation providers, Mobile Psychiatric Rehabilitation Program, Peer Support, the Assertive Community Treatment team model and the Mobile Psychiatric medication program, as well as enhanced housing and employment supports and our Crisis Stabilization and Diversion Unit. There is also great communication and collaboration among our provider system, which gives our clients a higher quality of care. Washington County ranks as having one of the lowest numbers in the region of Involuntary Inpatient commitments. We also utilize an intensive Incident Management process to identify “early warning indicators”, and we require our provider system to respond and identity strategies for increased support.

- Needs: One of the greatest areas of need continues to be increased funding to match the increased need and increased costs experienced by our provider system particularly as they attempt to manage the effects of inflation and ongoing staff shortage. Additionally, it would be beneficial to have increased funding to host regular training to our system providers particularly due to staff turnover in areas that are critical such as the evidence-based interventions, Motivational Interviewing, as well as the basics such as professional ethics and boundaries.

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

    - Strengths: Washington County experienced the great pleasure of being chosen several years ago for the 5-year SAMHSA "Healthy Transitions Grant" along with Bucks and Berks Counties to educate our system regarding the unique needs of this population. Through the grant we developed both a specialized Peer Mentor Program and a Certified Peer Support Program. We also developed a Youth and Young Adult Psychiatric Rehabilitation Program at one of our agencies, and they are currently working closely with one of our large local school districts to engage and support that population. We also worked with the University of Pittsburgh to create a Cognitive Enhancement Therapy Program within that same organization to best enhance the outcomes for those experiencing early psychosis. Within that same organization, we fund a Supported Employment Program that helps the individuals not only prepare for employment but explore education and training, if that is what they wish. That same agency also provides supportive housing for any age group including young adults. Finally, there has been a development of more demographic-specific groups for people in this age group to allow for individuals to share a space with people that are similar in age to them.

    - Needs: Youth and young adults with mental health challenges are at a greater disadvantage with transitioning out of child serving systems to adult serving systems. Working with schools and colleges, when possible, to ensure that adequate training and support are in place would be beneficial. Additionally, utilization of Peer Supports, and Mobile Psychiatric Rehabilitation can help students prepare.

4. **Children (under age 18) -** Please describe your county's efforts to support children, youth, and families through home and community-based services. Please be specific in describing how you believe these efforts will decrease Psychiatric Residential Treatment Facility utilization.

    - Strengths: Washington County BHDS works actively to ensure that there is a vast array of resiliency–enhancing services delivered to the youth that we serve. They work diligently through complex care managers and internal oversight to ensure the needs are met for this population. Also, we have numerous school-based outpatient providers to help ensure that the youth in need receive treatment on a regular basis and have a provider within all 14 of our school districts, along with a SAP liaison in each. We also have worked to enhance the number of IBHS and Family-Based providers. Our peer mentoring program also extends to serving children as young as 16. The summer programs in place for this population helps to continue treatment where necessary, even when school is not in session. In addition, the department also has an active Child/Adolescent Task Force. Our system has also reaped the benefits of the Garret Lee Smith Suicide Prevention initiative for several years, to which we began a SAMSHA grant to introduce Collaborative Assessment and Management of Suicidality (CAMS) into our Outpatient system.

- Needs: Many of our treatment providers are struggling to find therapists/staff and have long waitlists, which causes delays in treatment and frustration among families.

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

5. Individuals transitioning from state hospitals

- Strengths: Having expended much effort and much funding during the planning for the Mayview State Hospital closure, we created a wealth of evidence-based services and key ancillary services primarily, but not exclusively, for this population. We do not use the Civil beds of any state hospital. We do utilize the Forensic beds at Torrance State Hospital when necessary. Our utilization is relatively low primarily because of our intensive involvement with the Courts, Law Enforcement and the Washington County Correctional Facility, our utilization is relatively low in part because we work closely with all related entities and because we now can utilize the George Jr. Forensic LTSR, as well as the Merakey Mobile Competency Restoration Program.

- Needs: To continue to have success in this population we need increased funding for recovery-oriented services to prevent decompensation and to enhance and develop community based services. Funding for the community outreach activities is crucial, and a the ability to ensure that individuals being released have an ease of access to these when returning to the community.

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

- Strengths: Washington County BHDS has worked actively for numerous years to cultivate a system that is well-versed and committed to serving individuals with Co-Occurring Mental Health and Substance Use Disorder. In fact, our Provider contracts include the requirement for staff to be trained to understand and support individuals with such needs. We are also pleased to work collaboratively with our local Drug and Alcohol Commission (WDAC) both regarding individuals in need and in general for collaborative events to provide outreach and education. This overlap of services allows for continuity of care and clarity of services available. There is also a strong recovery community intertwined and those involved often move into roles that help other people in recovery find hope and strength.

- Needs: There is always a need to enhance providers' abilities to support the co-occurring individuals. There would always be the benefit of additional training and strategic planning across systems and providers, as well as opportunities for Co-Occurring Disorders training for newer staff entering our system who would not have been exposed and refreshers for staff trained previously.

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: Washington County BHDS has worked actively with our local CJAB for numerous years. The BHDS Administrator serves as a sitting member of CJAB and also chairs the Stepping Up Sub-Committee of CJAB. CJAB also supported the grant that was written for in relation to the SIM Mapping Facilitation. We have worked together in the development and enhancement of Mental Health Court and DUI/Drug Court and Magisterial Justice diversionary programs. These systems are focused on helping individuals with a holistic approach rather than just punishment alone. These systems allow people to get the help and treatment that they need, rather than resorting immediately to a correctional facility stay. In recent years we have added Care Management positions to our office to assist Washington County offenders with mental health concerns in the hopes of preventing or diverting from legal involvement and to reduce recidivism. We also utilize Person-Centered Forensic funding to assist individuals in getting back on their feet to obtain housing, employment and make positive life changes while accessing appropriate mental health services. Additionally, over time we have provided training for Law Enforcement Officers such as Crisis Intervention Team (CIT) and Hearing voices trainings.

   - Needs: Transitional housing for individuals coming out of incarceration to be able to become stabilized prior to returning fully to the community is a key need, as housing is typically the number on Social Determinant of Health need. Continued collaboration with the County systems, as well as CJAB, is essential to the continuation of progress.

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 site): https://www.pa.gov/agencies/dmva/pennsylvania-veterans/county-director-of-veterans-affairs.html

   - Strengths: Washington County BHDS is fortunate that we work within a true Humans Services model which allows for collaboration in regard to those we serve with the Veterans Affairs Department that can help with support and funding. We are also fortunate that within our building there is also a US Department of Veterans Affairs Clinic. As part of our Pathfinders Suicide Prevention Task Force, we also have members of the Veteran's services on the Task Force.

   - Needs: It would be beneficial for our provider system to have more training and resources regarding veterans services. Increased outreach to veterans is needed in our county to assist with mental health support and services specific to the veteran population.

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

- Strengths: Washington County BHDS is fortunate to have access to the PERSAD Center located in the heart of the city for ease of referrals, for both psychiatry and therapy. They are actively providing mental and physical health for this population. Also, for our adolescents who are struggling with gender identity or in need of specialized support, we have a highly credentialed provider, Dr. Mary Jo Podgurski, whose life's work has been focused on supporting our youth.

- Needs: A peer program specifically meant for LGBTQI individuals could be beneficial to also feel a sense of belonging and community for people identifying in this group.

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

- Strengths: Washington County welcomes all individual legally residing in the United Staes and has hosted various resource fairs throughout the county specifically for the large populations that are coming into our county (i.e. Haitian Creole, Chinese, etc.) There are translation services available to assist families with gaining services and support. Documentation, flyers and resources are available in their native language as well. We also have access to telehealth Mental Health services specifically for both Spanish Speaking, as well as those using American Sign Language.

- Needs: Continued outreach is vital to engage consumers in this population. Certain cultural groups tend to harbor a strong sense of stigma against people experiencing mental health issues and seeking out treatment. By continuing to educate and engage consumers in this population, we can hope to break the stigma for people of other cultures, ethnicities and language groups.

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: N/A

- Needs: N/A

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

i. *Previous Year List:*
   - Provide a brief summary of the progress made on your FY 25-26 plan ROST priorities:

     i. Priority 1: Washington County is partnering with providers to increase availability for evidenced-based treatment to divert youth at risk of suicide toward the most

appropriate and least restrictive level of care. Washington County has received a SAMSHA grant implementing this priority for the next 5 years. We were able to hire a CAMS coordinator at the end of the year. Training occurred and an outpatient therapist from 4 provider agencies, our managed care organization, crisis supervisor and SAP/Base Service Unit supervisors attended. Implementation of the program has begun, and referrals continue to increase.

ii. Priority 2: Wasington County would like to work again to increase focus on trauma-informed care and specialized treatment. Various avenues have been looked at to find a trainer for trauma-informed care. BHDS Deputy Administrator was licensed in trauma training to which included: First Responder, Trauma-Informed Overall, Trauma for Parents/Caregivers, Trauma Impact of Social Media and Trauma Informed Cultural Sensitivity.

iii. Priority 3: Washington County has offered housing services for many years and plan to continue. Evaluation of existing practices and the quality of the services continues.

ii. Coming Year List:

- 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 26-27 at current funding levels.
- For each coming year (FY 26-27) ROST priority, please provide:

a. A brief narrative description of the priority including action steps for the current fiscal year.

b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
    - Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.

c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.

d. A plan mechanism for tracking implementation of the priorities.
    - Example: spreadsheet/table listing who, when and outputs/outcomes

1. Focus on prevention of suicide among children and adolescents through the utilization of a SAMHSA grant to implement a Child Adolescent Management of Suicide (CAMS) training for the provider system

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: Washington County BHDS will continue to partner with various providers both within the network and out of network to increase availability for evidence-based treatment to divert youth at risk of suicide toward the most appropriate and least restrictive level of care.

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

Quarter 1: Identify clinicians that are both in network, out of network and in the private sector. Engage with the clinicians to share their initiatives and become interested in the

CAMS process. While working on additional CAMS clinicians, continue to work on the assessments that come in and collect the data required by the state.

Quarter 2: Providers will select clinicians to complete the CAMS (approximately 20 hours) and CAMS-4Teens (approximately 7 hours) training and all requirements. The training is scheduled for end of June 2026. CAMS-4 Teens is scheduled for August 2026.

Quarter 3: Assess and evaluate the success of the program and/or identify additional activities that are needed in relation to this initiative. Continuing to identify clinicians, that would be beneficial to become certified.

Quarter 4: Final CAMS training will be conducted for providers selected to complete. The training is scheduled for November 2026 for CAMS and December for CAMS-4 Teen.

c. Fiscal and Other Resources: Washington County BHDS has received a SAMSHA grant to implement this priority for next 5 years.

d. Tracking Mechanism: Washington County BHDS CAMS coordinator will monitor and review progress and barriers to the CAMS program. The coordinator will document the data in tracking forms that are required by SAMSHA for this grant and will coordinate with the grant liaison in regard to progress and barriers.

2. Enhancement of trauma-informed care among the provider system.

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: Although Washington County BHDS did begin to plan and develop enhancements of trauma-informed care among the provider system, finding appropriate trainers and other emergent system needs posed a barrier to additional progress. We have a few trainers that we are currently considering.

b. Timeline:

Quarter 1: Begin arrangements for the training. Meet with the trainers and discuss the needs that have been expressed to ensure the training is productive for the audience.

Quarter 2: Conduct/access training.

Quarter 3: Assess the success/challenges of the training to determine if additional training is needed in other areas to enhance the knowledge. Vette additional trainers to work on those other subjects.

Quarter 4: Conduct/access the training.

c. Fiscal and Other Resources: Washington County BHDS has received a SAMSHA grant to assist with training opportunities.

d. Tracking Mechanism: Washington County BHDS designee for this priority will monitor and review progress/barriers, documenting such. Attendees and satisfaction surveys will also be kept.

3. Ongoing Enhancement of housing support services.

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps: Washington county has offered housing services for many years and would like to enhance those existing practices and add additional services to assist with the populations that are most in need (i.e. forensic housing, independent living situations for MH population etc.)

b. Timeline:

Quarter 1: Evaluate the housing support services contacted through BHDS providers and determine what needs additional support and what could be enhanced to focus on the most needed populations.

Quarter 2: Evaluate and determine the best way to enhance the programs and add to the housing supports for the county, while ensuring that the finances are available to do so..

Quarter 3: Submit for fiscal assistance with the BH-MCO, state/federal grants and other funding sources if needed.

Quarter 4: Conduct training and other enhancements that fit within the budget that is provided while waiting for additional funding to be approved.

c. Fiscal and Other Resources: Part of the block grant would assist with this priority along with funding from CHIPP (pending approval of application) and Person Center Forensic Dollars.

d. Tracking Mechanism: Washington County BHDS designee for this priority will monitor and review progress and barriers, tracking appropriate information. If additional grants are provided the data collection for those grants will also be utilized to track.

d) <u>Strengths and Needs by Service Type:</u> *(#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 utilized by numerous providers for individuals who may otherwise not be able to access treatment. Most outpatient clinics do screen individuals upon intake to determine if telehealth vs. in-person is sufficient to monitor risk and maximize treatment outcomes. We do support the opportunity but recognize that telehealth is not right for everyone. We also want to ensure that if someone chooses telehealth, that there is still a live person that they can go to the office to see if needed/wanted.

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)*
Not specific at this moment.

c. *What are the obstacles the county encounters in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).*
There are a few rural areas of the county that have limited or inconsistent access to internet. If there are cultural and language barriers for telehealth at times, providers would utilize interpretation services and/or options to assist with those barriers like in-person appointments.

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

☒ Yes ☐ No
If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 26-27. (Limit of 1 page)

Currently our provider agreements state that it is an expectation that provider ensure training and utilization of trauma informed care. Per the information in Item 2 of the priorities, Washington County is planning within the next few months to host a comprehensive training and consultation model and encourage participation when available.

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 26-27. *(Limit of 1 page)*

Washington County hosted an amazing two-day training course a couple of years ago with an exceptional trainer, Dr. Vivian Jackson from Georgetown University. Since that time, we have worked with our provider system to continue enhancement of our system for the benefit of those with diverse cultural needs and language barriers as in integral part of our everyday work. We have attempted to vette trainers for CLC, however the cost and/or availability for the training have been barriers. The plan is to have a CLC training by the end of this coming fiscal year.

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

☒ Yes ☐ No
If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 26-27. *(Limit of 1 page)*

It is the practice of Washington County BHDS to welcome all individuals who are legal citizens into our system. In order to assist in the efforts and as part of our Quality Management, we support and collaborate with Carelon on their identified initiative and monitor strategies and outcomes.

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

☒ Yes ☐ No
If yes, please describe the initiatives and any age-specific initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

Washington County BHDS collaborates with its provider system and our broader Human Services System for our Suicide Prevention Task Force, "Pathfinders". The group meets monthly to review data, discuss resources and plan events including our annual "Out of the Darkness" Walk in conjunction with the American Foundation for Suicide Prevention. We also have staff trained in "Talk Saves Lives" and QPR. Additionally, Washington County BHD,S through a SAMSHA grant, implemented Collaborative Assessment and Management of Suicidality (CAMS) within 4 outpatient providers and hosted/are hosting trainings to include additional private therapists is set for late June. The crisis/diversion provider and SAP Liaisons are utilizing the Columbia Suicide Screening to determine if CAMS is appropriate. Throughout the school year, Washington County BHDS partnered with Dr. Mary Jo Podgurski to present Signs of Suicide (SOS) at 3 school districts 6th through 9th grade students, to which they receive a significant number of exit tickets from the students, wanting to talk more about their personal experiences/concerns regarding suicide and mental health.

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

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

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
   - Name:Mary Jo Patrick-Hatfield
   - Email address: maryjo.hatfield@washcopa.gov
   - Phone number: 724-250-4604

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 (SMI), defined as persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder that is listed in the current DSM that has resulted in functional impairment, which substantially interfere with or limits one more major life activities.

Previous Year: FY 25-26 County Supported Employment Data for **ONLY** Individuals with Serious Mental Illness		
• 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** and provide a brief narrative explanation. *Include additional information for each population served in the* ***Notes*** *section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).*		
Data Categories	**County MH Office Response**	**Notes**
i. Total Number Served	313	
ii. # served ages 14 up to 21	20	
iii. # served ages 21 up to 65	293	
iv. # of male individuals served	353	
v. # of female individuals served	148	
vi. # of non-binary individuals served	98	
vii. # of Non-Hispanic White served	2	
viii. # of Hispanic and Latino served	23	
ix. # of Black or African American served	0	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	2	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	53	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	100	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	27	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	19	
xviii. # of individuals served with highest hourly wage	23	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	19	

7. **Supportive Housing:**

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

Name: Mary Jo Patrick-Hatfield
Email address: maryjo.hatfield@washcopa.gov
Phone number: 724-250-4604

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

X Yes ☐ No

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

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

c. **Supportive Housing Activity** *to include:*

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

i. Please identify the following for all housing projects operationalized in SFY 25-26 and 26-27 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 25-26), as well as projected amounts for SFY 26-27. If this data isn't available because it's a new program implemented in SFY 26-27, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 26-27 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health	Check box ☐ 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 25-26 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 26-27 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	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 ☒ if available in the county and complete the section.								
Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Bridge Subsidies in SFY 25-26	9. Average Monthly Subsidy Amount in SFY 25-26	10. Number of Individuals Transitioned to another Subsidy in SFY 25-26
MH Supportive Housing	2008	HC reinvestment subsidy	$773,432.61	$800,000	256	256	256	$793.56	14
		Forensic Subsidy	$36,000						
Totals			$809,432.61						
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box ☐ 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 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 25-26	10. Average Subsidy Amount in SFY 25-26
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box ☐ 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 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26			7. Projected Number to be Served in SFY 26-27	8. Number of Staff FTEs in SFY 25-26
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				Check box ☒ 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 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26		7. Projected Number to be Served in SFY 26-27	8. Number of Staff FTEs in SFY 25-26
Site-based Intensive Permanent Supportive Housing	2014	County Base	$380,769.66	$380,000.00	16		16	6
Mental Health Supportive Housing	2008	County Base	$355,862.95	$356,000.00	782		750	12
Totals			$736,432.61					
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box ☒ if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26			7. Projected Number to be Served in SFY 26-27	8. Average Contingency Amount per person
MH Supportive Housing	2008	Forensic	$158,551.43	$255,852.00	256			200	$1840.13
		HC Housing Reinvestment	$ 151,463.97						
		SDoH	$161,059.00						
Totals			$471,074.40						
Notes:									

7. Other: Identify the Program for Behavioral Health	Check box ☐ if available in the county and complete the section.

Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; **Fairweather Lodge (FWL)** is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 25-26	5. Projected $ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26			7. Projected Number to be Served in SFY 26-27
Totals								
Notes:								

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

Certified Peer Specialist (CPS) is defined as:

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

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

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Mary Jo Patrick-Hatfield Email: maryho.hatfield@washcopa.gov Phone number: 724-250-4604
Total Number of CPSs Employed	**8**
Average number of individuals served (ex: 15 persons per peer, per week)	**34 persons per peer per week**
Number of CPS working full-time (30 hours or more)	**7**
Number of CPS working part-time (under 30 hours)	**1**
Hourly Wage (low and high), *seek data from providers as needed*	**Low: 15.55/hr. High: 25.71/hr.**
Benefits, such as health insurance, leave days, etc. (Yes or No), *seek data from providers as needed*	**No, for one provider** **Yes, for one provider**
Number of New Peers Trained in CY 2025	**1**

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

Note: HC= 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	YES	54	TMACT	County	Annual	YES	YES	
Supportive Housing	YES	573	Monitoring	County	Annual	YES	NO	
Supported Employment	YES	153	Monitoring	County	Annual	NO	NO	Include # Employed 77
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	YES	54	TMACT	County	Annual	Yes, ACT Integrated treatment of co-occurring disorders	YES	
Illness Management/ Recovery	YES	200	SAMHSA toolkit	County/ OMSHAS	Annual	YES	YES	
Medication Management (MedTEAM)	YES	35	OMSHAS Licensing	County/ OMSHAS	Annual	NO	NO	
Therapeutic Foster Care	YES	1	OMSHAS Licensing	County/ OMSHAS	Annual	NO	NO	
Multisystemic Therapy	YES	55	OMSHAS Licensing	County/ OMSHAS	Annual	NO	NO	
Functional Family Therapy	NO	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	NO	N/A	N/A	N/A	N/A	N/A	N/A	

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

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

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

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	YES	1704	
Compeer	NO		
Fairweather Lodge	NO		
MA Funded Certified Peer Specialist (CPS)- Total**	YES	148	
CPS Services for Transition Age Youth (TAY)	YES	28	
CPS Services for Older Adults (OAs)	YES	211	
Other Funded CPS- Total**	NO		
CPS Services for TAY	NO		
CPS Services for OAs	NO		
Dialectical Behavioral Therapy	YES	59	
Mobile Medication	YES	35	
Wellness Recovery Action Plan (WRAP)	YES	14	
High Fidelity Wrap Around	NO		
Shared Decision Making	NO		
Psychiatric Rehabilitation Services (including clubhouse)	YES	304	
Self-Directed Care	NO		
Supported Education	NO		
Treatment of Depression in OAs	YES	20	
Consumer-Operated Services	YES	139	
Parent Child Interaction Therapy	YES		
Sanctuary	YES	1	
Trauma-Focused Cognitive Behavioral Therapy	YES	415	
Eye Movement Desensitization and Reprocessing (EMDR)	YES	100	
First Episode Psychosis Coordinated Specialty Care	NO		
Other (Specify)			

i) Involuntary Mental Health Treatment

1. During CY 2025, 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 2025
   ☐ 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 2025
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 2025 (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 2025:
   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 2025	N/A	39
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2025	N/A	0
III. Number of AOT modification hearings in CY 2025	N/A	
IV. Number of 180-day extended orders in CY 2025	N/A	37
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2025	N/A	$ 60,779.96

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, professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf)

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

❖ Have all available claims paid by the county/joinder during CY 2025 been reported to the state as an encounter? ☒Yes ☐ No

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

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

Washington County BHDS prioritize Residential and Housing options to serve those with the greatest needs, particularly those with Forensic involvement, to maintain not using state hospital civil beds. As a result, we really need increased alternatives and a safe place to live/stay for those who are experiencing the most acute symptoms. There is a definite need for increased forensic services for those with mental illness. We have a holistic plan should funding become available for this which includes:

- Transitional Housing
- LTSR bed
- CRR bed
- Crisis bed
- Peer
- Case Management to focus on employment, housing, and other Social Determinants of Health

Another area of need that additional funding would assist with is an increase of number of staff available for mobile crisis response, and preparation for change of crisis regulatory requirements.

A third area that additional funding could assist with is enhanced training and supports to those in the community, such as law enforcement, schools, and others.

We have a very long list of needs within our system, to enhance current services but also to start new services that we cannot afford to offer now (i.e. possibly First Episode Psychosis supports, co-responders, additional types of housing and expansion of current housing programs, etc.) so the above are only a few highlights.

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

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:**

  Administrative Case Management and MH Residential services

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 25-26:**

  We will not have any carryover dollars from 25-26.

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:**

  Mental Health-Administrative Case Management; Intellectual Disability-Self-Advocacy, IM4Q

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 25-26.**

  We are very excited to be a part of the SAMSHA grant to offer CAMS assessments as one of only 4 counties (with the other being a joinder). We have hired a CAMS Coordinator to focus on this area. We have several providers who have attended the training and became certified in CAMS. We meet with OMHSAS and Thomas Jefferson University regularly, as the leads for this grant/funding to develop processes, training, etc. Our goal is that schools, hospitals, crisis, etc. identify youth and young adults with suicidal ideations, past attempts, etc. The goal will be that a person is identified and assessed (through an evidence-based tool) and if hospitalization is not felt necessary then services can be received at an Outpatient clinic as soon as possible via a referral to the CAMS Coordinator. She will then work with the providers who have CAMS trained staff to get them scheduled as soon as possible, with the requirement being within 72 hours of when the referral is sent.

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

The following sections should be used to describe the entire substance use service system available to all county residents *regardless* of funding sources.

Please provide the following contact information for the individual who is filling out the information in this section:

Name: Cheryl Andrews	Title: Executive Director
Entity (Single County Authority (SCA) or other county agency: Washington SCA	
Email address: cheryla@wdacinc.org	
Phone number: 724-833-8255	

Please provide the following information for FY 25-26:

Below you will find a table that shows the number of individuals who were funded for each of the levels of treatment. The average wait time over all the levels of care is less than five days. There are specific instances when individuals may be delayed in accessing treatment. If someone waits 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. justice- involved clients at the jail) or client choice. Because the SCA holds contracts with over 40 licensed treatment providers and 100 different levels of care, 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.

On average we meet the wait time timeframes in all categories except for outpatient. Sometimes it is over a month before the OP provider conducts an intake and even longer until the client is scheduled with a clinician. This goes back to provider staff turnover. Providers struggle to fill positions, let alone with qualified people. This is why the SCA has issued an enhanced rate in some instances; however, this has not alleviated the problem.

1. **Wait List Information:** Please complete the table below for fiscal year 25-26. If the average weekly wait time (days) for placement does not adhere to placement as referenced in the Department of Drug and Alcohol Programs (DDAP's) Case Management & Clinical Services (CMCS) Manual for withdrawal management (within 24 hours) or all others (within 14 days after LOCA completion), a narrative explanation should be provided.

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	Services	Average Weekly Number of Individuals*	Average Weekly Wait Time (days)
4 WM	Inpatient Withdrawal Management	**1**	< 0 days
4	Medically Managed Intensive Inpatient	1	< 0 days

3.7 WM	Medically Monitored Inpatient WM	54	< 0 days
3.7	Medically Monitored Intensive Inpatient	2	< 3 days
3.5	Clinically Managed High Intensity Residential	25	< 3 days
3.1	Clinically Managed Low Intensity Residential	0	
2.5	Partial Hospitalization Program	0	
2 WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring	24	< 3 days
2.1	Intensive Outpatient	107	< 3 days
1 WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring	0	
1	Outpatient	26	< 14 days
Other	Specify		

*Average weekly number of individuals for FY 25-26

**Average weekly wait time (days) for placement in FY 25-26

a. What is the source of the data reported in the table above?

The SCA's internal electronic health record system—CPR web

2. **Overdose Survivors' Data**: Please identify which model (SCA Agency, Contracted Provider, Certified Recovery Specialist (CRS), Treatment Provider, Hospital Staff, or other DDAP models, as identified in DDAP's CMCS Manual) the county uses to offer overdose survivors direct referral to treatment for FY 25-26.

The SCA administrator and the Commonwealth Court of Common Pleas Judge Serve as co-chairs of the Opioid Overdose Coalition, consisting of key stakeholders from the healthcare system, justice-involved system, Emergency Management Services system, and county government. The current Opioid Coalition is being facilitated by Collective Health Consulting, LLC, which Empowered the Coalition to create actionable strategies to combat the overdose crisis by using 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 Opioid Use Disorder has access to and support throughout treatment and recovery. The coalition is in the process of executing its third, three-year strategic plan. We restructured our subcommittees and added two new committees: Primary Prevention subcommittee and Harm Reduction subcommittee. We continue to meet monthly to move our priorities forward.

Our priorities include:

- Coordinate efforts between law enforcement, the legal system, and treatment. (Integration of public health and public safety) allowing for grants and diversionary programs
- Increase access and utilization of naloxone and other harm reduction strategies such as establishing a syringe service program; to include fentanyl and xylazine test strips
- 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 all forms of Medication Assisted Treatment (MAT).
- Conduct a county-wide needs assessment to determine the assets and gaps in primary prevention service delivery

The Coalition has developed and participated in the following programs throughout Washington County: 1) Community and First Responder Naloxone trainings and recognition events; 2) Medication Assisted Treatment (MAT) program in the correctional facility which demonstrated decreased fatality and recidivism rates of participants;3) Public quarterly meetings to share resources and information with the community; 4) Collection and analysis of more than 1,500 surveys to better target initiatives for stigma reduction; 5) Material development including MAT informational pamphlets, leave behind postcards for first responders, and pharmacy Naloxone availability; 6) SCA established as a Centers of Excellence 7) Naloxone distribution to include mailing Narcan upon request, drive through Naloxone community events, and NaloxBoxes 8) Recovery recognition events. The SCA Administrator serves as a co-chair of the coalition and SCA funding has been allocated to support many of the initiatives listed above.

Washington County overdose data is presented annually at a community event. Since the inception of the coalition, accidental overdose rates have remained steady with a very marginal variation, in either direction. We are seeing far more polysubstance uses, and the main cause of death is fentanyl. 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 UPMC Washington Hospital. The OFRT conducts confidential reviews of resident drug and alcohol overdoses to identify opportunities to improve member agency contacts and system-level operations in a way that will prevent future deaths.

The Washington SCA and its affiliation with the Opioid Coalition have made huge strides in the past nine years in addressing the opioid overdose epidemic. The coalition is a data driven coalition which means we compile and analyze data, develop strategies, and implement programs and initiatives that are evidence-based. An eclectic approach is having a profound impact in the reduction of overdose deaths: 1) increased Naloxone availability; 2) MAT program at the county correctional facility; 3) increased MAT providers; 4) increased number of screenings and level of care assessments; 5) increased access to treatment; 6) increased usage of case management and recovery support services; 7) the addition of SUD recovery centers in our communities; 8) development of local treatment infrastructure both in quantity and quality; 9) implementation of the Strategies to Coordinate Overdose Prevention Efforts (SCOPE) project for First Responders; 10) decrease in the number of prescribed opioids.

The following chart indicates the number of overdose survivals that were referred by the hospital. These numbers are not the total picture for the county. The SCA continues to work with the Washington County Office of Public Safety, EMS and law enforcement to capture real-time overdose data. The actual number for overdose survivors is much greater for the county as a whole; however, many, in fact most, usages of Narcan are not reported. The Opioid Overdose Coalition has developed a software program application (App) for both first responders and community at large to complete the Narcan Utilization Form. There is a QR code that is 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 is developing ways to ascertain this information.

Referral Model(s)	# of Overdose survivors*	# Referred to Treatment	# Refused Treatment
SCA Agency	246	214	80

*An overdose, as defined in DDAP's Case Management & Clinical Services Manual, is a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

a. What is the source of the data reported in the table above?

State EMS reporting, our internal review through the Opioid Coalition overdose review team, and self-reports on the use of overdose prevention kits (Narcan)

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

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/enhanced Programs
4 WM	2	**1**	1
4	2	1	1
3.7 WM	24	2	3
3.7	4	2	3
3.5	43	2	3
3.1	21	4	
2.5	5	3	
2 WM			
2.1	6	6	
1 WM	8	5	
1	8	5	
Other			

a. What is the source of the data reported in the table above?

Signed contractual agreements held between the SCA and the various levels of treatment.

4. **Treatment Services Needed in County**: Please provide a brief overview of the current services needed in the county for FY 26-27 in sections a, b, and c below.

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

Adolescent residential services
There is a state-wide shortage of adolescent SUD residential programs. During the 25-26 school year, the SCA student assistance program case management services (SAP) assessed 97 students and 51 were referred to SUD 1.0 level of treatment and 17 were referred to .5 (education) level of treatment. The two main providers for residential level of care for adolescents closed their programs over the last two

years. Programs that can accommodate the LGBTQ members of this population is virtually non-existent. The Department of Drug and Programs (DDAP) has issued a requirement that the SCA must have at least, two contracts for each level of care and to assure special populations receive the care they need. The SCA will plan to collaborate with the County Behavioral Health and Developmental Services to develop a more robust SAP service to include parochial and alternative schools. The SCA has been in many meetings that include the juvenile court system, juvenile probation, and the Office of Children and Youth Services to develop a more comprehensive approach to prevent adolescents from entering the juvenile justice system and assisting those who are already engaged in the system. The SCA provides an education program known as S.T.E.P. STEP is designed as an educational opportunity for teenagers in Washington County; referrals can be made by MDJ's, schools, Probation Officers, Peer Jury Program, and parents. Upon completion, the STEP 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. There is a local outpatient provider that only serves the adolescent population. They provide outpatient services in the school. This provider, like many others, have difficulty with recruitment and retention of qualified staff. This creates challenges to the entire system. The SCA makes the appropriate referral, but the adolescents may not receive services for months due to the lack of staff.

Residential Family Services
Programs that serve families both women with children and men with children. The SCA continues to work with the HealthChoices Program to develop RFPs. Unfortunately, to date, the applicants that have responded do not meet the minimum standards outlined in the proposal. It would be ideal to have a family facility located within our county. This would keep families intact and the services involved with the client would be able to visit and continue to coordinate care.

Justice-involved Services
Justice-involved referrals make up nearly 40% of the SCA's annual client base. We continue to operate multiple programs to address this need, and we have a strong partnership with Washington County Court of Common Pleas, Magisterial District Judges, Adult Probation, and the correctional facility. We need to establish open communication between the treatment provider and the local SCA, regardless of funder, to allow for a smooth transition upon the individual's return to their home community. The SCA will continue with case management and recovery support upon return to the county and yet sometimes a discharge takes place without any notification. It is imperative to build a system that emulates a recovery-oriented system where extra therapeutic services are emphasized.

b. Provide an overview of any expansion or enhancement plans for existing or new providers to meet the current treatment needs within the county:

Washington County now has a 4.0; hospital-based Substance Recovery Unit for both treatment and detoxification. This is a huge victory for our county. Due to the SCA's extensive outreach efforts with area hospitals we are seeing many more medically complex patients, particularly alcohol-related conditions that need a higher level of care than 3.5 clinically managed level of care or OBOTs can accommodate. Additionally, there

are some opioid use disorder individuals who require longer term IV antibiotics and subsequently receive no SUD treatment during the six-week period these medications are administered. Having resources that can meet the needs of these high-risk individuals can be the difference between life and death and is one of the only two areas where we experience consistent deficiencies in bed availability associated with the SCA warm hand-off protocol. The Penn Highlands Mon Valley Substance Recovery Unit, SRU, (level 4.0) opened its doors in March of 2024. It is still a relatively new program, and the hospital is not immune to staff turnover. There is a constant learning curve that is in play.

The SCA has enhanced the rates for two providers who do very specific work. The first is Outside In, an Adolescent outpatient provider. Outside In engages with adolescents within the school setting so there is travel and of course the chance that the student is not present on the day they were to have an appointment. The enhanced rate covers the travel expenditure and the missed opportunities. The enhanced rate allows the provider to pay the clinician a salary rather than by the number of units obtained. This enhanced rate is covered by base dollars and the HealthChoice program.

The second provider is Allied Addiction and Recovery (AAR); an outpatient provider who provides treatment in the jail setting. AAR was also having difficulty with recruitment and retention of staff, and this enhanced rate for an alternative setting has allowed them to increase the clinician salary scale making the position more attractive. The jail counselor position is difficult to fill; most of the work is done after normal business hours and inside a correctional facility.

There are many more enhancements that could be made and maybe even should be made within the provider network in Washington County, however, the SCA remains level funded. We no longer receive extra funds to combat the opioid epidemic. We struggle to make our base funds stretch to meet the overall treatment needs of our residents.

c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services during the reporting year:

   HealthChoices reinvestment funds have been used to develop the SCA Recovery Center; Recovery Center Coordinator position, and 3 DDAP licensed Recovery Houses. All these services are within our County. Plans have begun to issue a HC RFP for an outpatient provider that specializes in adolescent treatment and an SCA Student Assistance Program Case Manager.

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

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

In late 2017, the SCA became the Centralized Coordinating Entity (CCE) for Naloxone. This program is now referred to as the PA Overdose Prevention Program (POPP). Distribution, data collection, and outcome measures continue to be a county-wide collaborative effort and seemingly playing an integral part of curbing this public health crisis. The SCA's role as a PA Overdose Prevention Program entity allows us the opportunity to provide Narcan to traditional and non-traditional first responders. A non-traditional first responder is defined as anyone who may respond to an overdose.

All Narcan and other harm reduction strategies find their origin in the Opioid Overdose Coalition's, Naloxone and Harm Reduction Sub-Committee. A strategic plan is in place with measurable goals. For FY 25-26, we participated in 40 community events and trainings and distributed 2,129 Overdose Prevention Kits in total at these events. The SCA has a link on our website that allows an individual to request Narcan and have it mailed directly to their home. 69 Overdose Prevention Kits were mailed. In total, which includes the above distribution numbers, 2188 Overdose Prevention Kits were distributed to the traditional and non-traditional first responders of Washington County. In addition, 222 Naloxboxes (Overdose Prevention Cabinets) have been distributed to various organizations to include the County office Buildings, Faith-based organizations, Universities, school districts, community spaces and organizations, homeless shelters, recovery houses, and more.

The sub-committee has developed the H.E.A.R.T Program (Hands-On Emergency and Resuscitation Training). This is a three-part training to include: Hands-On CPR; Naloxone Administration; and Stop the Bleed. This program builds off the initial Naloxone trainings and by including other life save techniques it is our hope to reduce any stigma associated with the use of Naloxone. The program is a collaboration between the SCA and EMS. Additionally, we have started Project Refuge, which engages the faith-based community.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges and program successes. Protocols include offering 24/7 direct referrals to treatment services for individuals who experienced an overdose or have been hospitalized.

   a. **Warm Handoff Data: FY 25-26**

# of Individuals Contacted	# of Individuals who Entered Treatment	# of Individuals who Completed Treatment
747	489	212

   1. What is the source of the data reported in the table above?

      WDAC/SCA Center of Excellence electronic health record.

The warm hand off response team is very successful in engaging the individual and connecting them to treatment. Of the total referrals, 65% enter into treatment and 43% completed treatment. The SCA has worked very hard to provide a door-to-door transfer, when individuals present within the Hospital setting.

It is the policy of the SCA to present 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 after-hours 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 is notified and connects with the patient through a telehealth method almost instantaneously. The case manager conducts a level of care assessment and makes the

appropriate referral to treatment. The case manager will provide case coordination and support services throughout the continuum of care.

All three county hospitals and the EMS providers have been briefed on the designated phone line, and it has been provided to appropriate management staff in each emergency department. The phone line is staffed during non-business hours and calls are triaged to determine if an on-call worker needs to be dispatched.

The SCA has entered into agreements with Washington Hospital and Penn Highlands Mon Valley Hospital which allows for two full-time case managers and one recovery specialist to be embedded at each facility. The SCA embedded staff serve individuals within the ED, behavioral health unit, and medical floors.

INTELLECTUAL DISABILITY SERVICES

Washington County fully supports ODP's commitment to enabling individuals with an intellectual disability and autism to live rich and fulfilling lives in their community, as well as those with medically complex conditions. Washington County AE currently had 749 individuals enrolled. Since July 1, 2025, we have completed intakes for 68 clients (17 ID, 44 Autism, 7 MCC).

Washington County prides itself in providing services to all individuals, regardless of funding source. Every enrolled individual receives Supports Coordination. All services allowed by ODP, that have enrolled providers, are available to individuals with waiver, dependent on amount of waiver. When someone comes into our system, our intake coordinator shares many resources with them, as well as completes Lifecourse tools. She also has the SCO that the individual/family selected, be a part of the intake meeting to make the warm hand off. If someone attempts to intake that does not end up qualifying, they are given information on other resources out there. We also work closely with all other Human Services departments in the county, and we will refer to them for support and services also, as appropriate. We are always looking for alternative funding sources, as well, such as the Achieva Trust Grants, to enable individuals to get items/services that they may need that they do not have the funds for. We also work closely with schools to utilize those services, as well as insurance provided services such as EPSDT. We also have base-funded individuals, when dollars are available and the person does not qualify for waiver and/or no waiver is available. Those services are noted below, along with respite in a residential home that is not listed. We are also thankful to have co-occurring services that we utilize such as the Dual Diagnosis Treatment Team (DDTT) and have utilized the Beacon Light CSRU for individuals that need a more intensive stepdown before moving back to their community. We believe in individuals being as independent as possible, so we also focus on self-advocacy. We have two agencies within our county that have self-advocacy meetings, groups, training sessions, etc. We also believe strongly in getting the word out there as to what is available by hosting information sessions and community events and participating in ones hosted by others. We also believe in supporting an individual, while also supporting their supporters, such as supports for family, etc. and offer resources to families/caregivers. Another piece of the continuum is utilization of the HCQU for Complex Technical Assistance, training, etc. Please note that no individuals are base funded for PDS, so the numbers below for V/F and AWC are numbers reflecting all individuals enrolled, regardless of funding source. Also, note that while not under Remote Supports, we were able to give individuals 24 iPads for communication and other independent living needs.

Individuals Served

	Estimated Number of Individuals served in FY 25-26	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be Served in FY 26-27*	*Percent of total Number of Individuals Served*
Supported Employment	0	0	0	0
Pre-Vocational	0	0	0	0
Community participation	1	.001	2	.002
Base-Funded Supports Coordination	230	.31	250	.33
Residential (6400)/unlicensed	0	0	0	0
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	216	.29	230	.31
PDS/VF	11	.01	12	.02
Family Driven Family Support Services	0	0	0	0
Assistive Technology	0	0	0	0
Remote Supports	0	0	0	0

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

Washington County offers all services within the ISP Manual. Supported Employment, job finding and job coaching are most used. We have an Employment workgroup that looks at ways to expand employment. They also focus on reviewing all IM4Q responses that showed that someone said they want to work. They ensure that the individual has a team that supports them to achieve that goal via volunteering, classes, job searching, and whatever else may be applicable. AE staff monitor each of these individuals quarterly by having the SCs submit a questionnaire of activities toward this goal for the individual that has expressed their desire to work. We also host an annual Employment Fair that includes resource tables, along with presentations by agencies such as OVR, AHEDD/WVU, CareerLink, and others. We will continue our focus to expand the opportunities for employment and expand the views others have on what is achievable for someone.

Supports Coordination:

We work very closely with all SCOs supporting the individuals enrolled in our county. We have a few SCOs that only have one or a few individuals enrolled. However, we have 3 that have hundreds of individuals and one that continues to increase enrollment. We have monthly meetings with the SC Supervisors from all of the entities to discuss any new guidance from ODP,

trends in plans and issues that the AE is seeing overall, and any issues or topics that the SCO wants to discuss. We meet quarterly with the SCOs, including the SCs. We cover some of these same items, in addition to presentations by various agencies that want to present, from IM4Q, and others. Information that we receive on resources is emailed to the SCOs so that they can share with individuals, families and providers. We start the Lifecourse Tools at the point of intake with our AE Intake Coordinator completing tools, and the SCO that is selected then sends the assigned SC to the intake meeting where the Tools are used/reviewed. We encourage the use of various tools in situations and some SCOs are more apt to use the tools successfully.

In regard to the waitlist, anyone on an Emergency PUNS has an additional document that we have created that the SC completes to help get us the key information to make decisions on what is needed and who needs it most. We also monitor PUNS dates and remind SCOs if they are missing an update. We also look at services needed to see if there are other resources out there to assist until a waiver is found, or in addition to the waiver level they are receiving. We encourage SCOs to be Supports Coordinators of all support options by looking at what is available to all, and not just a SC that is coordinating waiver only.

We have the AWC present to the SCs so that they are comfortable understanding the model to best have the conversation with individuals and families about the option. Vendor/Fiscal is harder for the SCs and families to understand so we work to share success stories of those who have used V/F model and also discuss Supports Broker services.

Lifesharing and Supported Living:

We are excited to say that we have increased Life Sharing, despite it being limited. We have children under MCC also enrolled in Life Sharing. Due to this MCC Life Sharing success, our AE Director was asked to speak, alongside a provider, on this at the State Lifesharing Conference. Supported Living continues to expand and is seen as an option now moreso by SCOs than previously. We have also increased providers offering Supported Living in the county.

A barrier with Lifesharing is providers actually being able to find families/individuals that are willing to be Lifesharers. There is also a barrier with some families being concerned that it looks like another family can do it and taking it as an insult to them not being able to care for the person, regardless of how it is discussed.

We work to try to overcome the barriers through a variety of ways such as sharing success stories of those that have flourished in the model, having lifesharing agencies present to SCOs so they are more comfortable in having a conversation to explain the service, and by attending the conference to spread the word of the challenges and successes.

MCC has helped to expand Lifesharing, as well as increase in providers offering the service, however it still remains a very underutilized service option.

We are always open to any documents, resources, etc. that ODP can provide to help spread the word and explain. It may be nice to have a video made that explains the highlights of the services, families telling their success stories, etc. Sometimes seeing the video of it means more than anything that can just be said or read.

Cross-Systems Communications and Training:

Washington County does and will use funding to increase the capacity of the county's community providers to more fully support individuals with multisystem needs, and complex medical needs. We have offered things such as CHC training, various mental health trainings (i.e cultural competency, trauma informed care, crisis response, etc.), training done by our MH MCO, guardianship training, with Aging, HCQU trainings, etc. These are open to the Provider network in our area. Some are also in conjunction with the MH department, Aging Services, and others. We will continue to look for and offer trainings that are meeting the needs of one or more individuals and do our best to find the right trainings, within any constraints that we may have financially or physically. We do find a barrier at times with the staffing shortages that providers cannot always have people participate, even if it is virtual.

We have a close working relationship with all 14 school districts in our County and have intakes from all. The schools have learned the paperwork needed to get individuals enrolled, have our Intake Coordinator come to do presentations at the schools, attend Open Houses, etc. We also discuss waivers at graduation and how to ensure individuals fully use all resources that the school can offer up to age 21/22.

We are a Human Services agency and work closely with CYS, Behavioral Health, Early Intervention, Aging, Veteran's Affairs, the Human Services Help Center, and the Housing and Homelessness Director. All Human Services entities work on the same floor as the AE so it is very easy to converse and help to solve problems, find resources, etc. This enables individuals to lead more everyday lives by using the resources that are all there for all individuals. We also have presented to all of our Human Services agencies, as well as outside entities such as hospitals, on the system and services. The teams usually work very well together and do some great planning for the individual involved. However, any assistance/clear guidance from ODP, OCYF, etc. would be greatly appreciated as it often comes down to who is the payor responsible, how the complex case requests and meetings should be made, and other pieces to best help all to know these things definitively as the different DHS departments often hear conflicting information.

Emergency Supports:

FY 25-26 is the first year that we have been able to contract with a Residential Provider to utilize a bed in a 3-person home to provide emergency respite. This has been used a couple of times thus far (family unavailable due to health reasons, a person who was left at a hospital and was awaiting a residential home, and a person transitioning from a MH residential service while awaiting residential placement whose family would not take him back) and it has used base dollars for those without a current waiver, or under waiver for those that have it. The provider has taken individuals within 24 hours, regardless of level of need, and it is has been very successful in meeting that emergency need for as long as necessary.

- Does the county reserve any base or HSBG funds to meet emergency needs?

  We use Block Grant dollars for the respite bed mentioned above, SC services for all without a waiver to help with emergency planning, and consider other uses of Block Grant dollars to address needs if able. While not the ID portion of the Block Grant, the MH Block

Grant dollars that pay for crisis services allow us to utilize that service as well (as noted in our emergency plan that is attached).

- What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?

  Someone within BHDS is available 24/7. The 24/7 County Crisis line also has the phone numbers for the AE Director and County Administrator if a need arises. And of course, the SCOs are required to have 24/7 availability as well and know how to reach us within and outside of normal hours.

- Does the county provide mobile crisis services?

  Yes.

- If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

  Yes, training in ID and Autism is a part of their orientation and a part of their annual training plan/curriculum. They also have utilized the HCQU trainings at times.

- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

  While some staff have some experience in the ID/A field, all are trained in it upon hire.

- Is training available for staff who are part of the mobile crisis team?

  Yes, we have presented on services, how to enter the system, communication, and other areas to the crisis agency as well.

- If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure? N/A

See attached Emergency Plan-ID-A, most recently updated on 6-20-26.

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Behavioral Health and Developmental Services
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24-hour Emergency Response Plan

Washington County BHDS ensures the health and safety of those enrolled in our service system 24 hours a day, 7 days a week, year round through various methods. BHDS prides themselves on the collaboration of services for those with mental health and intellectual disability/autism diagnoses, as well as those with dual diagnoses. Crisis and Emergency Services will be provided through contracted providers working in collaboration with BHDS.

Crisis Intervention

Crisis Intervention Services through a contracted provider include telephone, walk-in, and mobile services, designed to de-escalate and resolve a potentially emergent situation and are designed to divert to the least restrictive level of care. Telephone and mobile crisis services will be available 24 hours a day, 7 days a week, year round. Walk-in crisis services will be delivered at the licensed outpatient facilities Monday through Friday from 8:30 a.m. to 5:00 p.m. at a minimum, and after regular hours at the designated crisis stabilization unit.

A. **Telephone Crisis** will provide a continuously available telephone service staffed by trained crisis counselors that provide information, screening, intervention, and support to callers 24 hours a day, 7 days a week, 365 days a year.
B. **Walk-In Crisis** is a site-based intervention service for individuals providing immediate screening and assessment resulting in brief, intensive interventions focused on resolving a crisis and preventing admission to a more restrictive level of care. The service is provided by trained crisis counselors, and will include assistance in accessing available formal and informal community resources pertinent to the particular crisis.
C. **Mobile Crisis** is a service provided at a community site where the crisis is occurring or a place where a person in crisis is located. The services shall be available with prompt response. Service may be individual or team delivered as determined appropriate by trained crisis counselors. Service includes crisis intervention, assessment, counseling, resolutions, referral, and follow-up. The service provides back up for, and linkages

with, other services and referral sources. Whenever possible, mobile crisis intervention will be dispatched within five minutes and will arrive at the scene of the incident within 30 minutes of dispatch. The Crisis Worker will establish and maintain telephone contact with the individual, law enforcement, or appropriate entities until their arrival.

D. Intellectual Disability/Autism-If throughout the crisis or emergency process an individual is identified as having an intellectual disability the contracted provider will contact the BHDS ID/A Director/Designee. The ID/A Director/Designee will work with the individual, caregivers, families, and ID/A Provider agencies to determine a plan of intervention that is individualized and person-centered. Respite, residential, in-home, and other available services will be considered within the plan development. Natural Supports and training needs will also be a focus on the planning. There is also the option of the team doing crisis planning with the contracted provider if at any point a need is determined, in order to be proactive rather than reactive. Funding will be reviewed as applicable. All applicable ODP reporting procedures will be followed.

Emergency Services

Emergency services will be available 24 hours a day, 7 days a week, year-round. Procedures to be followed will be in conformity with the Pennsylvania Code, Title 55, Chapter 5100 (Mental Health Procedures) Regulations adopted pursuant to the Mental Health Procedures Act (Acts 143 and 324). The contracted provider will maintain communication with the Washington County BHDS Office in the coordination of all commitments to include the reporting of all voluntary (201) and involuntary (302) hospitalizations. All rules and regulations in relation to individuals with guardianship will be followed. All voluntary (201) and involuntary (302) hospitalizations shall be called in to the Washington County BHDS Administrative Office by 9:30 a.m. the next business day.

Community Hospital Liaison/Mental Health Community Based Care Manager (CBCM)

The Community Hospital Liaison/CBCM will serve as the link from community inpatient hospitals to the community mental health and intellectual/developmental disability/Autism (I/DD/A) service provider system to provide comprehensive assessment, monitoring, service planning, referrals for service to consenting individuals and families within the local mental health inpatient units/hospitals as well as those which are outside the county's borders. Coordination of those services through case management and monitoring will be maintained until ongoing outpatient services are in place. The liaison will:

A. Provide initial opportunities for engagement.

B. Provide information, referral services, and linkage to individuals and their families with severe and persistent mental illness and/or I/DD/A who would be transitioning from inpatient hospitalization to community services.

C. Complete all required paperwork and referrals for individuals transitioning from inpatient hospitalization to community services.

D. Conduct daily visits to inpatient hospitalization programs to track new admissions, monitor progress of identified patients, plan for discharge, attend Treatment Team Meetings, and provide liaison services to those programs. Conduct face-to-face individuals referred by self, family, physicians, hospitals, social service agencies, and appropriate referral sources.

E. Establish and maintain linkage agreements with inpatient hospitalization programs, as well as the Base Service Unit and all necessary community based mental health services, ensuring continuity of care, and therefore, decreasing the lack of follow-up with mental health outpatient treatment and services, as well as, readmission 7 days post discharge.

F. Provide a 30-day follow-up to consumers and families to ensure continued recovery.

Update 6/20/26 JS

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.

  Washington County has not utilized this much over the past fiscal year, but we would love to expand the use of the network, as in the past we had them come to do trainings and plannings with families and it went well for those that attended.

- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.

  We have two self-advocacy groups that allow for peer support, networking, etc. We also have our Mental Health NAMI group available as appropriate. The County also has a 1234 Help Center that is able to be utilized by anyone, including those enrolled in our system, for general resources they may need (i.e. connections to free clothing or food resources, housing assistance, and much more). We also continue to offer training opportunities to build key skills. Information on resources, events, and activities are also shared as we learn of them. We are looking to possibly do our own Social Media or website link as well.

- Please describe the kinds of support the county needs from ODP to accomplish the above.

  We are always open to new resources. Perhaps the creation of an ODP page that has resources tied to the various Social Determinant of Health areas and speakers being recorded when presenting so that families/individuals can participate when they have time.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program. The function of the HCQUs is to enhance the health and wellness of individuals with an intellectual disability or autism through collaboration with providers, counties, Supports Coordinators/Targeted Support Managers and health care providers, as outlined in ODP Bulletin 00-18-03, Health Care Quality Units.

  We work closely with the HCQU to have them do trainings for providers, complete Complex Technical Assists, giving us resources for specific issues that we may not have been aware of, and they are always there to ask questions of.

- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

  We do review any HCQU data given to influence/enhance our Quality Management focuses, as appropriate.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families. The IM4Q provides ODP with data on the quality of services to consumers, as required in the county's Administrative Entity Operating Agreement.

We work closely with our IM4Q. The considerations that result from their interviews help to guide our QM plans, especially on the employment front as they identify individuals who want to work; along with our Incident Management focuses, giving information related to topics such as rights violations to consider. Our IM4Q has also presented to our BHDS Advisory Board to give them knowledge of the process and to enhance their understanding of the needs and wants of individuals and families in our system.

- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, and other reasons.

  We are a very active AE, and when we see individuals with high challenges, we often join the team meetings to help plan, make connections with other entities, such as MH, for holistic support to the individuals in areas of need, and will attempt to locate trainings for the providers, as well. As mentioned earlier, we will continue to offer trainings to the provider network in all areas referenced.

- Please describe how ODP can assist the county's support efforts of local providers.

  Complex Cases continue to increase in both mental and physical health related areas. Resources, trainings, etc. that ODP is aware of or can create would be great to have as needed. Also, continued work with ODP on cases that the team is "stuck" on to give other ideas, etc. is great. Another area would be to continue to enhance the provider network to be best able to have specialized providers to meet the most intense needs, to avoid institutionalization. We are proud to not have had anyone admitted to a State Center in many years, so any supports that can occur are appreciated. Also, SCs do not always have a great concept and understanding of working with these more complex areas and need additional guidance so any that ODP can provide is appreciated.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.

  We continue to regularly review all incidents to not only improve the individual's life, but also to identify trends that can impact all. We also have a Fatal Five process that ensures that as soon as an incident occurs that would be categorized as such, AE staff inform the SC and SC Supervisor to let them know that they need to meet with the individual (and family/provider as applicable), look to see if updates are needed in the ISP, what resources are needed for prevention, etc. We also utilize ODPs QA&I process to ensure high quality. We attend licensing exit interviews when possible to get a more systemic view of need. We also look at the sharing of resources as being a key to quality connections to prevent or limit risk. Review of over and under unitization of services can also be a key indicator and AE staff monitor this. Another layer is outside reporters such as APS, hospitals, etc. and taking those concerns and looking into them and planning for risk management for the specific client but that may also lead to better quality for others from what is learned.

- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

  We offer risk management types of trainings and work with all mentioned on risk prevention and safety planning. We provide trainings to the community, including hospitals, first responders,

various Human Service agencies, and more. We have worked with a provider who has tried to form a family support group/education group. This has not taken off as expected, so we will be re-evaluating this. We also know individuals and families are busy, so we are looking for ways to get resources to them via internet, etc. so it is accessible to them when needed. We work with advocates and other support team members in regard to concerns, follow up, and other risk related items as appropriate. We look at all Social Determinant of Health areas for a person when planning trainings, making recommendations, and looking at resources as looking at the whole person and their support system is a way to decrease risk.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

  Any formats that ODP sees as successful in other parts of the state would be appreciated as we plan.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

  We work closely with our Housing and Homelessness Director, and she is in the same hallway in the office, so we are able to talk openly and brainstorm. We have had success in her knowing of resources that we did not (i.e. help with rent, domestic violence related housing needs, utility assistance, etc.). She is always willing to work with us on resources and connections on cases when asked.

- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

  We require providers assigned to us to submit their emergency preparedness plan for our review. We also work with our Emergency Behavioral Health Coordinator on emergency preparedness planning. Resources are shared with providers, and this is an area that can also be covered at our Provider meetings that occur quarterly, typically. We also work closely with our Public Safety County department who will share resources, warnings, etc. for us to be able to share out to providers to assist with their planning.

Participant Directed Services (PDS):

Washington County has had Pathways, the AWC provider for our County, and PPL (Vendor/Fiscal) present/provide information to our SCOs to assist in their understanding of the models to best present the option to the individuals on their caseloads. We have also been fortunate that Pathways has attended all of our outreach events (i.e. our ID/A Recognition Event, Employment Event, etc.) and had a vendor table for all attendees to explore and discuss the model. These models are discussed at least once per year, with all waiver enrolled individuals. We continue to increase in our number of individuals choosing to self-direct their services. These individuals and families share their success stories that impact others as they are considering.

Of note, for the 216 individuals under the AWC model in FY 25-26, 19 of those solely were under the model for payment of Participant Directed Goods and Services.

Community for All:

We are proud to say that we have been able to support individuals within their communities with no admissions to a State Center. Washington County is committed to supporting individuals living in congregate settings, including state centers, to explore and pursue community-based living options when appropriate. Currently, eight individuals from Washington County reside in a State Center. Supports Coordinators (SCs) maintain at least biannual contact with each of these individuals, with more frequent visits provided as needed based on individual circumstances or changing needs. At this time, all individuals, as well as the families that are involved, have expressed a strong preference to remain in their current residence. While no transitions are currently planned, Washington County remains focused on ongoing person-centered engagement and ensures that the discussion of community living options remains an open and ongoing part of the planning process.

Supports Coordinators will continue to educate individuals and families on community living options as they become available; share success stories and resources to increase understanding and comfort with the idea of transition; provide individualized planning and support if/when interest in community-based living is expressed. Washington County remains committed to ensuring that every individual has access to the information, resources, and support necessary to make an informed choice about their living arrangements, and to pursue community inclusion and independence when and if they are ready.

Technology:

Washington County AE has continued to promote the use of technology to increase independence and to allow someone to live an everyday life. We currently have 3 individuals that use remote supports. We also had dollars to assist 2 of our SC Units to purchase a dozen iPads to enable those with no Waiver funding to obtain an iPad for communication and/or enhanced independence in multiple areas of life. We have also had Remote Supports providers present at our SCO meetings in which our primary SCOs attend. We have also had the opportunity to go and tour Tech Homes to see the power of what tech can do within a home environment, to assist further in the AE staff's understanding in order to best promote technology. We have also participated in The Provider Alliance Technology Summit.

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 will provide Bridge Housing services through complementary funding sources to maximize available resources and expand housing options for residents experiencing homelessness or housing instability. By strategically leveraging multiple funding streams, the County will ensure that individuals and families have access to temporary housing assistance while they work toward securing permanent housing, thereby increasing system capacity and improving housing outcomes for vulnerable households.

Case Management:

The Washington County Department of Human Services (DHS) will provide two full-time Street Outreach Housing and Homelessness Coordinators and one Director to support case management efforts for individuals and families experiencing homelessness or who are at imminent risk of homelessness. DHS will leverage funding through HUD HOME-ARP and Opioid Settlement funds to support these positions and maximize available resources.

The Street Outreach Housing and Homelessness Coordinators will assist residents in accessing appropriate services and housing resources available throughout Washington County and the Western Pennsylvania Continuum of Care. Through HOME-ARP funding, DHS will also address financial barriers related to housing stability and provide outreach supplies to ensure that the immediate needs of Washington County residents are met.

In addition to overseeing these efforts, the Director will coordinate activities related to the Continuum of Care and manage the Emergency Solutions Grant (ESG), HOME-ARP, and PHARE funding awarded to Washington County. The effectiveness of DHS Street Outreach Housing and Homelessness Coordination services will be measured through outcomes such as successful housing placements, housing retention, and the overall performance of contracted service providers. By connecting participants with appropriate resources and supports, providers will be better positioned to address each household's unique needs. There will be no changes to the responsibilities of the existing Street Outreach Housing and Homelessness Coordinators positions under this program.

During Fiscal Year 2025–2026, the DHS Housing Team conducted housing needs assessments for 899 households and successfully assisted more than half of those households in obtaining or maintaining safe, stable housing. These outcomes demonstrate the effectiveness of early intervention, comprehensive case management, and coordinated connections to community resources. Services provided included assisting individuals and families with completing subsidized housing applications, coordinating referrals to appropriate providers, and linking residents to community-based resources offering financial assistance, supportive services, and other interventions designed to promote long-term stability.

Organizational data and community trends have demonstrated an ongoing need for expanded housing case management services in conjunction with Homeless Prevention activities funded through the Emergency Solutions Grant. To address these needs, the Washington County Department of Human Services proposes utilizing Homeless Assistance Program (HAP) funding to support housing case management services provided by Blueprints for Homeless Prevention. Providing consistent and comprehensive support to households experiencing housing instability will promote long-term housing stability and reduce the likelihood of future episodes of homelessness.

Case management services supported through HAP funding will be evaluated annually as part of the Department's monitoring and audit process. DHS will conduct program reviews that include an assessment of participant records, service delivery, and housing outcomes, including discharge destinations and housing stability indicators.

During this fiscal year, DHS also intends to launch a pilot participant satisfaction initiative within its housing programs. With participant surveys, the Department will gather feedback regarding residents' experiences with housing services and identify opportunities for continuous quality improvement. Information obtained through this process will help both DHS and community providers strengthen service delivery, enhance participant engagement, and ensure that services remain responsive to the needs of Washington County residents.

Rental Assistance:

Blueprints will continue to serve as the designated agency responsible for administering the Rental Assistance Program (RAP) component. As the sole provider in Washington County receiving both Homeless Assistance Program (HAP) and Emergency Solutions Grant (ESG) funding for financial assistance, Blueprints serves as the central coordinating agency for rental assistance activities. This structure allows for improved tracking of referrals, enhanced coordination among service providers, and more effective monitoring of financial assistance provided to households.

Upon referral or self-presentation, individuals and families participate in an intake process and comprehensive assessment conducted by a Housing Case Manager. Through a client-centered approach, the Case Manager works collaboratively with each household to identify immediate needs, review the current financial situation, and develop a realistic budget. Households are also screened for eligibility for additional programs and services that may support long-term stability, including life skills training, home management education, employment supports, and other community-based resources. Based on the assessment, an individualized service plan is developed to address the household's unique circumstances.

The Homeless Services Coordinator provides crisis intervention services for individuals and families who are experiencing homelessness or are at imminent risk of losing their housing. Through assessment, advocacy, referrals, and stabilization planning, Blueprints delivers a comprehensive continuum of services designed to prevent homelessness and reduce the likelihood of future housing crises. While follow-up services are offered, many households re-engage with the system only during subsequent episodes of housing instability, often reflecting the complex and multi-system needs of the populations served.

Centralizing the administration of rental assistance through Blueprints has strengthened the County's ability to coordinate resources and prevent duplication of benefits. Blueprints maintains

established partnerships with the Pennsylvania Department of Human Services County Assistance Offices to verify previous financial assistance received and to coordinate funding when multiple sources are needed to stabilize a household. This collaboration is particularly valuable in situations where both a security deposit and first month's rent are required to secure housing. Applicants are also asked to disclose any financial assistance received within the previous twenty-four months.

Households with incomes at or below 200 percent of the Federal Poverty Guidelines are eligible for assistance through the program. Although many households served have incomes well below this threshold, Washington County has intentionally adopted the higher eligibility standard to ensure that working households facing temporary financial hardship can access prevention resources before a housing crisis escalates. Blueprints utilizes an established tracking system to determine prior utilization of assistance and to identify the amount of support for which a household may remain eligible within the twenty-four-month period.

Financial assistance may be provided for eligible housing-related expenses, including security deposits, rental arrears, utility arrears, mortgage arrears, and deliverable fuels such as coal and heating fuel. Prior to the provision of assistance, households must meet established program criteria and provide documentation supporting the identified need. Required documentation may include signed leases, eviction notices, utility termination notices, verification of household income and composition, mortgage delinquency notices, and other documentation necessary to determine eligibility. Staff work closely with landlords, utility providers, lending institutions, and other entities to verify that financial assistance will effectively resolve the immediate housing crisis and prevent further action for a reasonable period of time.

Housing affordability and ongoing household expenses are also considered when determining the appropriateness of assistance and the participant's expected contribution toward housing costs. Additionally, households requesting assistance more than once within a twenty-four-month period are required to participate in more intensive housing stabilization and budget counseling services through Blueprints to address underlying barriers to long-term housing stability.

Special consideration is given to households residing in public housing or utilizing Housing Choice Vouchers, as eviction proceedings within these programs may begin before formal court action has occurred. Blueprints may assist with rental arrears or security deposits in subsidized housing settings when all program criteria have been met and the assistance will help secure or preserve stable housing.

The Washington County Department of Human Services evaluates the effectiveness of the program through ongoing monitoring of case files, review of HMIS data, and analysis of program outcomes. Key performance indicators include the timeliness of service delivery, successful connection to community resources, the prevention of homelessness, and the attainment and retention of permanent housing.

Although rental assistance provided through the Homeless Assistance Program has positively impacted many households, significant unmet need remains within Washington County. According to the Western Pennsylvania Continuum of Care Gaps Analysis, the County lacks more than 170 units necessary to adequately address homelessness prevention needs. In response to this identified gap, the Washington County Department of Human Services is proposing an increase in funding dedicated to rental assistance to better meet the growing

demand for homeless prevention services and improve housing outcomes for vulnerable residents.

Emergency Shelter:

The Family Shelter, operated by Connect, Inc., provides safe and secure emergency shelter for up to six single, unaccompanied women and four families with children for stays of up to sixty days. During their stay, guests work with specialized Housing Case Managers who provide comprehensive, trauma-informed assessments and individualized housing case management services. Case Managers assist shelter guests in identifying and obtaining permanent housing and support them in developing plans to achieve long-term housing stability. Families are also connected with community-based resources tailored to their individual needs, including medical care, behavioral health services, substance use treatment, employment support, and other essential services.

The Safe House, operated by Domestic Violence Services of Southwestern Pennsylvania (DVSSP), provides emergency shelter and supportive services to victims of domestic violence and their family members at no cost. Shelter services are available to individuals and families regardless of gender. Individuals seeking assistance can access a Counselor/Advocate through DVSSP's 24-hour hotline, with intake and transportation to the shelter available around the clock.

During their shelter stay, residents receive individual and group counseling focused on domestic violence education, service plan development, goal attainment, and referrals to community resources. DVSSP's Licensed Therapist provides in-house therapeutic services, while staff advocate on behalf of victims with area systems and agencies as needed. Transportation is available for emergency situations and appointments related to service plan goals. Legal Advocates assist victims with petitions for Protection From Abuse orders and provide accompaniment during civil and criminal court proceedings. In addition, DVSSP offers a children's program that includes age-appropriate individual and group activities for resident children, as well as free parenting education classes. All shelter residents receive food, clothing, and personal care items at no cost.

Although these services have had a meaningful impact on the community, the need for emergency shelter in Washington County continues to exceed available resources, particularly for single adult males. The 2026 Point-in-Time Count identified 26 individuals experiencing unsheltered homelessness within the County; however, this figure reflects only those individuals who were located and surveyed during the count. Local program data and the experiences of community providers indicate that the true level of need is significantly greater. There remains a substantial need for additional emergency shelter capacity within Washington County.

In response to this identified need, the Washington County Department of Human Services (DHS) will implement an expanded emergency housing strategy for individuals and families experiencing homelessness who are unable to access existing shelter resources due to capacity limitations, household composition, safety concerns, program eligibility restrictions, or who have exhausted the allowable length of stay in emergency shelter programs.

Through the use of Homeless Assistance Program (HAP) Emergency Shelter funding, DHS will provide up to 10 days of emergency hotel accommodations. When additional time is necessary to secure permanent housing or an appropriate housing placement, Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding will be leveraged to extend

temporary housing assistance. This model will serve as a bridge to permanent housing and stability while intensive housing-focused case management is provided.

DHS will partner with a reputable local hotel to offer safe, temporary lodging as a last-resort intervention for households with no viable alternative housing options. During the hotel stay, Housing Case Managers will work closely with participants to identify and secure permanent housing, connect them to mainstream benefits and community resources, address barriers to housing stability, and develop individualized plans to prevent future episodes of homelessness. This approach ensures that vulnerable residents have immediate access to safe shelter while actively progressing toward long-term housing solutions.

Because emergency shelter is intended to be a temporary intervention, Housing Case Managers complete Coordinated Entry assessments for all clients in need of ongoing housing assistance and assist with subsidized and private rental applications. Coordinated Entry provides a standardized, equitable, and streamlined process for accessing resources within the homeless response system. Connect, Inc. serves as the General Assessment Center (GAC) for Washington County, while DVSSP serves as the Domestic Violence Assessment Center (DVAC), ensuring that survivors of domestic violence are connected to housing resources through a safe and confidential process.

Emergency shelter services funded through HAP continue to make a significant impact within the community. During program year 2024-2025, DVSSP and the Family Shelter collectively provided emergency shelter to more than 150 individuals experiencing homelessness or fleeing unsafe situations, totaling more than 6,000 nights of shelter. These services provide immediate safety, stability, and access to supportive services during times of crisis.

The Washington County Department of Human Services measures the effectiveness of these programs through regular review of case files, HMIS reports, and program outcomes. Evaluation measures include the length of shelter stays, referrals made to mainstream and supportive resources, participation in Coordinated Entry, and housing outcomes upon exit from shelter. Particular attention is given to whether households successfully transition to permanent housing through private market rentals, subsidized housing opportunities, or other housing programs designed to promote long-term stability.

Innovative Supportive Housing Services:

Washington County is part of the Western Pennsylvania Continuum of Care (CoC) and receives more than $1.5 million annually to support Permanent Supportive Housing, Rapid Re-Housing, and Transitional Housing programs for residents experiencing homelessness. The majority of these housing interventions are designed to serve individuals and families in which the head of household has a disabling condition, allowing participants to remain in the program for an indefinite period when ongoing supportive services are needed.

While enrolled in Continuum of Care programs, participants receive a combination of affordable housing assistance and supportive services tailored to their individual needs. Services focus on promoting housing stability through the development of independent living and tenancy skills, increasing access to employment and income supports, and connecting participants with community-based treatment and recovery services.

Despite the substantial investment in housing resources through the Continuum of Care, significant barriers to permanent housing remain. Households experiencing homelessness remain on the By-Name List for an average of 64 days before securing permanent housing opportunities, exceeding the allowable length of stay within Washington County's emergency shelter programs. Although Continuum of Care-funded programs are one pathway to housing stability, affordable and subsidized housing options throughout Washington County remain limited and are often accompanied by lengthy waiting lists, further contributing to the housing crisis faced by vulnerable residents.

In response to these challenges, the Washington County Department of Human Services (DHS), in partnership with Catholic Charities, has developed a housing stabilization initiative utilizing Opioid Settlement funding to support individuals transitioning from recovery housing to independent housing. Building upon the success of a pilot program implemented by DHS during the current program year, the initiative will provide participants with education and practical skills necessary to maintain housing stability. The program will incorporate the Prepared Renter Education Program (PREP) curriculum and partner with financial professionals to provide budgeting and financial management education, as well as legal professionals to offer instruction on fair housing rights and landlord-tenant law. By equipping participants with these essential life skills, the program aims to increase housing retention and reduce the likelihood of future episodes of homelessness.

Additionally, DHS will continue operating the Housing Stability HOME-ARP Program, which places a strong emphasis on homelessness prevention and housing stabilization. According to the Western Pennsylvania Continuum of Care Gaps Analysis, there is an unmet need for homelessness prevention assistance among approximately 218 households within the region. Although HOME-ARP funding has provided critical support to Washington County residents, these funds are not anticipated to be renewed. As a result, it is essential to strengthen and expand existing programs to ensure that residents continue to have access to the resources necessary to maintain stable housing. The identified service gaps and impending loss of prevention funding have underscored the importance of developing sustainable interventions aimed at reducing homelessness and promoting long-term housing stability.

The Washington County Department of Human Services evaluates the effectiveness of Continuum of Care and related housing programs through regular review of case files and reports generated through the Homeless Management Information System (HMIS). Performance measures include the length of time households experience homelessness prior to program enrollment, the duration of participation in housing programs, referrals made to mainstream and supportive resources, and housing outcomes upon program exit, including transitions to private market housing, subsidized housing, and other permanent housing opportunities. Program effectiveness is also assessed through the annual Rating and Ranking process conducted by the Western Pennsylvania Continuum of Care.

As part of its ongoing efforts to prevent and end homelessness among vulnerable populations, the Washington County Department of Human Services, Washington County Children and Youth Services (CYS), and the Washington County Housing Authority have established a collaborative partnership to support youth ages 18 to 24 who are currently in, or have recently exited, the foster care system. Through the Foster Youth to Independence (FYI) initiative, CYS certifies that eligible youth are between the ages of 18 and 24, have left foster care or will exit foster care within 90 days in accordance with their transition plan, and are experiencing homelessness or are at risk of homelessness.

Following certification, referrals are made to Blueprints, which provides Independent Living services and assists youth in locating housing that meets Housing Choice Voucher (HCV) program requirements and is accessible to their educational, employment, and support needs. Washington County currently has six FYI vouchers designated for this population, providing eligible youth with rental assistance and supportive services for up to 36 months. During the last fiscal year, four youth households were successfully served through this initiative, helping them transition to stable housing and increasing their opportunities for long-term independence and self-sufficiency.

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 HUD-funded programs utilize the PA HMIS system for data entry.

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: Funding will be used to support the congregate meals served in the Senior Centers across Washington County.
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.

Aging Services: Please provide the following:
Program Name: In-Home Meal Program
Description of Services: Funding will be used to support the in-home meals provided to residents across Washington County who are in need of home-delivered meals.
Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

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 van driver dedicated to Veterans in need of transportation to Pittsburgh for medical services. Services are provided to all populations, but primarily Adult and Aging. Veteran status is required.
Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Generic Services: Please provide the following:
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 public with real time information on service locations, hours of operation, eligibility criteria, and other useful information to enhance the accessibility and delivery of human services. More than 70 categorical programs and community based non-profit agencies have their information included and updated in the PA 211 system. Services are provided to all client populations.
Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Generic Services: Please provide the following:
Program Name: Outpatient Counseling Services
Description of Services: Provides mental health services to low-income individuals, couples, families, and groups in Washington County. The services include counseling for depression, anxiety, anger management, marital and divorce counseling, parenting services, eating disorders, and blended family adjustment. Services are provided to all client populations.
Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functoning.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Generic Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.
Please indicate which client populations will be served (must select at least **two**):
☐ Adult ☐ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

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

Interagency Coordination: (Limit of 1 page)

Washington County will utilize Human Services Development Fund (HSDF) Interagency Coordination funds to support planning, coordination, and management activities that improve the effectiveness and efficiency of the county human services delivery system. Funding will primarily be used to support personnel costs associated with interagency planning and coordination activities, including salaries and fringe benefits for staff responsible for administering, coordinating, and evaluating human services programs. Additional allowable expenditures may include costs associated with conducting community needs assessments, strategic planning activities, stakeholder engagement efforts, data collection and analysis, training opportunities, and other administrative activities that support system improvement.

Interagency Coordination funds will support activities designed to strengthen collaboration among county human services agencies, community-based organizations, service providers, educational institutions, healthcare partners, and other stakeholders. These activities include facilitating interagency meetings, coordinating service planning efforts, identifying gaps and barriers in service delivery, developing strategies to address emerging community needs, and promoting the efficient use of available resources.

The County will utilize these funds to support ongoing assessment of community needs and service outcomes to ensure that programs remain responsive to the changing needs of residents. Planning and coordination activities will focus on improving communication among providers, reducing duplication of services, enhancing referral processes, and promoting a more integrated and client-centered approach to service delivery.

Through these efforts, the County expects to improve access to services, strengthen cross-system partnerships, increase the effectiveness of program planning and resource allocation, and enhance overall service coordination. The use of HSDF Interagency Coordination funds will contribute to a more responsive, efficient, and collaborative human services delivery system that better meets the needs of county residents while maximizing the impact of available public resources.

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).

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

Directions:	**Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.**
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures **(MH, ID, and SUD only)** that are **not** associated with HSBG funds in the applicable cost centers. *This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.*
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.

Please use FY 25-26 primary allocations, less any one-time funding and less any federal Medicaid reimbursements. If the county received a supplemental CHIPP/forensic allocation during FY 25-26, include the annualized amount in the FY 26-27 budget. If you would like to include the federal Medicaid reimbursements for more accurate budgeting, please include those amounts in column 6, "Other Planned Expenditures."

DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 26-27 are significantly different than FY 25-26. In addition, the county should notify DHS and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	12		$ 178,162		$ 4,175	
Administrative Management	8,200		$ 757,918		$ 22,716	
Administrator's Office			$ 567,097		$ 16,997	
Community Employment and Employment Related	90		$ 193,817		$ 4,885	
Community Participation Support			$ -			
Community Residential Services	35		$ 3,821,451		$ 145,382	
Community Services	1,900		$ 441,641		$ 12,004	
Consumer-Driven Services	250		$ 265,385		$ 6,429	
Family Based Mental Health Services	-		$ -			
Family Support Services	30		$ 36,324		$ 927	
Emergency Services	15		$ 67,474		$ 1,908	
Housing Support Services	350		$ 920,475		$ 30,937	
Intensive Behavioral Health Services	-		$ -			
Mental Health Crisis Intervention	275		$ 51,237		$ 1,099	
Mental Health Procedures Act Commitments	-		$ -			
Other	-		$ -			
Outpatient	25		$ 19,780		$ 640	
Partial Hospitalization	1		$ 11,205		$ 322	
Peer Support Services	25		$ 26,422		$ 3,365	
PATH	-		$ -			
Psychiatric Inpatient Hospitalization	-		$ -			
Psychiatric Rehabilitation	20		$ 29,399		$ 1,400	
Social Rehabilitation Services	70		$ 449,549		$ 11,727	
Student Assistance Program Services	-		$ -			
Targeted Case Management	180		$ 308,095		$ 4,816	
Transitional and Community Integration	50		$ 225,302		$ 6,157	
TOTAL MENTAL HEALTH SERVICES	11,528	$ 8,370,733	$ 8,370,733	$ -	$ 275,886	$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 553,090		$ 17,275	
Case Management	1,400		$ 60,000		$ 1,384	
Community-Based Services	600		$ 120,000		$ 2,899	
Community Residential Services	3		$ 236,000		$ 4,594	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	2,003	$ 969,090	$ 969,090	$ -	$ 26,152	$ -

APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	300		$ 60,000			
Rental Assistance	50		$ 55,000			
Emergency Shelter	290		$ 145,190			
Innovative Supportive Housing Services						
Administration			$ 25,000			
TOTAL HOMELESS ASSISTANCE SERVICES	640	$ 285,190	$ 285,190		$ -	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	1,193		$ 364,000			
Inpatient Hospital						
Inpatient Non-Hospital	102		$ 55,560			
Medication Assisted Therapy	9		$ 17,458			
Other Intervention	100		$ 50,000			
Outpatient/Intensive Outpatient	30		$ 54,097			
Partial Hospitalization	5		$ 44,279			
Prevention						
Recovery Support Services	133		$ 94,000			
Administration			$ 75,488			
TOTAL SUBSTANCE USE DISORDER SERVICES	1,572	$ 754,882	$ 754,882	$ -	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services						
Aging Services	55		$ 50,000			
Children and Youth Services						
Generic Services	2,775		$ 64,000			
Specialized Services						
Interagency Coordination			$ 98,003			
Administration			$ 7,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,830	$ 219,003	$ 219,003		$ -	$ -
GRAND TOTAL	18,573	$ 10,598,898	$ 10,598,898	$ -	$ 302,038	$ -

Appendix D
Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-26-02), effective July 1, 2026.

Administrative Management
Activities and administrative functions by staff related to 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 managed by the County Mental Health Administrator's Office.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)
ACT is a generally recognized EBP designed for individuals with SMI. ACT teams operate as self-contained programs that provide a full range of services through a multidisciplinary team. CTT services are intended for individuals who have not achieved or maintained health and stability in the community, and who would continue to experience hospitalization, incarceration, psychiatric emergencies, and/or homelessness without these services.

Community Employment and Employment Related Services
Employment in a community or employment setting which combines vocational training in a business or industry setting or Supported Employment (SE), which includes competitive, community-based job placements based on consumer choice and readiness as well as job search and employment supports.

Community Participation Support
Day habilitation and prevocational services that provide opportunities and supports for community inclusions as well as build interest in and develop skills for potential competitive integrated employment consistent with the individual's preferences, choices, and interests.

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

Community Services
Programs and activities provided to community human service agencies, professionals, and the general public to increase awareness and knowledge of the mental health service delivery system and mental health disorders. Prevention, consultation and education services are also included in this cost center.

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.

Family-Based Mental Health Services
Comprehensive services designed to assist children under 21 years of age with an SMI or SED who are at risk of psychiatric hospitalization or out-of-home placement, and their families.

Family Support Services
Support services to assist individuals with SMI; children with, or at risk of SED, and their families, to remain at home with minimal disruption to the family unit.

First Episode Psychosis Services
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) is a generally recognized EBP designed for individuals experiencing their first episode of psychosis and operate as self-contained programs that provide a range of services through a multidisciplinary team.

Housing Support Services
Programs and resources designed to help individuals and families secure, maintain, or regain safe and stable housing.

Intensive Behavioral Health Services
Therapeutic interventions designed to meet the needs of individuals under 21 years of age in their homes, schools, and communities. Intensive Behavioral Health Services (IBHS) includes individual services, applied behavior analysis (ABA) services, group services, and evidence-based therapy (EBT) delivered through individual services, ABA services, or group services.

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

Mental Health Procedures Act Commitments
Activities and administrative functions that are related to voluntary or involuntary commitment under the Mental Health Procedures Act (MHPA), including any involvement from County Administrator’s office staff.

Other Services
This cost center is for activities or programs which cannot be accurately reported in any of the previously cited cost centers.

Outpatient
Treatment-focused services provided to individuals who are not admitted to a hospital, institution, or community mental health facility for twenty-four hour care.

Partial Hospitalization
Non-residential treatment services delivered in a facility licensed by OMHSAS for individuals with moderate mental illness or SMI and children 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
Services provided by Peer Support Services (PSS) provider agencies licensed by OMHSAS. PSS are provided to individuals who are at least 14 years of age and older and meet the qualifications set forth in *OMHSAS-24-05 Peer Support Services,* or its successor.

Projects for Assistance in Transition from Homelessness
Projects for Assistance in Transition from Homelessness (PATH) provides resources to reduce or eliminate homelessness for individuals with SMI and co-occurring substance use disorders (COD) who are experiencing homelessness or at imminent risk of becoming homeless. This cost center can only be utilized by counties who receive federal PATH funds from OMHSAS.

Psychiatric Inpatient Hospitalization
Treatment or services provided to an individual in need of twenty-four hours of continuous psychiatric hospitalization, in a licensed psychiatric inpatient facility.

Psychiatric Rehabilitation Services
Services that assist individuals 14 years of age or older 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 and children with mental illness.

Student Assistance Program Services
Prevention and early intervention services provided through the Student Assistance Program (SAP) to identify, support, and refer students who may be experiencing behavioral health concerns, substance use issues, or other challenges that impact learning and their well-being to appropriate supports and services.

Targeted Case Management
Services that help individuals with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) gain access to needed medical, social, educational, and community resources and specialized mental health treatment, rehabilitation, and other supports.

Transitional and Community Integration Services
Services that support individuals who are transitioning from facilities, institutions, or incarceration, as well as diversion programs for individuals 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.

<u>Human Services Development Fund</u>

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.