Washington County

Human Services Plan

FY 2024-2025

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 2024-01.

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.

Washington County utilizes a Block Grant Leadership/Planning Team to spearhead the development of the county's annual plan for the expenditure of human services funds available through the Block Grant initiative. Our current team consists of the administrative staff of the categorical programs within the County, the Department of Human Services, and our Single County Authority, the Washington Drug and Alcohol Commission. Each department and its staffing members can receive input from various advisory committee groups, stakeholder groups, and consumer groups, regularly, as part of the ongoing planning process, to establish the details of the annual Block Grant Plan for Washington County. Our input is primarily received from a wide range of stakeholders that include:

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

- **The BHDS Mental Health Program Director for Quality, Planning, and Development** sits on the Beacon Health Options Quality Management and Quality of Care Committee as well as the Mental Health Oversight Committee, facilitated by Southwest Behavioral Health Management, designed to provide HealthChoices oversight.
- **Recovery Housing Coalition** is a group consisting of recovery house owners and operators. The owners/operators of the recovery houses in Washington County meet once a month along with the housing specialist from the Single County Authority (SCA). They address different topics such as local legislation, maintenance issues, and services in the county that would benefit their residents.
- **Project Refuge** is a branch of the Washington County Opioid Overdose Coalition that provides training and support to the faith-based community. The Community Outreach Subcommittee meets once a month with the purpose of planning and implementing trainings to the faith leaders. Each Project Refuge program includes Addictions 101, Naloxone training, and how to access SUD treatment and recovery services.
- **Drug and Alcohol Provider** meetings are held quarterly to identify service gaps and needs. All in-county providers participate, as well as some out-of-county providers. These meetings allow for information sharing, and we work to resolve any issues that may hinder someone from accessing treatment.
- **The Executive Board of the Single County Authority** utilizes sub-committees that review services that are currently being provided in terms of capacity and effectiveness. These subcommittees are prevention, advocacy, and finance.
- **The Drug and Alcohol HealthChoices Oversight committee** represents nine counties in the western region and meets quarterly to review pressing issues within the managed care arena, to determine gaps in services, and to develop new services. The meeting format allows Washington SCA to glean from one another on deployed strategies that are working within other respective counties.
- **The Drug and Alcohol HealthChoices** program holds a monthly meeting with the Single County Authority administrative staff to evaluate the needs of the SCA, discuss compliance issues, and review the service delivery.
- **The Washington County Opioid Overdose Coalition** meets monthly with its members and holds a quarterly public community forum. The Coalition consists of representatives from public health, public safety, human services, law enforcement, probation, the courts, EMS, and hospitals. The data collected within the coalition is used to develop a strategic plan to address opioid use and the overdose epidemic.
- **Washington County Transportation Advisory Board** is utilized to get feedback and input regarding the ongoing transportation needs, issues, and successes within the county.
- **The Western Region Continuum of Care** meets monthly, and we have a member on the Governance Board to discuss housing and homeless needs within our county and the entire southwestern region.

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

All Human Service Departments under the Washington County Board of Commissioners have appointed a Human Service Advisory Board that meets on a quarterly basis to allow collective and diverse stakeholder engagement. These meetings allow for voices to be heard and data to shared that supports efforts to vanguard strategic planning efforts and necessary reallocation of funds throughout the calendar year.

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

The following advisory boards participated in the planning process:

- 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.

Our goal is to provide a full continuum of care that is catalytic in nature. Our comprehensive efforts with our network providers and collective stakeholders work to ensure the least restrictive alternative is utilized through all levels of care.

- The Block grant, by design, is to serve consumers in the least restrictive setting. Our efforts continually focus on ways to best assess and address need(s) at the local level and to provide the supports that are necessary for all consumers. Through our ongoing relationships with our providers, we can develop strategies that enable ease of access. Through the Human Services' departments, we work to meet our residents where they are at. Whether at our satellite office location in Charleroi, remote meetings, or offsite visits, we constantly work to drive accessibility.
- Washington County Drug and Alcohol (WDAC) plans accessible access through its coordination efforts that programmatically and fiscally manage and implement the delivery of drug and alcohol prevention, intervention, treatment services, case-management services, and recovery support services to the residents of Washington County. WDAC works collaboratively with the Human Services Department of Washington County to provide a holistic, integrated care model approach to those in need. WDAC has built collaborative relationships with health care providers, school districts, the human services delivery system, Court of Common Pleas, offices of adult and juvenile probation, the Washington County Correctional Facility, law enforcement, and Magisterial District Judges to best serve our community and break the cycle of addiction. At WDAC, its sole purpose is to help people by meeting them right where they are, in a nonjudgmental way, so we can help them achieve a level of stability, health, and wellness that the individual can sustain long-term.
- Washington County Behavioral Health and Developmental Services (BHDS) strives to provide holistic, person-centered services and support for infants, children, adolescents, and adults with Mental Health, Intellectual, or Developmental Disabilities and constantly works to drive accessible services in the least restrictive manner. BHDS and its provider relationships enable the opportunity for a continuum of behavioral and developmental health services for children, adolescents, adults, older adults, and transition-age youth utilizing its system of providers funded either directly through the BHDS office or through Beacon Health Options. From crisis emergencies to case management, our office works to ensure the quality of service through Consumer Satisfaction Survey Team Surveys, Incident Management (including Root Cause Analysis), Evidence-Based Practices, oversight of Residential Programs, utilization of the Quality Management Committee, and monthly monitoring of Community Support Program (CSP) state hospital discharges and diversions, all which helps stir elements of ease of access. We strive to ensure that services are designed to facilitate recovery and resiliency and promote the principles of "Everyday Lives" through meaningful community participation. Our agency is committed to providing a system of care with individualized care plans.
- Housing and Homeless Services of Washington County provides assistance programs that strive to ensure individuals and families that are at risk of becoming homeless receive the prevention and intervention services needed to address their various housing needs, as well as the need for other supportive services. This component of Human Services obtains funding through grants, but also plans, develops, directs, coordinates, monitors, and facilitates all aspects of the multiple projects comprising Washington County's Continuum of Care. Coordinated Entry is the entry point for our housing and homeless assistance programs. Our team works with our network providers to provide ease of access and connective support services that enable stable shelter and sustainable paths forward.

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

Currently, we are working eagerly to further strengthen our housing programs by applying for $300,000 in Home ARP funding. These efforts are necessary to address the increasing need in access to housing, rental assistance, supportive services, and non-congregate shelter, and collectively, to reduce homelessness and increase housing stability across the county.

PART II: PUBLIC HEARING NOTICE

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

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

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

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

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Observer-Reporter Legal Advertising Print Ad Proof

ADNo: 18181 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: 7-24-2024 Stop: 7-24-2024
Lines: 18 Inches: 1.75 Words: 153

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

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 2024-2025, 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 31, 2024, at 10 a.m., and Thursday, August 1, 2024, at 3 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, August 5, 2024. A copy of the plan will be available for pickup in the Department of Human Services, as well as on the county website, as of Friday, July 26, 2024. Interested parties can contact the department at 724-250-4122 or 724-223-7060 for additional information.

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PART III: CROSS-COLLABORATION OF SERVICES

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

1. Employment:

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

2. Housing:

Regarding housing, BHDS has recently committed to sending a designee to participate regularly in the Local Housing Options Team (LHOT). In this manner, we can address not only the needs of our system but also work collaboratively and more effectively to determine the resources that are needed by multiple groups within the county. Additionally, we have been very fortunate to access a large sum of HealthChoices Reinvestment dollars to provide Rental Subsidies and Housing Contingency dollars to those served through our system, which may include those with concurrent mental health and substance use disorders.

We have grown our HUD housing grants significantly in the past two years, so we have a strong housing grant base to provide housing options to youth, adults, and seniors, but the data indicates that there is still more need for supportive housing services. We have applied for $300,000 in Home ARP funding and intend to collaborate with multiple providers to meet this need. Many of our Mental Health consumers are also assisted with subsidized housing units. We also have a dedicated youth housing program to ensure families are not separated solely on unstable housing.

In addition to collaboration as it pertains to employment and housing, other efforts among and between the human service partners occur. For example, we work to maintain training and networking events, both in person and virtually. Partnerships also exist between the BHDS MH Program and the Washington Drug and Alcohol Authority by providing support and attending one another's awareness events, as well collaboration with training and other projects which may arise. Case consultation also occurs when a shared service recipient encounters difficulty. We are also very pleased to participate in their Opioid Overdose Coalition.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 23-24.

Washington County Behavioral Health and Developmental Services (BHDS) is proud to report that over the past year we have continued our focus as a Recovery and Resiliency-oriented system that utilizes the least restrictive level of care for all individuals served such that we continue to be the only county in the Southwest Region that has not utilized state hospital civil admissions from the community since 2008 when we worked to close Mayview State Hospital. Despite funding cuts over the years, we have continued all the services and supports created through the infrastructure development prior to the closure and ultimately our progressive paradigm shift. These services include but are not limited to the following services: Assertive Community Treatment, Mobile Psychiatric Medication Services, Certified Peer Support, Psychiatric Rehabilitation Services, as well as evidence based-Mental Health Supportive Housing and Supported Employment services. We also continue to use an intensive Incident Management process to ensure that we can track and monitor individuals from the first indicators of difficulty, thus preventing more restrictive measures. Additionally, over the past year we have engaged in numerous activities as follows designed to support and enhance our service system through outreach and a variety of specialized activities.

- Over the past year we have worked actively to monitor Medicaid enrollment and provide outreach through our service system, ensuring that individuals were received reminders to renew their MA eligibility in a timely manner.
- We also have collaborated with Carelon for our Follow-Up after Hospitalization Quality Improvement Plan (QIP), which for Washington County involves the utilization of Peer Support staff to engage those individuals currently preparing for discharge from either of the two Behavioral Health Inpatient Units in county.
- The Quality Management Staff of BHDS, who is also an appointed member of the OMHSAS Older Adult Committee, has continued to provide Mental Health Screenings annually at a minimum to the Senior Centers throughout the county, utilizing a “Feel Good Bingo” game as both an icebreaker and a means of conveying key information regarding the symptoms of anxiety and mood disorders.
- BHDS staff have also actively participated in collaborating with OMHSAS in all provider licensing audits, as well as in the fidelity reviews of its Assertive Community Treatment Team providers.
- Over the past year we issued an RFP to secure a new Adult CRR Provider and have added two new Providers of Mental Health Supportive Housing Services.
- We have continued to support the progress of our provider who has been trained to deliver evidence-based Cognitive Enhancement Therapy under the direction of Dr. Shaun Eack with the University of Pittsburgh, and our provider team has completed its 18 months of training and clinical supervision. They are now finishing service delivery to the first cohort and will soon be selecting a second group to serve.

- BHDS actively participated with our entire Human Services Department in conducting the Second Annual Out of the Darkness Walk last September with the support of the American Foundation for Suicide Prevention.
- BHDS Participated in a Celebration of Employment hosted by one our Supportive Employment providers. The enthusiasm among those who attended was unprecedented and we are more hopeful that as individuals see the value of employment among their peers, they too will be willing to explore employment.
- In October, we worked collaboratively with our local Community Action agency, Blueprints, to host a “Bridges out of Poverty” Training for our services system and Human Service Partners.
- We assisted in funding the annual anti-stigma Art Show conducted by our provider AMI Inc., and we plan to do so again this year.
- In May, we conducted a Mental Health Awareness Fair designed to provide community outreach and anti-stigma messaging. The event, which focused on holistic wellness, included an hour-long presentation by Board Certified Psychiatrist and Addictionologist Dr. Ravi Kolli, who focused not on illness but on achieving mental health and wellness through everyday activities. All of those in attendance enjoyed the fresh perspective. The event also offered free screenings, yoga, children’s activities, “Feel Good Bingo,” raffle prizes, and resource tables supported by our provider system. We also provided a menu of great fair-type food such as popcorn, hot dogs, snow cones (thanks to Carelon), cotton candy, and much more.
- BHDS also hosted a table last August at our Washington County Agricultural Fair, conducting outreach, offering free screenings, and providing free raffle tickets for those who visited at out resource table.
- We are also excited to note that during the past year, our Crisis Emergency Director, who also works intensively with the Criminal Justice System, completed CIT Certification Training and was able to offer two amazing training programs throughout the year for emergency responders. Additionally, he collaborates with first responders as a trained SWAT team negotiator, and he has participated in numerous emergencies over the course of the past year. Later in the year we were able to add two more trained members from our system to the SWAT Team.
- Our Crisis Emergency Director participated in the Stepping Up Crisis Panel in Harrisburg at the County Commissioners Association (CCA) Conference.
- Our Crisis Emergency Director was also asked to develop a statewide training module on how to assist and coordinate with individuals who experience Mental Health challenges and become involved in the legal system. In doing so, he developed curriculum on how to identify needs, plan for services, and assist with release or Diversion from incarceration.
- We began implementation of the 24 hour a day Crisis Text Line, and we created a specialized Child and Adolescent Specific Crisis Worker role, later expanding that role to two such workers due to increased volume and need.
- We Integrated and collaborated with 988 regarding our 24-Hour Crisis intervention Services Program, creating a comprehensive spreadsheet of services and programs within the county available for referral.
- We have explored the opportunity to be part of a Community Anti-threat Team (CATT) in Washington County in collaboration with the FBI, District Attorney’s Office, Sheriff’s Department, and BHDS.
- In order to promote positive outcomes for individuals with complex needs, we have acquired HealthChoices funding to support the addition of a Complex Care Manger to our office.

- We are also excited to begin planning a Gun Safety event that we will host in the fall.
- Our Child/Adolescent Director has also provided numerous opportunities for system enhancement and outreach over the past year, participating in the Carelon IBHS and Family-based summits, as well as increasing utilization of Recovery Support and Interagency meetings.
- The Child/Adolescent Department has participated in numerous outreach activities over the past year including, but not limited to, a “Back to School” event and the spring Kidsfest at our local mall, which is always a huge success.
- We are pleased to report that we were also able to add a new provider of IBHS over the past year, as well as our first Center Based IBHS provider.
- We added two additional school-based outpatient providers.
- Our Director worked actively to collaborate with Carelon and develop three C-4 Programs utilizing care management designed to prevent multiple re-admissions of children and adolescents.
- Our Director worked closely with those discharging from RTF to ensure ongoing success with community re-entry.
- Washington County also collaborated with Greene County to host an ACES Training for all providers. Over 200 individuals attended.
- The Child/Adolescent Department identified the need for additional Family Based Teams, and through the RFP Process two new teams have been added.
- Through the Garrett Lee Smith Grant, BHDS hosted postvention and safety planning skill-based workshops for schools.
- On April 5th, a meeting was held with the GLS leadership to discuss extending efforts into another grant that will focus on the CAMS Program designed for adolescents up to the age of 25 to prevent and reduce inpatient utilization. In the interim, our efforts are focused on continuing to develop resource information for families and schools.

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/health-disparities.

1. Older Adults (ages 60 and above)

- Strengths: The Washington County BHDS works collaboratively with our Washington County Aging Department, collaborating as an integrated Human Services System, particularly when an older adult is struggling. We also collaborate with the local Area Agency on Aging, and 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. 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 an Older Adult Training to

provide clinicians with the opportunity to gain additional competencies, which would enhance our services for this population.

- Needs: Typically, Licensed Mobile Mental Health Treatment is targeted for older adults in Long Term Care Facilities; however, we have received stakeholder input indicating that more consideration should be given for a broader utilization since older adults often struggle to attend appointments in the community, yet often dislike telehealth appointments as well. We also would like to see an Older Adult Peer Support curriculum developed other than the COAPS program that is owned and managed by an external entity. Finally, it would be most beneficial to either have additional funding earmarked and dedicated to serving the older adult population with higher acuity who have Medicare as the primary insurance, and/or for Medicare to cover nontraditional services and supports such as those stated above. We do have contracted providers who theoretically would be willing to become a Medicare provider, but Medicare requires the highest level of clinician credentialing, which is very difficult to find amidst the ongoing critical staffing shortage.

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 in line with the document “A Call for Change”. As stated previously in this document, we have not had a civil commitment to a state institution since the closure of Mayview State Hospital in 2008. Additionally, 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 identify strategies for increased support. We not only provide well-coordinated care within our system but also across the broader Human Services system. We continue to seek new and/or enhanced methods to serve our population, such as the addition of Cognitive Enhancement Therapy over the past year and the two new providers of Mental Health Supportive Housing Services that we have added. The increased utilization of specialized funding through Reinvestment to provide for individuals and families in urgent situations, and to help them obtain and maintain safe, decent, and affordable housing, as well as other critical Social Determinants of Health commodities, is also noteworthy.
- Needs: One of 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 an extreme staff shortage. We also realize that many adults in need avoid seeking services due to the associated stigma. While we attempt to provide anti-stigma and outreach/awareness events open to the community, it would be beneficial to have earmarked funding from OMHSAS for such activities. It genuinely makes the best sense to use funding to help prevent and/or minimize acuity by early engagement. Additionally, it would be beneficial to have increased funding to host regular training of our system providers, particularly due to staff turnover in areas that are critical, such as the evidence-based interventions of DBT, CBT, Motivational Interviewing, and EMDR, 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 was pleased to collaborate with the Commonwealth, along with Bucks and Berks County, a number of years ago through the Now-Is the Time: Healthy Transitions Grant to educate our system regarding the very unique needs of this population. Through the grant, we developed Youth/Young Adult Certified Peer Support and a Youth and Young Adult Psychiatric Rehabilitation Program designed specifically to help in the achievement of life goals. We also enhanced our base-funded Peer Mentor Program to accommodate the need of this population, and our youth and young adult group developed the “Thrive for Hope” support group, which was later adopted by the Pennsylvania Mental Health Consumers Association (PMHCA) during COVID and is continuing still today. Our provider programs have flourished, and new endeavors continue such as the Youth Leadership Academy Summer Program occurring this summer through a Provider Grant.
- Needs: Youth and young adults tend to struggle with transportation. While MATP certainly assists with transportation to Medicaid-funded care, many youth and young adults lack the natural resources, funding, and/or skills to acquire transportation to other community resources, events, or even employment. While public transportation certainly exists, our young adults often only qualify and/or choose jobs more likely to require evening and/or weekend work when public transportation is not available.

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

   - Strengths: The Child/Adolescent Department of Washington County BHDS continues to work intensively to best serve the needs of children from age three to those under the age of 18. Over the past year, they have exponentially increased the number of interagency meetings and Recovery Support meetings to ensure collaboration and planning. Specifically, Washington County worked collaboratively with its Behavioral Health Managed Care Organization (BH-MCO) to develop two C4 programs whereby a Carelon Care-Coordinator works with the inpatient units, with the intent of preventing lengthy stays, as well as preventing the likelihood of readmissions. Much work has also occurred with RTF and CRR providers in the development of supportive discharge plans, increasing the likelihood of success post-discharge. BHDS is also proud to have two very effective School-based Partial programs, and we have issued an RFP to open the pool for additional providers. We have a very active CASSP Program. Additionally, BHDS continues to effectively utilize the Student Assistance Program (SAP) in all school districts, and we have included SAP for cyber schools for over a year. Also of note, BHDS has experienced some success in increasing resources by adding a provider of IBHS during the year, as well as two new school-based outpatient providers. Finally, BHDS has actively participated in the Carelon IBHS, RTF, and Family-Based Mental Health Summits. The BHDS Administrator also sits on a workgroup to expand the availability of CRR homes. The Child/Adolescent Department has also continued to work actively in wrapping up its current Garrett Lee Smith Grant, and they are preparing for a possible new GLS grant!
   - Needs: Washington County BHDS would still benefit from increasing its pool of Family-Based, IBHS, and particularly Host Home Providers and plans to provide ongoing focus to this endeavor in the coming year, especially IBHS. It is not only having the right number of providers, but those providers having enough staff to cover the waitlist in all areas of the

county. Additionally, it is essential to continue to explore relationships with specialized inpatient behavioral health units since Southwood Hospital is the only local provider of inpatient behavioral health for children and adolescents under the age of 18. This is particularly important since outpatient providers have expressed seeing an increased acuity level at younger ages.

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: As Previously stated, BHDS does not admit to State Hospital civil beds from the community. There are, of course, individuals who are admitted to the Torrance Forensic Unit from the jail, and in those cases, our Crisis and Emergency Director works very closely with the Unit to plan and coordinate admissions and discharges, ensuring appropriate care and planning for our members. We have increased utilization of the George Junior Republic Forensic LTSR as a potential diversion, when possible, and as a discharge alternative when appropriate.
- Needs: Our primary potential need would be increased funding for recovery-oriented services, to prevent decompensation and increase community outreach activities, and 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: 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. Over the years, we have hosted trainings with Dr. Kenneth Minkoff and Dr. Christine Cline, who developed the curriculum for a “Comprehensive Continuous Integrated System of Care.” We are also pleased to work collaboratively with our local Drug and Alcohol Commission, WDAC. Our collaborative efforts include both individuals in need and general outreach and education events.
- Needs: Regardless of the fine efforts currently, 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 long ago. Additionally, while our office and the WDAC coordinate effectively, individual providers still struggle, at times, when attempting to collaborate, so we are encouraging them to reach out to us for assistance when difficulties occur.

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

- Strengths: BHDS has worked actively with our local CJAB for numerous years since the development of our first Mental Health Court and Magisterial Justice diversionary programs in 2008. In recent years we have added Care Management positions to our office to assist Washington County offenders with mental health concerns. 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 to Law Enforcement Officers, such as the Mental Health First Aid: Public Safety module and the Suicide by Cop trainings, as well as the CIT and Hearing Voices trainings more recently. Both our Administrator and our Director of Crisis, Emergency, and Disaster serve on the CJAB. We are also a Stepping Up County and continue to enhance our system through this initiative. We have previously received PCCD grants to enhance this area; we have done so by adding a CIT trainer and a Prevention and Diversion Care Manager. We also have a Mental Health Court program and a 90-Day Diversionary Magisterial program. Our Director of Crisis, Emergency, and Disaster also attends weekly meetings at our local jail and coordinates with SCIs on those who have Serious Mental Illness in order to successfully plan for re-entry.
- Needs: There is a need for increased forensic funding to work on a variety of Social Determinants of Health (SDOH) to allow for improved housing options, community levels of care to meet the needs of the special population, housing supports, and others. A forensic proposal was submitted to OMHSAS with a comprehensive plan for re-entry and for diversion. However, the proposal was not funded, and we were told that they would possibly reconsider our proposal in the future. We would benefit from even partial approval of the plan, as each area can make a big impact, but the full plan approval would allow for a truly comprehensive and individualized approach.

8. **Veterans**-counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):
https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf

- Strengths: Because we are an integrated Human Services system and in close physical proximity with the Washington County Veteran's Affairs Office, our collaborative efforts have been extremely successful. A number of years ago, we hosted a specialized Mental Health First Aid training to address the struggles of Veterans. Veteran's Affairs also participates annually in the Out of the Darkness Committee and Walk.
- Needs: It would be beneficial to host another MHFA Veterans training in the future, since we have a new group of provider staff who have never had the opportunity. Additionally, it would be beneficial for our provider system to be more aware of existing training resources and best practices for working with veterans.

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

- Strengths: Over the years we have offered several trainings for our provider system to ensure that they can best serve members of this population. Additionally, we had a satellite Persad office located in the heart of Washington for several years; unfortunately, the demand for local services was not sufficient, so they did close that office. However, our providers are well aware that individuals can utilize telehealth to access clinicians at the Persad Office in Pittsburgh. Additionally, over the past year, a Central Outreach Office has

opened in Washington, and they are actively providing mental and physical health to this population. Also, for our adolescents who are struggling with gender identity or are in need of specialized support, we have a highly credentialed provider, Dr. Mary Jo Podgurski of the Washington Health System's Academy for Adolescent Health, whose life's work has been focused on supporting our youth. We also have added this to our RFPs for Outpatient and other services, to ensure all providers are able and willing to support this population effectively.

- Needs: It would be beneficial to offer additional trainings, and perhaps workgroups at some point, to ensure that our system continues to address the needs of this population.

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

- Strengths: Washington County provided an excellent training less than two years ago with faculty from Georgetown University's Center of Excellence for Cultural and Linguistic Competence, and providers embraced the task of insuring culturally appropriate and person-centered services. As a County Behavioral Health Administration, we have also added content specific to our expectations for service delivery in our provider contracts. We are hosting our next Cultural and Linguistic Competence Meeting to determine next steps before the end of July.
- Needs: Washington County has had a significant increase over the past year with individuals immigrating to the United States, primarily in our Mon Valley area. Some are documented and others are un-documented. They have chosen to make Washington County their home. Often, they have no resources and are in need of some type of mental health support, as well as assistance in finding housing and other financial resources. While we absolutely welcome individuals from all cultures, our system is already strained. Nevertheless, we plan to continue enhancing resources and providing culturally appropriate services and supports.

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

- Strengths:
- Needs:

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

i. *Previous Year List:*

- Provide a brief summary of the progress made on your FY 23-24 plan ROST priorities:
  i. Priority 1: Over the past year the Child/Adolescent Task Force continued to participate actively in the Garrett Lee Smith (GLS4) grant meetings, as well as hosting meetings of the Childrens Task Force the second Wednesday of each month with the focus on providing resources for both families and schools. The group is currently working to finalize mental health and suicide prevention guides for families and schools. BHDS is also focused on the possibility of a future GLS Suicide Prevention related Grant.

ii. Priority 2: Collaboration with law enforcement and other first responders to meet the needs of all ages who struggle with mental health challenges and may encounter law enforcement and/or other first responders. During the past year, our Crisis and Emergency Director has accomplished numerous tasks in furtherance of this priority, as follows:
    - He successfully completed the CIT Coordinator training and the Train the Trainer training and has since conducted two CIT trainings in Washington County in collaboration with a local CIT Trained Police Officer.
    - At the request of OMHSAS, he also developed a training module referenced previously in this document regarding strategies to assist and coordinate when our individuals with mental health struggles become involved with the legal system.
    - Finally, he completed a SWAT Negotiator training to increase collaboration between mental health and emergency responders and serves on the local SWAT Negotiator team.

iii. Priority 3: Establishment of Cultural and Linguistic Competence. During the past year, we have provided outreach to the Lemoyne Multicultural Center by inviting and encouraging their collaboration and delivering donated meals for minority students on break over the holidays. We also attempted follow-up with the NAACP after providing three separate presentations last summer regarding the resources available in our system. We have added additional language and expectations to our provider agreements specifying the requirements for language translation with communication and discussions to occur immediately during intake regarding cultural needs and preferences. We have not yet formalized a model for cultural brokering but have met to address potential barriers that we have encountered.

And, if the county had more than three (3) priorities during FY 23-24:

iv. Priority 4: Revitalization and Capacity Building of the Adult Service System. Over the past year, we issued a request for proposals and added two new providers of Mental Health Supportive Housing services. Additionally, we issued an RFP and selected a new provider for Adult and Transition Age Community Residential Rehabilitation Services (CRRS). We also identified the need to modify the service description for our Mobile Psychiatric Medication Services such that the service could be provided not only to adults but to older adolescents with significant needs as they prepare to transition to adulthood. We also added an Outpatient Clinic provider who opened in June 2023, which has had great success.

v. Priority 5: Expansion and Enhancement of Crisis Intervention Services. As stated previously in this document, we have been able to make strides in this area, as well, as we implemented the 24 hour a day crisis text line and added two Child/Adolescent specific crisis workers to our crisis unit. We worked to collaborate with 988 to identify resources for referrals when they receive calls from our residents via the APRICOT system.

ii. Coming Year List:

- Based on Section b **<u>Strengths and Needs by Populations,</u>** please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 24-25 at current funding levels.
- For <u>each coming year</u> (FY 24-25) 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. Continued Enhancement of Child/Adolescent System

X Continuing from prior year ☐ New

a. Narrative including action steps: Although the BHDS Child/Adolescent Department completed the Garrett Lee Smith Suicide Prevention Grant, all stakeholders feel strongly that additional efforts and resources are needed to promote child and adolescent safety, resilience, and wellness. We will provide outreach and collaboration with the school districts within Washington County.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter 1: BHDS Will work with School Districts, Garrett Lee Smith Grant, leadership, and other stakeholders to prioritize needs and objectives.
Quarter 2: BHDS will meet and identify priority needs in collaboration with partners.
Quarter 3: BHDS will work to acquire any necessary resources and begin implementation.
Quarter 4: Assessment of Progress

c. Fiscal and Other resources: Unknown at present

d. Tracking Mechanism: BHDS designee for this priority will monitor and review progress and barriers.

2. Cultural and Linguistic Competence

X Continuing from prior year ☐ New

a. Narrative including action steps: Although BHDS did begin to address planning of a Cultural Brokering Model, staffing shortages and other emergent systems needs posed a barrier to additional progress, including the development of a Cultural Brokerage Model as well as other necessary activities to best provide culturally appropriate services.

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

Quarter 1: Meet with partners in July partners and identify the priorities of the group of action including potential barriers and discuss additional interventions such as outreach activities, dates of action steps as well as additional partners that may be needed.
Quarter 2: Add additional partners and reach out to potential brokers and distribute organizational surveys to best assess provider needs.
Quarter 3: Develop a model for assertive outreach to diverse groups to provide information
Quarter 4: Evaluate our efforts and determine if project continuation is needed.

c. Fiscal and Other Resources: Unknown at present; however, the county plans to utilize grant and/or admin or admin funding as needed.

d. Tracking Mechanism: BHDS designee for this priority will monitor and review progress and barriers.

3. Revitalization and Capacity Building

X Continuing from prior year ☐ New

a. Narrative including action steps: BHDS certainly made some strides in enhancing our service system over the past year, yet we are always eager for additional changes and enhancements that are needed, most particularly the development of safe, affordable, and decent housing options. We also are prioritizing provider training to ensure that providers possess the necessary competencies to best deliver recovery-oriented, evidence-based services. Additionally, we are focused on system outreach and anti-stigma messaging to ensure that community members know where to turn for assistance and feel safe to do so.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
Quarter1: BHDS will meet with our Human Services Director and our Homeless and Housing Coordinator as well as other strategic partners to identify potential opportunities for housing development. MH Director will also work with her Quality Management Committee to identify needs for system training and outreach.
Quarter 2: Identify and secure potential funding resources for housing development. Also, the MH Director will work to secure funding for training and outreach activities.
Quarter 3: Begin implementation of housing development and schedule and implement outreach and training activities.
Quarter 4: Assess progress and identify and future needs.

c. Fiscal and Other Resources: Unknown at present

d. Tracking Mechanism: BHDS designee for this priority will monitor and review progress and barriers.

4. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

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

5. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

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

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?
Numerous Providers have begun to offer telehealth as an option when it is appropriate and beneficial for the individual to be served in this manner. Some providers did apply for OMHSAS funding for technology upgrades, etc. We do support the opportunity but recognize that telehealth is not right for everyone.

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 present.

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).*
Limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barrier. Some of the free/discounted internet packages may be ending, which could cause a barrier. The only other barrier is that parts of our county are very rural so internet/cell phone service may be intermittent or inaccessible.

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 24-25. (Limit of 1 page)

We have been encouraging this for years, initially through the training that we offered as a result of a SAMSHA Grant. Currently, our provider agreements state that it is an expectation that

provider ensures training and utilization of trauma informed care. We will continue with that expectation and offer additional trainings as needed.

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 24-25. *(Limit of 1 page)*

We have already provided the training and are working towards implementation, per our ROST priority. Our trainer was Dr. Vivian Jackson, former faculty of Georgetown University's Center of Excellence. The two-day training covered all key elements of CLC. Additionally, during our Healthy Transitions Grant years ago, we had training specific to the cultural needs of Youth and Young adults with focus also on the culture of our diverse LGBTQAI population.

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 24-25. *(Limit of 1 page)*

Over the past year and a half, members of our administration have worked collaboratively with our Rural Accountable Care Consortium. Additionally, as part of our Quality Management, we support and collaborate with Carelon on their identified initiatives.

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

☒ Yes ☐ No

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

Washington County 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 have already begun planning our third annual Out of the Darkness walk for this September. We also have staff trained in "Talk Saves Lives" and will be doing a Gun Safety event.

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

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

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
   - Name: Mary Jo Hatfield
   - Email address:hatfielm@co.washington.pa.us
   - Phone number:724-288-3845

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

   ☒ Yes ☐ No

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

Previous Year: FY 23-24 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 *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	152	
ii. # served ages 14 up to 21	136	
iii. # served ages 21 up to 65	16	
iv. # of male individuals served	120	
v. # of female individuals served	94	
vi. # of non-binary individuals served	3	
vii. # of Non-Hispanic White served	114	
viii. # of Hispanic and Latino served	5	
ix. # of Black or African American served	0	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	1	
xii. # of Native Hawaiians and Pacific Islanders served	1	
xiii. # of multiracial (two or more races) individuals served	5	
xiv. # of individuals served who have more than one disability	54	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	50	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	14	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	2	
xviii. # of individuals served with highest hourly wage	1	$18.751
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	12	

7. **Supportive Housing:**

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

Name:Mary Jo Hatfield
Email address:hatfielm@co.washington.pa.us

Phone number: 724-288-3845

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 23-24 and 24-25 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 23-24), as well as projected amounts for SFY 24-25. If this data isn't available because it's a new program implemented in SFY 24-25, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 24-25 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 23-24 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 24-25 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	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 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 23-24	10. Number of Individuals Transitioned to another Subsidy in SFY 23-24
		Person-centered forensics	$93,476		85	85	250	$4,221.15	6
		SDoH rental assistance	$128,007		68	97			
		Housing reinvestment	$102,293		97	20			
Totals									
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 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 23-24	10. Average Subsidy Amount in SFY 23-24
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 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24			7. Projected Number to be Served in SFY 24-25	8. Number of Staff FTEs in SFY 23-24
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 MH Supportive Housing	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-			7. Projected Number to be Served in SFY 24-25	8. Number of Staff FTEs in SFY 24
Mental Health Intensive Supportive Housing	2014	Base	$716,000	$971,600	16			16	6
			$143,989						5
				$250,000	380			450	9
Totals									
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 MH Supportive MH Supportive Contingency Funds	2. Year of Implementation 2008 Originally Current program 2021	**3.** Funding Sources by Type (include grants, federal, state & local	4. *Total* $ Amount for SFY 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24			7. Projected Number to be Served in SFY 24-25	8. Average Contingency Amount per person
		forensic	$95,857	$95,857	269			150	$666
		Housing reinvestment	$102,243	$20,000					
		SDOH needs	$73,128	90,000					
Totals									
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 23-24	5. Projected $ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24			7. Projected Number to be Served in SFY 24-25
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 been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Mary Jo Hatfield Email: hatfielm@co.washington.pa,us Phone number: 724-288-3845
Total Number of CPSs Employed	**11**
Average number of individuals served (ex: 15 persons per peer, per week)	**10**
Number of CPS working full-time (30 hours or more)	**9**
Number of CPS working part-time (under 30 hours)	**2**
Hourly Wage (low and high), *seek data from providers as needed*	**$14.04-$25.01**
Benefits, such as health insurance, leave days, etc. (Yes or No), *seek data from providers as needed*	**Yes, for full time staff who wish to have the benefits**
Number of New Peers Trained in CY 2023	**3**

f) Existing County Mental Health Services

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

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☐ County ☒ HC ☐ Reinvestment
Partial Hospitalization - Adult	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization - Child/Youth	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence-Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	☒	☐ County ☐ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services stabilization/diversion unit	☒	☒ County ☒ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☐ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☒ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Employment/Employment-Related Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Residential Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☒	☐ County ☒ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility-Based Vocational Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☒ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☒ HC ☒ Reinvestment
Family Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer-Driven Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☒	☐ County ☐ HC ☒ Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	☒	☐ 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	60	TMACT	County MCO	annually	Y	Y	
Supportive Housing	Yes	380		County	Record reviews	Y	It is expected that they are	
Supported Employment	Yes	152		Provider				Iclude # Employed 59
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	yes	37	N/A	N/A	Unknown	Yes for ACT integrated treatment of dual disorders	yes	
Illness Management/ Recovery	yes	54	SAMSHA toolkit	provider				
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	yes	4	unknown	unknown				
Multisystemic Therapy	yes	51	unknown	unknown				
Functional Family Therapy	No							
Famyesily Psycho-Education	No							

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

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

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

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1148	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	167	
CPS Services for Transition Age Youth (TAY)	Yes	27	
CPS Services for Older Adults (OAs)	Yes	8	
Other Funded CPS- Total**	No		
CPS Services for TAY	No		
CPS Services for OAs	No		
Dialectical Behavioral Therapy	Yes	416	
Mobile Medication	Yes	20	
Wellness Recovery Action Plan (WRAP)	Yes	76	
High Fidelity Wrap Around	No		
Shared Decision Making	No		We encourage this but no formal model
Psychiatric Rehabilitation Services (including clubhouse)	Yes	156	
Self-Directed Care	N		We encourage this but no formal
Supported Education	N		
Treatment of Depression in OAs	Y	457	
Consumer-Operated Services	Y	261	Drop In Center and Peer Mentor
Parent Child Interaction Therapy	yes	5	
Sanctuary	yes	2	
Trauma-Focused Cognitive Behavioral Therapy	yes	36	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	5	
First Episode Psychosis Coordinated Specialty Care	no		
Other (Specify)	yes	433	Social Rehabilitation

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

i) Involuntary Mental Health Treatment

1. During CY 2023, 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 2023
   ☐ 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 2023

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 2023 (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 2023:
   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 2023		136
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2023		6
III. Number of AOT modification hearings in CY 2023		
IV. Number of 180-day extended orders in CY 2023		17
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2023		$88,848.25

j) Consolidated Community Reporting Initiative Data reporting

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

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

❖ Have all available claims paid by the county/joinder during CY 2023 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 in FY 24-25:

Washington County BHDS would prioritize Residential and Housing options to serve those with the greatest needs, particularly those with forensic involvement, especially because we do not use 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. Additionally, consistent with our ROST Priorities, we would like to provide awareness and anti-stigma messaging through community outreach events, and we would want to provide training opportunities for our provide system to ensure ongoing competencies in evidence based services and supports.

I) Categorical State Funding-FY 24-25 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

If an allocation is expected in the following categoricals for FY 24-25, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 23-24:

Respite services:

Consumer Drop-In Centers:

Direct Care Worker Recruitment & Retention:

Philadelphia State Hospital Closure:

Forensic Support Team:

Student Assistance Program:

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.**

- **CMHSBG – General Training (70167): If an allocation is expected in FY 24-25, please describe the services to be rendered with these funds and plans to use any carryover funds from FY 23-24.**

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds.**

- **Systems of Care (70976): Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

- **PRYCCSST (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

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

This section should describe the entire substance use service system available to all county residents *regardless* of funding sources.

Please provide the following information for FY 23-24:

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

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

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

The demand for Substance Use Disorder (SUD) treatment and related services remains high in Washington County and continues to take a toll on all human services resources. In many ways, SUD is the driving force behind soaring costs associated with crime and criminal justice, mental health, public assistance, children and youth, homelessness, and healthcare. The SCA continues to provide necessary services to the residents of Washington County, all the while having to be creative with the limited number of financial resources. Through a county-wide treatment and prevention needs assessment process, the SCA is able to prioritize the SUD needs of the county. This prioritizing is done in collaboration with other systems: children and youth, criminal justice, courts, BHDS, veteran’s affairs, aging, correctional facility, schools, health care, and community groups.

1. **Waiting List Information:**

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

When exploring the reasons that someone would possibly wait longer than 14 days, it is primarily due to the referral source (i.e. 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.

Over the past three years, our unduplicated individuals referred for services have continued to increase and the wait time to enter treatment has decreased. This is a testament to the SCA's case management unit providing the necessary support and advocacy for the individuals we serve, assuring that people are connect to treatment. The treatment providers are valued partners in reducing treatment access wait time.

	Total # unduplicated Individuals referred	**Wait Time**
Withdrawal Management	**112**	**< 3 days**
Medically managed Intensive Inpatient service	**0**	**< 0 days**
Opioid Treatment Services	**61**	**< 3 days**
Clinically Managed High Intensity Residential	**480**	**< 7 days**
Partial Hospitalization	**7**	**< 5 days**
Outpatient	**880**	**< 7 days**
Totals	**1540**	**5 days average wait**

2. **Overdose Survivor's Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 23-24.

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

Founded in November 2016, the Washington County Opioid Overdose Coalition exists to eliminate opioid overdoses, stigma associated with Opioid Use Disorder, and to ensure every patient with an Opioid Use Disorder has access to and support throughout treatment and recovery. 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 pretty steady with a very marginal variation, in either direction. We are seeing far more polysubstance usage, 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 agency contacts and system-level operations in a way that will prevent future deaths.

The Washington SCA and its affiliation with the Opioid Coalition has made huge strides in the past eight 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 charts indicates the number of overdose survivals that were referred by the hospital. These numbers are not the total picture for the county. The SCA 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, utilization of Narcan is 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 are developing ways to ascertain this information.

Overdose survivors	# Referred to Tx	Referral method	# Refused Treatment
26	16	Hospital warm hand off protocol to the SCA	10

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

Washington County SCA contracts with 43 Substance Use Disorder treatment providers, offering over 111 different levels of care, to include medication assisted treatment.

LOC ASAM	# of Providers	Providers in County	Co-occurring/enhanced
4WM	1	0	2
4	1	0	1
3.7WM	21	1	3
3.7	6	0	1
3.5	43	1	1
3.1	16	4	2
2.5	5	3	2
2.1	7	4	2
1	10	6	N/A

4. **Treatment Services Needed in the County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

As a system state-wide, we need additional resources for the more medically complex individuals. This would be considered a 3.7, according to ASAM criteria. Due to our extensive outreach efforts with area hospitals, we are seeing many more medically complex patients, particularly alcohol-related conditions, that need a higher level of care than what the 3.5 clinically managed level of care or OBOTs can accommodate. Additionally, there are some opioid use disorder individuals who require longer term IV antibiotics and subsequently receive no SUD treatment during the six-week period these medications are administered. Having resources that can meet the needs of these high-risk individuals can be the difference between life and death and is one of the only two areas where we experience consistent deficiencies in bed availability associated with the SCA warm hand-off protocol. The local HealthChoices program has awarded two hospital-based 3.7 biomedical-enhanced levels of care. One is located in

Washington County in the Mon Valley and will flex beds between 4.0 and 3.7 levels of care. This new facility will most assuredly assist with the placement of our complex individuals with multiple comorbidities. The facility opened in March 2024, and they continue to see patients.

Another area of need is for pregnant women and women with children (PWWWC). Currently, there are two local providers where a pregnant female with OUD can receive both methadone and SUD treatment in a residential setting. A HealthChoices reinvestment request for proposal (RFP) has been issued for a Halfway House level of care for both men and women with children. A review process for the respondents has yet to be scheduled. The facility would have to be located in one of the following counties: Butler, Armstrong-Indiana, Lawrence, Washington, Westmoreland. This will surely assist with the increased referrals from Children and Youth Services in the County.

There is a state-wide shortage of adolescent SUD residential programs. During the 23-24 school year, the SCA Student Assistance Program case management services (SAP) assessed 144 students and 60 were referred to SUD 1.0 (outpatient) level of treatment and 27 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 minimum, two contracts for each level of care and to assure special populations receive the care they need. The SCA will plan to collaborate with the County Behavioral Health and Developmental Services to develop a more robust SAP service to include parochial and alternative schools. The SCA has been in many meetings that include the juvenile court system, juvenile probation, and the Office of Children and Youth Services to develop a more comprehensive approach to prevent adolescents from entering into the juvenile justice system and assisting those who are already engaged in the system. The SCA provides an education program known as S.T.E.P. STEP is designed as an education opportunity for teenagers in Washington County; referrals can be made by MDJs, 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.

Justice-involved related referrals make up 40% of the SCA’s annual client base. We continue to operate multiple programs to address this need and we have a strong partnership with Washington County Court of Common Pleas, Magisterial District Judges, Adult Probation, and the correctional facility. We need to establish open communication between the treatment provider and the local SCA, regardless of funder, to allow for a smooth transition upon the individual’s return to their home community. The SCA will continue with case management and recovery supports upon return to the county, and yet sometimes a discharge takes place without any notification. It is imperative to build a system that emulates a recovery-oriented system where extra therapeutic services are emphasized. We have 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 adolescent may not receive services for months due to the lack of staff.

Lastly, we have a great need for housing services for those with Substance Use Disorder (SUD). Many individuals have criminal backgrounds, which may include felony charges, which then precludes them from any type of federal housing. Washington has a strong network of recovery houses; however, recovery houses must now be licensed in order to receive any state or federal funds, and the majority of the houses in Washington County are choosing to not become licensed. Most house owners are hesitant because the licensure requires that the house accept renters on MAT. All the houses in

Washington County have a history of being abstinent-based and are leery of having these prescribed medications on the premises, due to the fact that the substances can be abused and diverted. The SCA continues to work with the recovery house network, providing technical assistance and training around the area and philosophy of MAT. As of June 30, 2024, Washington County has 3 licensed houses.

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

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

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

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 goals and measurable outcomes. For FY 23-24, we participated in 24 community events and trainings and distributed 749 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; 41 Overdose Prevention Kits were mailed. In total, which includes the above distribution numbers, 2,339 Overdose Prevention Kits were distributed to the traditional and non-traditional first responders of Washington County. In addition, 62 Naloxboxes were distributed to various organizations to include the county office buildings, faith-based organizations, universities, and recovery houses.

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.

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

    a. **Warm Hand-off Data**

Number of individuals contacted	**275**
Number entering treatment	**216**
Number completing treatment	**146**

The warm hand off response team is very successful in engaging the individual and connecting them to

treatment. Of the total referrals, 78% of them enter into treatment and 67% of them actually complete 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 ensure 24-hour access to treatment for an overdose survivor. Overdose survivors are considered a priority population and are treated as an emergent situation. Outcomes are tracked through the SCA internal data system, CPR web. The SCA has an afterhours phone line to assure that all OD survivors receive immediate attention. Once the call screener is informed that there is an overdose survivor situation, a case manager will be dispatched to any county hospital as quickly as possible. The case manager conducts a level of care assessment and makes the appropriate referral to treatment. The case manager will provide case coordination and support services throughout the continuum of care.

All three county hospitals and the EMS providers have been briefed on the designated phone line, and it has been provided to appropriate management staff in each emergency department. The phone line is staffed during non-business hours and calls are triaged to determine if an on-call worker needs to be dispatched. A Certified Recovery Specialist may be dispatched to a professional medical site as a first line of defense to help prevent AMA situations.

The SCA has entered into agreements with Washington Hospital and Penn Highlands Mon Valley Hospital, which allow 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.

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

INTELLECTUAL DISABILITY SERVICES

Washington County currently supports 678 individuals through their ID/Autism system. Washington County provides a wide array of services for all those enrolled. Washington County continues to be fortunate to have providers that offer a widespread selection of waiver services. We continue to work with providers to encourage and increase their willingness and ability to support individuals with Autism without ID through training, resources, etc. In Washington County, we make every effort to ensure all individuals can live an Everyday Life. The individuals that we serve in Washington County who currently are not receiving waiver-funded services are always supported by their Supports Coordinators to use natural supports and resources. Individuals receiving waiver services in Washington County, are served by providers who believe in individuals living everyday lives and do all that they can to promote Everyday Lives. Washington County providers continue to offer an everyday life way of living for the individuals that they serve. Any trainings ODP can offer on providing supports to those with dual diagnosis, more intense behavioral, and/or medically complex needs would be beneficial, as well as training for providers on Autism. It is important to also ensure the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

Individuals Served

	Estimated Number of Individuals served in FY 23-24	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be Served in FY 24-25*	*Percent of total Number of Individuals Served*
Supported Employment	0	0	0	0
Pre-Vocational	0	0	0	0
Community participation	2	.27	2	.27
Base-Funded Supports Coordination	88	12.25	100	13.92
Residential (6400)/unlicensed	4	.55	1	.13
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	170	26.67	185	25.76
PDS/VF	9	1.25	12	1.67
Family Driven Family Support Services (ARPA)	35	4.87	60	8.35
Assistive Technology	4	.55	6	.83
Remote Supports	5	.69	8	1.11

Supported Employment:

Washington County makes every effort for all individuals to be competitively integrated employed. Washington County currently provides the following services: Supported Employment, Enhanced Supported Employment, Discovery, and Customized Employment. Currently in Washington County, we

have a total of 69 individuals using Supported Employment Services. Currently in Washington County, we have a total of 53 individuals using Small Group Employment Services. Washington currently has no individuals using Advanced Supported Employment.

Washington County is strongly committed to “Employment First.” We continue to have this as a goal for our Quality Management Plan. One aspect of our Quality Management plan is tracking all individuals that have identified wanting to work or volunteer in their IM4Q interviews. Each year, we add new individuals based on IM4Q considerations. The Supports Coordinators provide updates to our Employment Lead, as well as the AE reviewing Service Notes and ISPs to obtain the data. We look at all stages toward employment ranging from School to CPS to Volunteering to OVR and more. We continue to have an Employment Workgroup that meets quarterly. In the workgroup, we have AE, SCO, OVR, School District, CPS/Employment Provider representation, Behavior Specialist, and IT representation. We have also had family and individuals attend. Washington County is in the process of planning an Employment Fair and Training that will be held in the FY 24-25. We recently created a position, where part of the job is outreach. This position will be responsible for the planning of the Employment Fair. This will be open to agencies, individuals, families, schools, and OVR. There will be tables for information gathering, as well as trainings on topics such as Benefits Counseling, OVR, Colleges, Job Resources, Self-Advocacy, etc. We continue to aim toward employment as a goal for those that are interested and to find unique ways to make this happen.

Supports Coordination:

Washington County is very involved with all the SCOs that serve our individuals. Washington works very hands on with the SCs. Washington has monthly SCO meetings where multiple topics are discussed, as well as providing technical assistance. Washington County also hosts a monthly training hour for the SCs. Washington County plans to schedule a session with the Family Network, too, so that all SCs can properly use the life course tools with their individuals and families. Washington County intake uses the life course tools with the individual/family at intake, and the hope is that the SCs will continue to use that completed tool and expand into the other tools. With proper training for the SCs, they would be able to link all individuals to resources and come up with out of the box thinking to support some of their individuals.

Currently, Washington County’s ID Waiver Coordinator oversees the waiting list. Washington County holds monthly SCO Supervisor meetings with 4 SCOs, at which time the waitlist is discussed, as well as the SCO can discuss individuals in emergencies. The AE has trained all the SCOs on our waitlist forms, how to use them, and what should be included. Washington County also shares all resources with SCs as we receive them so that they can use them with their families in the instance that they could help.

In Washington County we have both Agency with Choice and PALCO V/F available for individuals to self-direct. Washington County supports individuals self-directing by ensuring that SCs offer the opportunity for the individuals to run their own meetings, be part of all decisions, and have choices. Washington County is scheduled to have Agency with Choice present at a monthly Joint SCO meeting, and would like to schedule PPL to present, as well, in the future.

Lifesharing and Supported Living:

Washington County currently has four Lifesharing providers; however, we only have two individuals who use the services. Washington County also currently has two Supportive Living providers, serving ten individuals. Washington County ensures that all individuals who may be appropriate for Lifesharing and Supported Living are given the option of using this service. We ensure discussions happen as they are

appropriate, and that planning is occurring for someone who is in Residential who can transition to Supported Living. We also would like to have current providers of both Lifesharing and Supported Living come and present to families, individuals, and SCOs. The AE is also a part of the WRO Lifesharing Group.

Washington County has not made much progress in expanding Lifesharing, however, with the acceptance of our first Medically Complex Child, we were able to get his family set up with Lifesharing. We also will be at the Lifesharing Conference, as we were invited by Citizen's Care to be part of their panel at the Lifesharing Conference, due to our recent medically complex admission to the program. A specific barrier that Washington County has experienced for Lifesharing is the lack of families willing to be a host family and lack of interest from individuals. We have the providers who could provide the Lifesharing service but are unable due to no willing families. Supported Living has been expanding. The biggest barrier that we have experienced with the Supported Living situations is individuals not having the appropriate SIS scores. Another barrier is individuals wanting to use the service, but it may be out of their budget, so they continue to wait for a larger waiver.

ODP could be of assistance in expanding the Lifesharing as an option in Washington County by hosting/presenting to those who may be interested in providing the service, whether that be families or other community members. ODP could be of assistance in expanding Supported Living by sharing success stories and hosting some trainings for SCOs and individuals who may be interested more regularly where success stories could be shared.

Cross-Systems Communications and Training:

Washington County will be holding trainings in the areas of Autism and Fatal 5, as well as providing trainings to new intakes and base families on the system and processes of the IDA system.

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

The AE has always been paired with the County MH Department. Currently, all the following departments are located in the same suite: BHDS, CYS, and Aging. In addition to that, we are all now under the Human Services umbrella, which has really brought us together. The Human Services model ensures that all departments have representation at meetings and are easily accessible. Each department is involved and receives referrals from the Central Intake Unit as appropriate, as well.

Emergency Supports:

Washington County works with all individuals who may be experiencing an emergency. The AE is extremely hands-on and involved with cases, planning, etc. We work with all the departments within Washington County such as Mental Health, CYS, Crisis, and others, as well as the respective SCOs, to resolve the emergency. We have worked with individuals to get them relocated to housing or a safe place to stay. Washington County SCOs work very hard in being proactive so that emergencies do not

arise, however even with hard work, they occur. SCOs will attempt to alleviate the emergency on their own, however, when the emergency rises above their capabilities they will reach out to the AE. The AE will then work with the SCO to come up with a solution, whether short term or long term, for the individual. This has included anything from respite care with a provider, contacting the County MH Program for assistance, if needed, and reaching out to other resources, when applicable, including but not limited to the Housing Department of Human Services at Washington County. The AE reserves Base dollars for emergency situations.

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

Administrative Funding:

Washington County has utilized the PA Family Network regularly, pre-covid. We had hosted training sessions for families, individuals, providers, SCOs, and cross system providers. For the FY 24-25, we will be in contact with the PA Family Network to schedule a set of trainings for our individuals and families.

In June of 2022, Washington County switched to a Human Services model. This model promotes information sharing and education. We have a Centralized Intake Unit that answers calls from

community members and then connects the community member with the resource(s) they are trying to find or are in need of. This is also helpful for our community members in that if they mention a need for our system the coordinator is able to document that and pass it along to the appropriate agency or department, so that we can begin our process. Our County also utilizes washingtonpa.findhelp.com. With the addition of this website availability, all community members have access to all the resources located in Washington County 24/7.

Washington County could use more specific trainings on medical complexities. It is an area that Washington County sometimes struggles with, and we would benefit greatly from trainings and documents that set forth exact policies on what is required, as many interpret things differently. Trainings on CHC, including the Obra Waiver, would be beneficial, as well, so that we are more aware of how those systems work, since we do have individuals who utilize those Waivers.

Washington County has a strong relationship with the HCQU. The HCQU is a participant on our Quality Management/Risk Management Council. They assist in reviewing data and trends for recommendations. They also help to review individuals identified with a high number of incidents, and/or Fatal 5 and falls, to help make recommendations to the team and provide Complex Technical Assistance (CTA), as needed. Regarding QM, we review all HCQU reports sent to us for any trends, # of active CTAs/closed CTAs, providers participating in training, and types of trainings/delivery methods of trainings being utilized. When data relates back to areas of need, those are incorporated into our Quality Management process.

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

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

If ODP could provide more in-depth trainings on those with medically complex needs and those who are extremely behavioral, this would be beneficial for all parties, including providers, SCOs, and AEs. More trainings to be offered regarding the Health Risk Screening Tool (HRST) would be beneficial, as well.

Washington County currently has a very intensive Fatal 5 plus falls protocol, which entails the SC holding a meeting to discuss the fatal 4 that occurred. During the meeting, they discuss what occurred and corrective action to prevent reoccurrence. The AE, as well as SCOs, have all been trained with the mindset that it’s about the person, not the numbers, which ensures that plans are written correctly, and the individuals are kept safe for those providing service. HRST is a strong focus for Washington County. The AE ensures that HRSTs are updated and in the ISP, when appropriate. Washington County has a large QM Council in which parents and advocates are welcome to be a part. We discuss risk management at these meetings. It is also the hope to get a parent group started where risk management could be a topic of discussion. We also would like to host a training regarding Incident Management and what that looks like for individuals and families, as not all understand the process and

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

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

Washington County ID/A works with the Housing Coordinator on an as needed basis. The housing Coordinator is in the same office as the Administrative Entity, which make both the ID/A Director and Housing Coordinator easily accessible to one another. We will continue this relationship for all individuals who would be appropriate for the Housing Coordinator's services and resources.

As a part of BHDS, we require that all providers submit an Emergency Management/Continuation of Operations Plan with their contracts, for those that we have Base contracts with. With COVID-19, providers really focused on Emergency Preparedness, and most took their plans to cover all emergencies ranging from pandemics, bomb threats, fire, and more. The providers that we are the Assigned AE for gave us their plans, and we also continue to meet with providers we were assigned to monthly to assist with planning, brainstorming, and receiving status of the provider. We will continue to assist providers in development of Emergency Preparedness Plans.

Participant Directed Services (PDS):

In Washington County we have individuals who utilize both PALCO and AWC services. Currently in PALCO, we have 9 individuals, and in AWC, we have 170 individuals. Washington County encourages self-direction. AWC is scheduled to present at the August monthly SCO meeting, and the AE will be reaching out to PPL to present on the VF model. With training from both programs, SCs would be able to effectively and properly describe the offered services to individuals and families, and it would encourage the SCs to use their knowledge of the programs in offering the self-directed services. This enables SCs to share with families while deciding on what service will best meet the individual's needs.

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

Community for All:

Washington County currently has 9 individuals who are living in a State Center. SCs meet with all 9 individuals at least twice yearly unless more frequent meetings are needed. At this time, all individuals, and their families, if involved, continue to be strongly committed to remaining where they are residing. This will continue to be an area of discussion with the individuals in this category, with options being presented to them, along with education on those options as appropriate and applicable.

Technology:

Washington County plans to provide a presentation to SCs, providers, schools, families, and individuals by Tech Owl, assistive tech providers and agencies. Washington County will also be distributing information on free and reduced internet. Washington County plans to have discussions with our Residential providers about their current technology usage, as well as their future plans for identifying and connecting individuals who may benefit from remote supports. We would also like to potentially get one or more individuals/families to provide success stories to be shared with others.

HOMELESS ASSISTANCE PROGRAM SERVICES

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

Bridge Housing Services:

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

Case Management:

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

The Washington County Department of Human Services case manager made great strides in FY 23-24, working closely with residents experiencing homelessness and those at imminent risk of becoming homeless. The need for street outreach for those who are unsheltered was identified and incorporated into the responsibilities of the case manager. As the number of unsheltered individuals increases in Washington County, the need for street outreach continues to surge. The demand for street outreach services continues to rise, highlighting the urgent need for additional support and resources.

Organizational data has proven the need for additional housing case management staff to assist those experiencing homelessness, as well as those at risk of becoming homeless. The Washington County Department of Human Services is proposing an additional housing manager devoted to meeting people where they are at, literally and figuratively, and walking with them through there housing process. There are currently no services in Washington County to specifically assist individuals with subsidized housing applications, section 8, or other housing focused goals. This addition is critical to housing stability in Washington County.

Rental Assistance:

Blueprints is the designated agency to provide financial assistance through the RAP component. The role of this case manager is to do an intake, and with the client's input, an assessment of needs. This provides any family applying for the Rental Assistance Program the option of reviewing their current financial situation, the assistance to develop a realistic budget, and the option to refer to other programs providing additional life skills, home management, education, and employment skills development. Therefore, the case manager also screens for other programs that the family may benefit from and be eligible for and works with the family to develop an appropriate service plan. Follow-up is attempted, but

is often unsuccessful, unless another episode of near homelessness or homelessness occurs for the family. Often, these families are multi-agency involved. The Homeless Services Coordinator provides crisis intervention services for persons facing homelessness and for persons who are already homeless. This involvement allows for the intervention referrals needed to offer stabilization to both families and individuals facing homelessness or already identified as homeless. Blueprints continues to provide individuals and families with a comprehensive array of services to prevent homelessness through assessment, education, and intervention by providing budget counseling, advocacy, and referrals to other existing service providers to prevent an occurrence or reoccurrence of homelessness.

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

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

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

Blueprints receives written verification from the Housing Authority that the client is thirty days behind in rent, even though a magistrate's hearing has not been held but will be scheduled. This is done because the Housing Authority initiates eviction procedures when the client is only thirty days behind. All other

criteria for assistance must be met. Funds for a security deposit in either Section 8 or other subsidized housing is available, as this is often deemed to be an impossible amount for the client to come up with at this time.

Blueprints was able to assist 17 individuals experiencing homelessness to obtain safe, affordable housing. There were 55 individuals assisted with HAP rental assistance who were able to avoid homelessness. This is a significant increase from FY 2022-2023.

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

While several families were positively impacted by the rental assistance offered through the HAP program, there is still a significant gap in homeless prevention/rental assistance. According to the Western Pennsylvania Continuum of Care Gaps Analysis, Washington County lacks more than 150 units necessary for homeless prevention. The Washington County Department of Human Services is proposing an increase in the funding allocated for rental assistance.

Emergency Shelter:

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

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

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

Since emergency shelter is a temporary solution for those experiencing homelessness, Housing Case Managers complete Coordinated Entry assessments with all clients who are in need of permanent

housing. Coordinated Entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Connect, Inc. is the general assessment Center (GAC), while DVSSP is the Domestic Violence Assessment Center (DVAC).

Emergency shelter services funded through HAP have made a significant impact on the community. Between DVSSP and the Family Shelter, Washington County was able to provide more than 150 individuals shelter in their time of need, totaling more than 6,000 nights of shelter.

The County measures the efficacy of this program by reviewing case files and reports from HMIS to determine how long families have resided at the shelter, the referrals made to mainstream resources, and if the families exited to permanent housing through a private landlord, subsidized housing, or housing programs.

While these services have made a difference in our community, the need for emergency shelter remains in existence, specifically for males. The 2024 Point in Time Count identified 11 individuals who were unsheltered in Washington County. It is important to note that these individuals are only the ones who were located. Organizational data shows the need is much greater. The Washington County Department of Human Services is purposing an increase in the allocation of Emergency Shelter funding to support program operations and shelter expansion. There is a substantial need for additional emergency shelter in this community.

Innovative Supportive Housing Services:

Washington County is part of the Western PA Continuum of Care and receives in excess of $1.5 million dollars to provide units of Permanent Supportive Housing and Rapid Rehousing to residents of Washington County experiencing homelessness. A majority of the units serve individuals and families where the head of household has a disabling condition and may remain in the program for an indefinite length of stay. While in the program, participants receive a combination of affordable housing assistance and support services to address the needs of the participant. The services available address skills to live independently and tenancy skills, as well as connect people to community-based treatment services.

The Washington County Department of Human Services has also been approved for a Joint Transitional Housing-Rapid Rehousing program through the Western PA Continuum of Care. This program is expected to begin in the near future. This program was designed specifically for Mon Valley residents experiencing homelessness. Since there is no shelter in the Mon Valley, the transitional housing component will be utilized as emergency shelter, allowing individuals experiencing homelessness to be housed quickly. Throughout the duration of their stay, they will work with a case manager to achieve permanent housing through the rapid rehousing component. Support services will continue to be offered while participants are enrolled in rapid rehousing, as well.

The County measures the efficacy for all Continuum of Care programs by reviewing case files and reports from HMIS to determine the length of time households were homeless before enrollment, length of time individuals are enrolled in the program, the referrals made to mainstream resources, and if the families exited to permanent housing through a private landlord, subsidized housing, or housing programs. Efficacy is also determined through the Western PA Continuum of Care annual Rating and Ranking process.

In continued efforts to assist homeless individuals, the Department of Human Services, Washington County Children and Youth Services, and Washington County Housing Authority have partnered to assist Youth 18-24 who are, or have recently left, the foster care system. CYS certifies the youth is at

least 18 years of age and not more than 24, that they have left foster care, or will leave the foster care within 90 days, in accordance with the transition plan, and is homeless or at risk of homelessness. A referral is made to Blueprints, the agency that assists the Youth Independent Living services, assisting them with locating an apartment that will meet the Section 8 HCV standards and is in a location convenient and accessible to their housing needs. With the six FYI vouchers set aside to serve the youth for up to 36 months, four youth households were served last FY.

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: We have identified a need based on the increased utilization and the increased cost of food. We are planning to supplement other funding with a portion of HSDF funds to be able to provide meals for the entire year.
Service Category: Congregate Meals - Provided to eligible older persons in a group setting either in senior centers or adult day care centers. Appropriate meals which meet at least one-third of the recommended nutritional needs of older persons are available.

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

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

Program Name: PA 211 Southwest
Description of Services: The PA 211 system provides a 24-hour Human Services information line to allow access to pertinent information on available human service agencies and programs in the county. This hotline provides consumers, providers, and the public with real time information on service locations, hours of operation, eligibility criteria, and other useful information to enhance the accessibility

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

Program Name: Outpatient Counseling Services
Description of Services: Provides mental health services to low-income individuals, couples, families, and groups in Washington County. The services include counseling for depression, anxiety, anger management, marital and divorce counseling, parenting services, eating disorders, and blended family adjustment.
Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functoning.
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: Shelf-Stable Food Box Program
Description of Services: Greater Pittsburgh Community Food Bank provides shelf-stable food boxes. This service is provided to meet the unique needs of the food-insecure population.

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services.

During the 2024-2025 Fiscal Year, HSDF coordination funds will be used to enhance the planning, delivery, and coordination of services within the Washington County Human Services Model. The redesign of the Department was publicly launched on June 30, 2022. The Department of Human Services will continue to meet regularly with the categorical programs, private non-profit agencies, community organizations, and stakeholders to ensure that planning efforts are well coordinated and to promote and facilitate agency collaboration. The department has implemented a fully integrated system of delivery and coordination to provide a holistic approach to the families we serve. This is being done through a client first, life stages perspective to make entry easier and faster as well as less administratively costly so more funding can be used for services. This will result in an integrated, efficient, easily accessible system that addresses all the Human Services needs of families and individuals in Washington County. Planned Human Services expenditures are for salary, benefits, and other miscellaneous costs associated with this initiative.

Other HSDF Expenditures – Non-Block Grant Counties Only

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

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

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

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

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 23-24 primary allocations, less any one-time funding and less any federal Medicaid reimbursements. If the county received a supplemental CHIPP/forensic allocation during FY 23-24, include the annualized amount in the FY 24-25 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 24-25 are significantly different than FY 23-24. 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: Washington	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	**25**		$ 90,000			
Administrative Management	**2,900**		$ 750,000			
Administrator's Office			$ 693,000			$ 74,092
Adult Developmental Training	-		$ -			
Children's Evidence-Based Practices	-		$ -			
Children's Psychosocial Rehabilitation	-		$ -			
Community Employment	**251**		$ 168,000			
Community Residential Services	**51**		$ 2,974,739	$ 265,138	$ 237,420	
Community Services	**800**		$ 360,000			
Consumer-Driven Services	**443**		$ 282,000			
Emergency Services	**15**		$ 145,000			
Facility Based Vocational Rehabilitation	-		$ -			
Family Based Mental Health Services	**5**		$ 5,000			
Family Support Services	**12**		$ 30,000			
Housing Support Services	**424**		$ 900,000			
Mental Health Crisis Intervention	**144**		$ 42,000			
Other			$ -			
Outpatient	**52**		$ 14,000			
Partial Hospitalization	**6**		$ 12,000			
Peer Support Services	**263**		$ 100,000			
Psychiatric Inpatient Hospitalization	-		$ -			
Psychiatric Rehabilitation	**45**		$ 18,000			
Social Rehabilitation Services	**801**		$ 360,000			
Targeted Case Management	**188**		$ 170,000			
Transitional and Community Integration	**48**		$ 450,000			
TOTAL MENTAL HEALTH SERVICES	6,473	$ 7,563,739	$ 7,563,739	$ 265,138	$ 237,420	$ 74,092

INTELLECTUAL DISABILITIES SERVICES	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
Administrator's Office			$ 546,822			$ 206,047
Case Management	174		$ 54,500			
Community-Based Services	3		$ 104,300		$ 23,580	
Community Residential Services	2		$ 241,200			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	179	$ 946,822	$ 946,822	$ -	$ 23,580	$ 206,047

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

County: Washington	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	135		$ 57,100			
Rental Assistance	50		$ 55,500			
Emergency Shelter	210		$ 93,200			
Innovative Supportive Housing Services						
Administration			$ 18,701			
TOTAL HOMELESS ASSISTANCE SERVICES	395	$ 224,501	$ 224,501		$ -	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	2,600		$ 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	2,979	$ 754,882	$ 754,882	$ -	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services						
Aging Services	56		$ 50,000			
Children and Youth Services						
Generic Services	3,900		$ 71,000			
Specialized Services	928		$ 11,000			
Interagency Coordination			$ 80,000			
Administration			$ 7,003			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	5,406	$ 219,003	$ 219,003		$ -	$ -
GRAND TOTAL	15,432	$ 9,708,947	$ 9,708,947	$ 265,138	$ 261,000	$ 280,139

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

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

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

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

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

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

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

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

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

Community Services

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

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

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

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

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

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

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

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

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

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

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

Peer Support Services

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

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

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

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

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

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

Intellectual Disabilities

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

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

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

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

Other

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

Homeless Assistance Program

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

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

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

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

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

Substance Use Disorder

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

Inpatient Non-Hospital

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

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

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

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

Outpatient/Intensive Outpatient

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

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

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

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

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

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

Recovery Support Services

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

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

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

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

Human Services Development Fund

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

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

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

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

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

Generic Services

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

Specialized Services

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