Washington County

Human Services Plan

FY 2018-2019

Appendix B
County Human Services Plan Template

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

Washington County utilizes a Block Grant Leadership/Planning Team to spearhead the development of the county's annual plan for the expenditure of human services funds available through the Block Grant initiative. This team, which consists of the top administrative staff of the categorical programs within the county as well as the Department of Human Services, receives input from various advisory groups, stakeholder groups, consumer groups, and committees on a regular basis as part of the ongoing planning process to establish the details of the annual Block Grant Plan for Washington County. This input is primarily received from the following:

- The BHDS Advisory Board, mandated by the Mental Health Procedures Act, meets bimonthly with the BHDS Administrator and management staff. The Board is charged with ensuring that all mandated services and other ancillary services are appropriately monitored, and utilizing their unique perspective, making suggestions and recommendation regarding the needs of the service system.
- Both the Mental Health Program and the Intellectual Disabilities Program each also use Quality Management Committees comprised of providers as well as consumers, family members. Cross systems representatives may also be invited to participate from time to time, working together collaboratively and identifying priorities that fall into one or more categories
- Periodically specialized work groups are developed to tackle specific issues or concerns. Examples include the Older Adult MH/ID work group, Coordination of Care work group and the Employment work group.
- Input is also gained from the Consumer/Family Satisfaction Team
- Our local NAMI group which meets monthly in our public meeting rooms at Courthouse Square building and it's hosted and attended by Janice M. Taper, the BHDS Administrator, who provides information and outreach to the consumers and families in attendance. This group also has the ability to offer suggestions and information on system's needs.
- The Washington County Community Support Program (CSP), hosted by the Mental Health Association of Washington County meets monthly. The group is comprised of consumers and family members as well as providers, representatives from the Behavioral Health Managed Care Organization and an occasional representative from Washington Drug and Alcohol since they are kind enough to allow our system to utilize their conference room bi-monthly. In order to improve access for those with limited transportation traveling from in varying locations within the county, meetings alternate between their office in Washington City and the SPHS Board Room in Charleroi. 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 t via a Self-Advocacy Group facilitated By ARC Human services which has been meeting regularly for over three years.
- The Mental Health Program Director for Quality, Planning and Development at BHDS also sits on the Beacon Health Options Quality Management Committee and the Quality of Care

Committee as well as the Mental Health Oversight Committee, facilitated by Southwest Behavioral Health Management, designed to provide HealthChoices Oversight.

- The Youth and Young Adult Network and the Healthy Transitions Advisory Committee also allows opportunities to work with many different representatives having stakeholder interest such as CYS, the Education System, Drug and Alcohol, etc., as well as the Technical Assistance Representatives form the Commonwealth's, PA Partnership. Both of these groups allow for authentic youth/young adult voice.
- Recovery Housing Coalition is a group consisting of recovery house owners and operators. The owner/operators of the recovery houses in Washington County meet once a month. They address different topics such as local legislation, maintenance issues, and services in the county that would benefit some of their residents.
- Operation Refuge Team is comprised of drug and alcohol professionals and the faith-based community. This team every other month with the purpose of planning and implementing trainings to the faith leaders. They are trained in addictions 101, Naloxone, and how to assist an individual should they need help with a substance-use disorder
- Drug and Alcohol Provider meetings are held every other month to identify service gaps and needs. All in-county providers participate as well as out-of-county providers. These meetings allow for information sharing and we work to resolve any issues that may hinder someone from accessing treatment.
- The Recovery Community Coalition meets once a month to identify community needs in relation to the recovery needs of those with a substance use disorder. A recovery drop in center has been established in the heart of the city of Washington as a result of the efforts of this coalition.
- The Executive Board of the Single County Authority utilizes sub-committees that review services that are currently being provided in terms of capacity and effectiveness. These subcommittees are prevention, advocacy, and finance.
- The Drug and Alcohol HealthChoices Oversight committee, which represents nine counties in the western region, meets quarterly and reviews outstanding issues within the managed care arena to determine gaps in services and the development of new services. The meeting format allow us to glean from one another on deployed strategies that are working within our respective counties.
- The Drug and Alcohol HealthChoices program holds a monthly meeting with the Single County Authority staff to evaluate the needs of the SCA, discuss compliance issues, and review current services as well as the expansion of services within the managed care system.
- The Washington County Opioid Overdose Coalition meets monthly with its members and each quarter holds a public community forum. The Coalition consists of representatives from public health, public safety, human services, law enforcement, probation, the courts, EMS and hospitals collects data and develops a strategic plan to address opioid use and the overdose epidemic.

A focal point of planning each year since the closure of Mayview State Hospital in December 2008, surrounds our dedication to provide a community-based system of care. In preparation for such a paradigm shift, we began developing a number of new or enhanced, Recovery Oriented and Evidence Based services and supports such as the Peer Mentor

Program and also the Medicaid funded Peer Support Programs, as well as Psychiatric Rehabilitation services Mobile Housing Supports, Mobile Medication and the CTT team, now converted to the Assertive Community Treatment Team (ACT)model which most closely resembles the evidence-based practice model for service delivery. Our journey has continued for almost 10 years, post closure, and we have the same commitment to our Community Based System as we did during the infrastructure development. Our goal now is to maintain, enhance and strengthen our system, providing more service options and increased quality to our target population.

Each year we review a number of outcome measures as indicated in the mental health and ID narrative portions of this plan. Through a review of the Mental Health related outcomes collected during the year, such as employment data and incident data, we were led to develop additional services and supports, in addition to what we identified in last year's plans priorities. These programs include the development of a hybrid Clubhouse-like, evidence-based, Supported Employment Program and also a Peer Support Program to serve the individuals in our Community Hospital Behavioral Health Units. We continue to collect multiple outcome measures through work statement reporting requirements of our provider Contracts. Many of these reporting requirements attempt to assess our population characteristics as pertains to the social determinants of health so that our focus is on not only service delivery but also on prevention.

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 required for counties not participating in the Human Services Block Grant.

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

Please attach proof of publication(s) for each public hearing:

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

Phone:**(724) 222-2200** Fax:**(724) 223-2639**

Proof of Publication

In compliance with the Newspaper Advertising Act of July 9, 1976, P.L. 877, No. 160, as amended
COMMONWEALTH OF PENNSYLVANIA, COUNTY OF
WASHINGTON SS:
Before me, a Notary Public in and for said County and State, personally appeared

David F. Lyle who being duly sworn according to law, deposes and says that he is **CFO** of Observer Publishing Company, a Pennsylvania corporation, and its agent in this behalf, that the said company is the owner and publisher of the Observer-Reporter, successor to The Washington Observer, established September 18, 1871, and The Washington Reporter, established August 15, 1808, a daily newspaper of general circulation, printed and published and having its place of business in Washington, Washington County, and Waynesburg, Greene County, Pennsylvania where it or its predecessors have been established and published continuously for more than six months prior to the publication of the notice hereto shown: that the printed notice or advertisement hereto shown is a copy of an official advertisement, official notice, legal notice or legal advertisement exactly as printed or published in the Observer-Reporter in its regular editions on the following date or dates:

Observer-Reporter 05/08/18

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

Sworn to and subscribed before me this 8 day of May 2018

Eleanor B Smith

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Eleanor B. Smith, Notary Public
City of Washington, Washington County
My Commission Expires June 2, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Ad Number: 1639839

Ad Number: 1639839

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 2018-2019, which includes funding for Behavioral Health and Developmental Services, Drug and Alcohol, Homeless Assistance and Human Services. Public Hearings will be held on Friday, May 18, 2018 at 2:00 p.m. and Wednesday, May 23, 2018 at 6:00 p.m. in Room 104 of the Courthouse Square Office Building, 100 W. Beau St., Washington, PA 15301. Comments will be accepted in writing by the Department of Human Services, 100 W. Beau St. Suite 703, Washington, PA 15301 on or before May 25, 2018. A copy of the plan will be available for pickup as well as on the County website as of May 17, 2018 in the Department of Human Services. Interested parties can contact that department at 724.228.6995 or 724.228.6998 for additional information.

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2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

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

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

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

Employment:

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

Housing:

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

In addition to collaboration as pertains to employment and housing, other efforts among and between the Humans Service partners occur. For example, our Older Adult, MH and ID

workgroup has developed a service directory which will beneficial to agencies and individual alike. We have also worked to develop a training and networking even which is scheduled to take place on June the 1st. 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.

Finally, through participation in the Human Services Leadership Meetings we are able to discuss how to improve functioning among and across all of the Human Service Department and attempt to ensure that individuals with multi-system concerns are able to have their needs met in the most efficient manner possible without unnecessary duplication of efforts.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Washington County Behavioral Health and Developmental Services (BHDS) intends to continue to provide all mandated services as well as additional programs and supports designed to encourage resilience in children and adolescents and recovery in adults and older adults. A basic overview of our services is as follows:

Children and adolescents are also able to access Administrative Case Management, Blended Case Management, and Outpatient treatment including Trauma Focused CBT as well as school-based Outpatient and Partial Hospitalization Programs, PCIT and Family-Based Services. Other services include: the Student Assistance Program (SAP) through liaisons in the schools, Parent Advocacy, CASSP Coordination, Respite, Family Support Services (FSS) and BHRS. Residential Treatment Facilities are also an option when genuinely necessary and appropriate. The Teen Center (Drop In Center) also provides a safe haven for adolescents to engage in healthy prosocial activities and develop additional natural supports. A Community Hospital Liaison also works to ensure that appropriate linkage, referral and coordination occurs when individuals are admitted to the community hospital Behavioral Health Units. Crisis Intervention Services are also provided for children and adolescents via telephone, mobile and walk-in through a centralized, county-wide number when the need occurs. Children and adolescents may also access a designated Diversion and Stabilization (DAS) Unit operated by a Child/Adolescent Inpatient Program.

Our Transitional Age Youth/Young Adults are able to participate in specialized Transition Age Care Coordination, Peer Mentor and Certified Peer Specialist (Peer Support) services as well as site-based and mobile Psychiatric Rehabilitation Programs, all developed through the SAMHSA Healthy Transitions Grant. Additional supports include an Evidence-Based Supported Employment Program, and the traditional supports such as Administrative and Blended Case Management, Outpatient Treatment and Partial Hospitalization.

Many services are available for adults and older adults age 18 and up. These include: Administrative and Blended Case Management, Assertive Community Treatment Team, Partial Hospitalization, Outpatient and Enhanced Outpatient Treatment, Mobile Medication, Drop in Centers, Peer Mentor and Certified Peer Specialist (Peer Support) services, Mobile and Site Based

Psychiatric Rehabilitation as well as Forensic Case Management and Forensic Liaison Services for those who become involved with the justice system. Additionally a broad range of housing and residential programs are available including scattered and site based Permanent Supportive Housing, Rental Subsidies and Contingency Funds, LTSR, an Enhanced Personal Care Home, two CRRs (one designed for 18-25 year olds), Mobile Housing Support Team, Mental Health Housing Case Managment, Rep Payee Service, Ombudsman, and Supported Employment. A Community Hospital Liaison is also available to serve this age group upon admission to a BHU. Adults and older adults may also receive Crisis intervention Services may also be delivered 24 hour a day via mobile, telephone and walk in services when individuals are in need. Additionally, a Crisis Stabilization and Diversion Unit is available for those in need who are experiencing a Mental Health Crisis. In addition to the contracted services provided each day through HSBG/Base dollars, HealthChoices and HealthChoices Reinvestment and Grant dollars, BHDS engages in many other activities for the benefit of those we serve. The following highlights many of those endeavors:

- BHRS: Washington County Behavioral Health and Developmental Services (BHDS) continues to recruit new BHRS providers. In February, two new providers of BHRS received approval to begin service provision and another was chosen in August.
- Training: Trainings were offered during the year to improve quality of care including Suicide Risk Assessment and Cognitive Behavior Strategies for Youth at Risk and a training on Traumatic Brain Injury provided by Carol Hoover of the Brian Injury Foundation. Youth Mental Health First Aid was also provided to over 100 staff at a key school district. An additional Mental Health First Aid Higher Education Training was presented for the faculty and Resident Advisors at California University of Pennsylvania in August. Additionally, we were pleased to host a provider training in the fall on the topic of Cultural and Linguistic Competence (CLC) conducted by Kelsey Leonard, the CLC Coordinator for the Healthy Transitions Grant.
- Summer Programming: BHDS worked with Southwestern Pennsylvania Human Services (SPHS) again this year to provide a Summer Enhancement Program for youth age 6-17. The program offered a variety of structured, therapeutic activities designed to enhance skills in communication, relationships, conflict resolution and social awareness among other topics.
- Request for Proposals (RFPs): BHDS chose to initiate RFPs for School Based Partial Hospitalization Programs, School Based Outpatient and Student Assistance Programs (SAP). Providers were successfully chosen and operations have begun at the identified sites.
- Healthy Transitions: The BHDS Transition Age Care Coordinator participated in the annual NAMI Conference in order to increase awareness of the services offered through the Healthy Transitions Grant. The BH-Works tool was also utilized to screen those youth at risk and link them to appropriate services and supports. The BHDS MH Program Director for Quality Planning and Development and the Healthy Transitions Consultant participated in the 30th annual Research and Policy Conference in Tampa, Florida along with representatives from Bucks and Berks Counties in PA and many representatives from the other 25 state awardees. Specifically, the PA Partnership presented a workshop showcasing the grant efforts to date. Finally, BHDS has also worked with AMI, Inc. a provider of Peer Support and Psychiatric Rehabilitation Services, to begin offering these

services not only to the young adult population already served, but also for 16 and 17 year old individuals. BHDS will also be attending the annual PA Grantee site visit in June to be held at Seven Springs Resort and plans are also in process for designees to attend the National HT Grantee Meeting in Bethesda, Maryland, also in June.

- Outreach: During the past year, BHDS staff have participated in many outreach opportunities including the Penn Commercial Agency Fair, Mall Community Days in both the spring and the fall, California University of Pennsylvania's annual Wellness Fair, a Senior Expo and an Agency Fair sponsored by our largest provider, SPHS. We also participated in the annual Recovery Walk conducted by the SCA, which is typically a very successful outreach event. A BHDS representative also attended a Family Resource Night at a local school as well as a large Transition Fair this spring.
- Workgroups: The BHDS Mental Health Program developed two new workgroups this year including the Older Adult, MH and ID Workgroup and the Employment Workgroup. Additionally, the program has continued the Coordination of Care Workgroup which began the previous year and is now discussing Cross Systems Coordination.
- Mental Health Awareness: All of the MH departments hosted a combined event at the Washington Crown Center on Saturday, May 12, 2018 in recognition of May as Mental Health Awareness month. Targeting individuals of all ages, it was attended by well over two hundred individuals. The event offered over twenty resource tables with providers from our system who hosted a game or activity. One provider even had a photo booth. At our BHDS tables, we provided not only our standard information, but also had Mental Health Awareness Coloring/Activity books, crayons and bubbles for the children and colorful bags for those of all ages. Our Healthy Transitions Grant had a separate table where we conducted BH-Works screenings. Entertainment included dance troops, caricature art, prize raffles as well as many other activities and performances.
- Crisis/Emergency/Disaster Support: The BHDS Director of Crisis, Emergency and Disaster Services received the administrative training to utilize the Commonwealth's deployment system, SERV PA. During the year, the Washington County DCORT Team participated in the Autumn Charge Drill, and preparation for the "Break the State" Drill as well as other trainings. The DCORT Team also continues to actively serve the community in critical situations such as the building collapse that occurred in July.
- Washington County BHDS is moving forward to modify its Base Service Unit System such that it will no longer have a system with three distincts BSUs, but instead will have a system with a single, unified BSU system to serve all of Washington County with a central office and multiple satellites aswell as some mobile capability. The provider is an independent entity that focuses solely on providing the highest possible quality BSU services rather than a mulitude of other endeavors.
- Through HealthChoices Reinvestment dollars we were able to expand one of our existing Psychiatric Rehabilitation Programs and also access a substantial pool of funding to provide Rental Subsidy and Housing Contingency dollars to many individuals so that hteya re able to obtain safe, decent and affordable housing. Additionally, we were also recently approved to utilize our Reinvestment funding to provide dedicated Peer Support Services for the two Behavioral Health Inpatient Units in Washington County. Finally, through another Reinvestment Plan, we were able to fund the relocation and enhancement of the Common Ground Teen Center that serves our adolescents and young adults.

a) <u>Strengths and Needs:</u>

- **Older Adults (ages 60 and above)**

  - Strengths: BHDS has developed a positive working relationship with the County Aging Department with whom we contract to provide Ombudsman Services for all ages (not just Older Adults) who are in long-term care. We also maintain an MOU with the Area Agency on Aging and have always found our collaboration to be beneficial. Additionally because we are one of the first Community HealthChoices counties, we are relatively well prepared for new members since we have received multiple trainings and conference calls in preparation. A number of our providers also received the training. Another significant strength is a workgroup, which we developed for our Older Adult, MH and ID population. Since that time, we have produced a comprehensive directory, which is currently being printed for distribution. We are also planning an upcoming training and networking event for June 1st which will include presentations by both the MH and ID systems and also a special presentation by the Jewish Health Care Foundation entitled “The Changing Brain”. Finally, because we do have a number of mobile services in the county, older adults who are unable or unwilling to get out of their home to attend treatment at community mental health centers will be able to receive a number of supportive services in their own environment. The services include Mobile Medication, Case Management, Mobile Housing Support, Mobile Psychiatric Rehabilitation and Peer Support Services.

  - Needs: Although we do have many mobile services, historically we have not had the ability to offer many Mobile Base Service Unit intakes, particularly not to the degree that is needed for some of our older adults as described above. However, we have a new Base Service Unit (BSU) preparing to begin services on or before July 1st. We are working closely with them to ensure that there will be mobile capability, not only at various satellites throughout the county but also including individuals’ homes if necessary. Mobile Outpatient Treatment, however, is still lacking because the only Mobile Therapy that we have currently is through our Assertive Community Treatment Team. Historically, our treatment providers have not been interested in offering mobile therapy due to the travel costs with less than desirable reimbursement rates. Another need pertains to the absence of the depression screenings which we once offered at the Senior Centers in the county. We have not been able to perform this function for a few years. It is our hope and intent to resume depression screenings, if possible, in the future. Additionally through Community HealthChoices, we may be able to explore creative arrangements for doing some form of mobile therapy to a limited number of older adults with the greatest need.

- **Adults (ages 18 and above)**

    - Strengths: Because of the extensive infrastructure developed during the closure of our state hospital in 2008, we were able to create and/or enhance a number of services that are truly beneficial to the population of adults we serve including those with serious mental illness. Also, because of our diligent incident management process, we have been able to keep the number of sentinel events extremely low, considering the fact that we have an entirely community based system of care with no civil admissions to a state hospital.

    - Needs: Because Washington County is geographically broad with a number of rural areas; there is still difficulty for some individuals with limited transportation options, to get to their appointments. Additionally, the significant shortage of psychiatrists poses an impact at times for those served. Finally, as stated above in regards to older adults, we also lack mobile treatment for the standard adult population despite the fact that it would be a potential solution for some of these concerns. During the past year, we did add one provider of Telepsychiatry to our network. Developing other Telepsychiatry programs may be a viable option to explore further in the future.

- **Transition-age Youth (ages 18-26)**

    - Strengths: Because of our involvement with the Now is the Time: Healthy Transitions (HT) Grant, we have been very fortunate to have funds to develop additional services to support this age group. Such services include our Transition Age Care Coordination Program that works to ensure that our youth and young adults with or at risk for serious mental illness are less likely to fall through the cracks. We also have developed the age specific Peer Specialist and Peer Mentor Programs as well as Mobile and Site-based Psychiatric Rehabilitation Programs. We also have worked diligently in collaboration with the Commonwealth and the Technical Assistance staff to develop Youth and Young Adult Leadership opportunities, both through the Youth and Young Adult Network and within our Healthy Transitions Advisory Committee. Through these endeavors, we have witnessed a number of individuals who have demonstrated significant strides towards the achievement of their goals. In fact, we were pleased to support their application for the Dare to Dream project sponsored by Youth Move National. While their proposal was not chosen, the Commonwealth has offered to provide the funds to support their project, which is an outreach event for other youth and young adults in the community. The event combines plenty of fun activities along with information and resources to access services. Also through the HT grant, we have been able to offer many Youth Mental Health First Aid Training's as well as Mental Health First Aid-Higher Education for our local colleges and universities. We have also been able to offer additional trainings such as Suicide Prevention, Trauma Focused CBT and Cultural and Linguistic Competence. We also were able to expand and relocate our Common Ground Teen Center (Drop in Center), along with its “Refresh” Program for ages 19 through 25, to a wonderful new site.

    - Needs: There is still so much work to be done and so many Transition Age individuals still at risk. While we have done a relatively nice job engaging the youth,

we have really struggled to engage some family members. Additionally although we have offered a number of trainings, we feel like we have not yet touched all of the necessary areas. We have increased awareness across our provider system, but we still must work to ensure that providers modify both their approach and their policies and procedures to best operationalize the principles and practices necessary to assist this population. Finally although we are very interested in developing components of a First Episode Psychosis Program, most particularly Cognitive Enhancement Therapy. While we have encountered some minor challenges along the way and have not begun to embark upon this endeavor, it surely is one that we would like to implement during the next one to two years.

- **Children (under 18)**

  - Strengths: The Child/Adolescent System provides many valuable services such as Respite for children and adolescents. Respite services provide a short-term, temporary care for caregivers who do not currently have resources or natural supports to assist in caring for a child with a mental health diagnosis. Unlike typical childcare, Respite care is utilized to increase the wellness of the family and prevent unwanted crises by enabling caregivers to take a break. BHDS also provides Multisystemic Therapy (MST). MST is an Evidence Based program, which has been proven to produce positive results with the toughest kids. It blends Clinical Treatments, Cognitive Behavioral Therapy, Behavior Management, and Community Psychology to effectively reach this population. Therapeutic Foster Care is also a valuable service that provides children with individualized mental health care in a family setting, and it is an excellent alternative to placement in a Residential Treatment Facility, or as a step-down intervention from a more restrictive level of care. Finally, Washington County BHDS also utilizes an effective CASSP model to ensure that children and adolescents have a coordinated and person/family centered approach to service delivery.

  - Needs: Although BHDS has worked diligently with its Student Assistance Programs (SAP), there had been an ongoing recognition that changes were necessary. Not only did we identify that additional training and supports would be beneficial for the schools, we also recognized that each SAP was operating slightly different from the next. Finally, the current assessment tools were adequate, but not quite as good at identifying all crucial information to ensure that those youth most at risk and in need would be identified as clearly. As such, the decision was made to revamp the SAP Programs in each school district. As such, this has become one of the identified priorities for the coming year as indicated later in this document.

- **Individuals transitioning out of state hospitals**

  - Strengths: We do not utilize any civil beds at any state hospital. In working with our former CSP discharges from the closure of Mayview State Hospital we have maintained a monthly tracking process and carefully monitor incidents sufficiently enough that we have had zero sentinel events post closure. Additionally in terms of

looking at other forms of institutional type environments such as RTF's, our Child/Adolescent System works very hard to minimize any unnecessary utilization, preferring to serve the children and adolescents in their homes with alternative supports. Also consistent with the theme, Washington County BHDS carefully adheres to the guidelines within its Olmsted Plan as well as that of the Commonwealth.

  - Needs: There truly is never enough funding to provide all of the services and supports beneficial to an exclusively, community based system of care. Post closure we were able to maintain adequate funding for a while through our CHIPP and closure funds, however, in more recent years, those funds were cut. We do our very best to maximize financial resources although we know that our system would certainly benefit from additional development that would be possible if the funds were restored.

- **Co-occurring mental health/substance use disorder**

  - Strengths: For many years, since Washington County was one of the MISA pilots, we have been committed to working collaboratively with both the Washington Drug and Alcohol Authority and the providers within its system. We also believe firmly in the value of increasing competence within our provider system such that all staff have some level of training appropriate to working with this population, and if possible would possess all of the identified core competencies. We are fortunate that many of our provider staff were able to benefit from the training provided by Dr. Kenneth Minkoff and Dr. Christine Kline through a Technical Assistance Grant a few years ago. We share in each other's annual events and are willing to engage in newly identified collaborative projects. Additionally, our Administrator and a designee from our office participates in the Washington County Opioid Overdose Coalition. We are also represented at the Drug Treatment Court Administrative review sitting in as the MH representative of the Clinical Advisory Committee.

  - Needs: There are still many barriers based upon regulatory guidelines and funding constraints, which prohibit billing codes appropriate for the specialized treatment. Additionally the Drug and Alcohol Confidentiality Regulations limit the information that can be readily shared in order to have a whole person approach to recovery. Finally, newer provider staff just entering the MH Provider System may not have the same opportunities for training that others within our system have had historically.

- **Justice-involved Individuals**

  - Strengths: Several years ago, BHDS developed a number of services and supports beneficial for our individuals who become involved in the Justice System. These include the identification of Forensic Crisis Beds at our Stabilization and Diversion

Unit as well as our 90-Day Diversionary Program at the Magisterial District Justice level and the 18-month Court of Common Pleas, Mental Health Court Program. We also developed the positions of Forensic Case Manager to assist those in the identified programs as well as a Forensic Liaison who is stationed at the Washington County Correctional Facility to conduct Mental Health Assessments for inmates who are identified by the correctional staff. Additionally, over time, BHDS has conducted a number of trainings specifically designed for law enforcement including Mental Health First Aid-Public Safety. Finally, a number of years ago, we were fortunate to have the opportunity to participate in a Cross Systems Mapping, which helped to identify additional needs.

- Needs: Despite these endeavors, additional collaboration is needed with Law Enforcement, the Correctional Facility and the Courts. A reliable data collection process is also lacking at the Correctional Facility thus limiting our ability to accurately identify the number of inmates with legitimate Mental Health concerns.

- **Veterans**

  - Strengths: We have reached out to the entities that serve our Veterans including our County Veterans' Office and the Regional Veteran's Administration (VA), the American Legion and the VFW, to attempt to assist. We have also conducted Mental Health First Aid-Veteran's trainings and on occasion, we are able to serve Veterans who are interested in additional services and supports not provided by the VA. We have also made appropriate referrals to our County's Veterans' Court Program.

  - Needs: Despite our efforts, we have not achieved success in serving a larger number of Veterans nor have we developed truly significant partnerships.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

  - Strengths: We are fortunate to have two providers of different types in Washington County who have training and expertise in the provision of services to those individuals within this population. One is PERSAD, a Licensed Psychiatric Outpatient Clinic that provides not only treatment but also offers a number of support groups to anyone within the target population. They also work actively to assist individuals in accessing appropriate Physical Health (PH) services which they might otherwise avoid due to stigma, discrimination and other related stressors. The other provider is the Common Ground Teen Center, identified previously in this document as one that serves our youth and young adults. It is operated by a wonderful provider with a strong background in nursing and a Doctorate in Education who has had a great deal of training and experience in this area and also many years serving our youth and young adults with a welcoming approach and a focus on respect for individuals and acceptance of diversity. Both PERSAD and the Director of the Teen Center have provided wonderful trainings for our provider system.Additionally, our county has a

strong Gay Straight Alliance (GSA) Group, a member of which met recently with Governor Wolf at our State Capital Building.

  - Needs: Despite the presence of these valuable services, it is obvious that there are still simply much more work to be done, not only within our provider system, but also within the community to instill acceptance and respect for all individuals in our community.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

  - Strengths: Washington County BHDS has always promoted cultural competence and awareness within its provider system. Nevertheless, Washington County is still largely (96+ percent) Caucasian. As such there have been few opportunities over the many years that require additional training and skill building; however all of our providers are contractually required to provide the necessary translation services for those with limited English proficiency who seek services in treatment with in their agencies.

  - Needs: Although our provider leadership appears to be relatively familiar with basic cultural awareness, their employees may lack the knowledge and skills to conduct meaningful interventions with individuals from this target group. In fact, it would seem that based upon last year's survey, distributed by the Commonwealth's Department of Human Services, that many individuals working within provider agencies and also individuals from the general public do not know how to access the appropriate resources. The training that is typically conducted really has been directed more towards increasing awareness, but not necessarily changing every day practices nor is it designed to manage atypical situations. Given the increasing Hispanic population in our area and the slightly higher African-American population, additional effort in this area is certainly warranted.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

  - Strengths:
  - Needs:

*Assessment of need was based upon base service and HealthChoices data, quality management activities, provider quarterly reports, anecdotal reports, and stakeholder input from a variety of meetings and other forums, as well as elements of data gathered from the list below.In order to continue monitoring the needs of the Mental Health System and to most objectively identify our future priorities and goals, we have targeted the following data collection and outcomes:

- Utilization of both HealthChoices and base service data for each service (Inpatient, RTF, BHRS, ACT, Case Management, Psych Rehab, Crisis, etc.) by distinct member and by dollar.

- Involuntary Commitments by type with relevant demographics. Early Warning and Critical Incidents by a variety of specifications including by type, by provider, etc.
- Inpatient re-admission rates.
- Number of individuals involved in MH Forensic initiatives (Mental Health Treatment Court, 90-Day Program, Forensic Crisis, etc.).
- Number of Law Enforcement staff trained in Mental Health First Aid and other Behavioral Health sponsored trainings.
- Number of individuals, served in our system, who reside in Personal Care Homes. Names of individuals with Serious Mental Illness (SMI) known to our service system who are in need of nursing care.
- Number of Transition Age Youth to utilize specialized housing and residential services.
- Gaps in BHRS services whereby the prescribed service is delayed and/or unfulfilled.

In addition to these outcome measures, Washington County BHDS intends to continue monitoring the progress of its Service Delivery System in a number of ways as follows:

- Both HealthChoices and base data are monitored monthly for changes and trends in
- service utilization by both distinct member and by dollars expended.
- Person and provider level data are monitored as part of the intensive incident
- management process which utilizes the Allegheny HealthChoices web-based application
- developed throughout the Mayview State Hospital closure.
- Monthly and/or quarterly reports required for each service as part of our Provider
- Agreements are monitored to give us a qualitative, as well as, quantitative picture of our
- system.
- Washington County BHDS works very closely with its Consumer Family Satisfaction
- Team to monitor member satisfaction with services delivered through the system of care.
- Through focus groups held as needed, and through collaboration with our local
- Community Support Program (CSP) and other cross system entities (Drug and Alcohol,
- Aging, Children and Youth, Criminal Justice, etc.) we are able to gain valuable input
- regarding the emergent needs and changes.

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

☐ Yes ☒ No

Although we have offered a CLC training in the past year, we plan to provide additional CLC trainings. Please see the Systems Transformation Priorities for additional information.

Does the county currently have any suicide prevention initiatives?

☐ Yes ☒ No

We do not have a formalized suicide prevention initiative though we have conducted a number of trainings over the past year on this topic. Additonally, we utilze our intensive incident management

process to target preventative actions and contractually require all providers to conduct risk assessments. We may explore the development of an inititative in the future, but it will not likely occur in the coming year.

c) Supportive Housing:

DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with 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 homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary.*** **(*Note: Data from the current year FY17-18 is not expected until next year*)**

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health	☒ Check if available in the county and complete the section.

Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Base/Block Grant	$10,064.76	$10,064.76	6	6	6	$139.79	0	2014
	HealthChoice Reinvestment	$11,475.73	$250,000.00	7	40	8	$219,90	N/A	2017
Notes:									

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

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

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Notes:									

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

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Notes:									

5. Housing Support Services for Behavioral Health	☒ Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	Base/Block Grant	$690,518.00	$700,000.00	229	250			12	1994
Notes:									

6. Housing Contingency Funds for Behavioral Health	☒ Check if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started

	Base/Block Grant	$3,000.00	$3,000.00	3	3			$1,000.00	2008
	HealthChoice Reinvestment	$11,475.73	$50,000.00	23	50			$499.00	2017
Notes:									

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

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

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
Notes:								

d) <u>Recovery-Oriented Systems Transformation:</u>

1. Priority 1: Cultural and Linguistic Competence

Narrative:
Our goal is to improve our ability to serve Racial, Ethnic and other Minority Groups including members of the LGBTQI population with emphasis on outreach and genuine Cultural and Linguistic Competence (CLC) across our provider system and increase awareness of resources to members of the public particularly to those minority groups who may benefit from services and supports. Although this was a Systems Transformation Priority during the past year, due to limited resources and time constraints, we were only able to accomplish the training portion of our objectives. Since that time, we have also gained additional information from the statewide CLC survey, which helped to identify specific gaps and needs in the area in this area in addition the need for much more training. As such, we would like to re-approach the task in the coming year.

Action Steps and Timeline:

- Convene a CLC work group to include representatives from each provider agency as well as other stakeholder members including members from minority groups possible by July 30, 2018.
- Complete a system provider assessment and using that data, as well as the results of the stakeholder work group, identify specific training needs above and beyond what has been provided to date by August 30, 2018.
- Plan, locate and secure trainers and host the initial training by November 15, 2018.
- Continue with the work group to identify policy and procedure changes and contractual requirements that are necessary by February 1, 2019.
- Identify strategies for outreach to members of the public by April 2019. Conduct reassessment of system providers June 1, 2019. Necessary funds training and outreach activities 2,000.

Fiscal and Other Resources: $3,000.00 MH Base/Block Grant Funds

Tracking Mechanism: MH Director will maintain a chart for all priorities with the action steps.

2. Priority 2: Employment

Narrative:
To echo one of the concerns discussed often and identified by all stakeholder groups through the quality management committee of BHDS, “Our service system continues to have a low number of individuals with mental health and/or mental health and other concurrent diagnoses who are successfully employed”. This has been an area of need consistently over time, despite provider resources. As such, we plan to increase by 10% the number of individuals served through our system to become employed. To do so, we will continue to utilize the workgroup format to implement our objectives, and we will also work individually with two key providers of service delivery, continuing to explore service enhancements to ensure that those we serve are receiving the best possible supports that can be offered through our system.

Action Steps and Timeline:

- Finalize a self-report assessment to be completed by the majority of consumers served in our system by July 1, 2018.
- Based in part upon the result gained from the assessment, we will plan an Employment Fair that targets the information and resources identified that individuals as key to helping them obtain employment. This will occur by September 30, 2018.
- Increase utilization of peer supports in the existing Supported Employment Program by August 30, 2018.
- Work with the identified provider to develop a Clubhouse-like, evidence based Supported Employment Program to begin implementation August 30, 2018.
- Evaluate the effectiveness of the interventions according to the number of individuals employed by December 1, 2018.
- Determine any new action steps that are needed by March 1, 2018.

Fiscal and Other Resources: $1000.00 MH Base/Block Grant Funds

Tracking Mechanism: MH Director will maintain a chart for all priorities with the action steps.

3. Priority 3: "Stepping Up" Initiative

Narrative:
As indicated in the previous section of the plan, BHDS recognizes that additional efforts would be beneficial, despite the many forensic initiatives that have been developed over time. As such, BHDS would proposes to work with cross system partners to effectively identify, evaluate and decrease the number of individuals with mental illness in the Washington County Correctional Facility (WCCF) through the "Stepping Up" initiative that has actually just recently begun.

Action Steps and Timeline:

- Letter of interest submission for the Stepping Up Technical Assistance Series provided through the Regional Training and Technical Assistance Series offered through the Council of State Governments (CSG) Justice Center and funded by Staunton Farms Foundation- already completed.
- Participate in distance based trainings and interactions with the CSG Justice Center between now and November 2019.
- Conduct a kick-off event which will include all relevant stakeholders by July 30, 2018.
- Identify key individuals and develop the planning team with subcommittees for specific to develop the vision and mission statement along with guiding principles by June 30, 2018.
- Identify the screening and assessment tools which should be utilized within the WCCF by September 30, 2018.
- Identify demographics such as average length of stay in the correctional facility, the rate of booking and the rate of connection to community based healthcare and recidivism rates by January 1, 2019.
- Develop strategies to improve these outcome measures by March 30, 2019.
- Establish an ongoing process for tracking performance and progress by May 30, 2019.

Fiscal and Other Resources: $1,000.00 Base/Block Grant Funds (if necessary for the Kick-off)

Tracking Mechanism: MH Director will maintain a chart for all priorities with the action steps.

4. Priority 4: Student Assistance Program (SAP)

Narrative:
Over the past several months, a thorough examination has occurred of the SAP Mental Health Liaison process for the 14 school districts in the County. Although SAPs are a requirement for all schools in Pennsylvania, there is some variability in terms of elements that are incorporated. In many of the schools, SAP Teams verbalized a different perspective on implementation with inconsistencies across the district. Additionally, although utilization during the previous years were adequate, the BHDS office identified an interest in utilization of a screening tool that could best detect students at risk for any number of concerns including depression, anxiety, trauma, eating disorders, bullying, substance use disorders, psychosis and other concerns. Through the current Healthy Transitions Grant efforts in Washington County, we had purchased the BH-Works screening tool which is a highly validated psychometric utilized for youth and adults age 12 and up. The BH-Works tool is also utilized in the Garrett Lee Smith, Suicide Prevention Grant. As such, our goal to modify SAP is to begin utilization of the tool and more effectively implement the model so that all students, regardless of district receive the same type of appropriate interventions.

Action Steps and Timeline:

- Meet with superintendents of each school by July 1, 2018.
- Schedule BH works training for all SAP Liaisons to occur by August 1, 2018.
- In continuing the efforts with the schools, identify the need for additional training and supports to be offered by BHDS and it's new, unified Base Service Unit which will be contracted to serve all of Washington county to collaboratively plan and provide additional trainings for the SAP teams and other school personnel by August 1, 2018.
- Begin periodic evaluation and reassessment of the SAP process no later than January 1, 2019
- Identify any new action steps by February 28, 2019.

Fiscal and Other Resources: $2,000.00 MH Base/Block Grant Funds

Tracking Mechanism: MH Director will maintain a chart for all priorities with the action steps.

e) <u>Existing County Mental Health Services:</u>

Please indicate all currently available services and the funding source or sources 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
Child/Youth	☒	☒ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
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 through Family Based	☒	☒ 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 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: Assertive community treatment	☒	☐ County ☐ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☐	☐ County ☐ HC ☐ Reinvestment
Outpatient D&A 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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	89	TMACT	County/MCO Consultant	Annually	Y	Y	
Supportive Housing	Y	55	SAMHSA	Agency	Annually	Y	Y	
Supported Employment	Y	115	SAMHSA	Agency	Annually	Y	Y	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	18	Unknown	Unknown	Unknown	Unknown	Unknown	
Illness Management/ Recovery	Y	29	SAMHSA	Agency	Annually	Y	Y	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	9	Unknown	Unknown	Unknown	Unknown	Unknown	
Multisystemic Therapy	Y	48	Unknown	Agency	Unknown	Unknown	Y	
Functional Family Therapy	N							
Family Psycho-Education	Yes							

***Please include both county and Medicaid/HealthChoices funded services.**

To access SAMHSA's EBP toolkits:

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1371	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	62	
CPS Services for Transition Age Youth	Yes		
CPS Services for Older Adults	Yes	4	
Other Funded Certified Peer Specialist- Total**	No		
CPS Services for Transition Age Youth	Yes		
CPS Services for Older Adults	Yes		
Dialectical Behavioral Therapy	Yes	327	
Mobile Meds	Yes	34	
Wellness Recovery Action Plan (WRAP)	Yes	38	
High Fidelity Wrap Around/Joint Planning Team	No		
Shared Decision Making	Yes	225	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	78	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	961	
Consumer Operated Services	Yes	252	
Parent Child Interaction Therapy	Yes	23	
Sanctuary	Yes	10	
Trauma Focused Cognitive Behavioral Therapy	Yes	251	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	36	
First Episode Psychosis Coordinated Specialty Care	No		We do plan to develop
Other (Specify)			

***Please include both County and Medicaid/HealthChoices funded services.**
****Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below**

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

http://www.nrepp.samhsa.gov/AllPrograms.aspx

h) Certified Peer Specialist Employment Survey:

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

> An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	**16**
Number Full Time (30 hours or more)	**14**
Number Part Time (Under 30 hours)	**2**

INTELLECTUAL DISABILITY SERVICES

Washington County currently supports 656 individuals through their ID/Autism system. Washington County continues to provide a wide array of services for those enrolled. Types of services available include employment related services, Community Participation related services, in-home and community based supports, person directed supports, residential services, supports coordination, adaptations, and others as permitted under the waiver. We are fortunate to have providers in most of the waiver approved service definitions. We are currently enrolling two new providers as well, and will continue to work with new providers to expand choice. There are service definitions that no current providers in our area are providing such as Supports Broker, Communication Specialist, some of the therapies and other beneficial services wo we will continue to work toward recruiting of providers in all areas so that the full array of approved waiver services are avaiblae to the individuals that we support. We also need to build our provider's ability to meet the new and unique needs of the individuals with Autism that are coming into our system, as well as expanding the provider group for

this. It would be beneficial for ODP to offer Autism trainings specific to this area, as well as increased outreach to BAS providers to see if they would want to also be ID Service providers if they are not currently since that is a their strength oftentimes. Regardless of a person's funding source, or lack of funding, everyone is given the opportunity to develop a plan that will build on his or her present and future. We are working diligently with our Supports Coordination Organizations to focus on true supports, not just waiver supports ant that is enabling a better-rounded continuum of services and supports that would be avaiblae to anyone no matter funding.

Individuals Served

	Estimated Individuals served in FY 17-18	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 18-19*	*Percent of total Individuals Served*
Supported Employment	75	12	100	15
Pre-Vocational	60	10	60	10
Community participation	124	20	150	23
Base Funded Supports Coordination	35	1	35	.05
Residential (6400)/unlicensed	120	10	135	20
Life sharing (6500)/unlicensed	1	.01	5	.01
PDS/AWC	92	15	100	16
PDS/VF	3	.01	5	.02
Family Driven Family Support Services	0	0	0	0

Supported Employment:

Washington County BHDS is strongly committed to "Employment First." We are focusing on this as a QM goal, in addition to our day-to-day work. We have an Employment Workgroup that meets every 2 months. In that workgroup we are currently, tracking 35 individuals who, in the past 2 years' IM4Q interviews, have expressed interested in working. We are working with their teams and reviewing their needs, etc. We have also utilized lifecourse tools for one particular individual who has many unique needs. We are also working with IM4Q this year as a presenter at their conference specifically on employment. We have all levels of employment available from allowable service definitions to volunteering to true competitive non-supported employment. Our providers do a great job trying to truly personalize the job and the learning experience per person. We are currently reviewing all ISPs and working with SCOs on the employment focus. If the employment section is not

complete showing OVR status, school transition information, etc. we have them update it. We also review the full plan for anything showing that the person is interested in working and if so we then have the SCs include what they and the team are doing to help to make that happen. The other pieces is that we have developed a job title list so that when position is entered in the employment section we have a better way to track what type of jobs individuals are in. We continue to work with SCs and Providers, in addition to individuals and families, on ways that all people should be offered employment and how individualized that can be. On that same note, we have increased our focus on working with school districts and IEP attendance to ensure a good transition plan, including employment and post-graduation foals, are included. We have recently had a school district who does really well with transition come in and discuss this with our SCs to ensure we are making the individual set up for success.

Supports Coordination:

Washington County continues to increase the amount of Technical Assistance provided to SCOs and will continue to do so throughout the next fiscal year. We meet monthly with SCOs. These meetings had always been joint meetings including both SCOs. We now have made every other month separate meetings. The joint meetings we can focus on the bigger picture type of things such as new ODP initiatives, AE focus areas, Lifecourse Tools, etc. Then at the separate meetings we then truly hone in on areas for development for each SCO. We have had a large amount of SC turnover, as well as SC Supervisor turnover so this has been a major focus of all AE staff, technical assistance of SCs, etc.

Both SCOs are working on a resource manual and currently have a great deal of information that they continuously collect and share with families, individuals, and providers. These items range from grants and services to special events in the area and support groups. The SCOs are also working with the AE on the development of questionnaires for families and individuals. The purpose of this form will be multiple items. One purpose is to find out the best way that each person wants to be contacted, ensuring confidentiality. Many times people are so busy with so many things that emails or texts may work better for them to share information. It will also get an idea of what type of services (non-ID), community events, etc. that they are interested in so they can personalize what is sent. The other purpose of this is to see what families would like the opportunity to network and connect with each other whether it be for support, ride sharing, activity planning, etc.

For PDS services, there are several things that have been done and will be done. Pathways of Southwestern Pennsylvania, Inc. who is our County's AWC has presented to all SCO and AE staff, regarding the services available, paperwork requirements, positives that have been seen, dedication required by the managing employer, and other crucial pieces to what makes this way of service provision so worthwhile. This has shown as successful as more SCs are starting to really get into that conversation with families and individuals and numbers are increasing. The area that we have not seen numbers increase in is V/F with PPL. We would like to plan a presentation from them, or if ODP would host one in the area that would also be beneficial. I think the SCs that have been in the system for a while are comfortable for the most part with the conversation but we need to ensure that the new SCs coming in are just as familiar and truly having a good conversation about it.

In regard to planning for those on the waiting list, this is being addressed in several ways. We have created an age out/EPSDT questionnaire for those who turn 20 so pre-planning can be ensured for those graduation school to try to prevent a lapse in service. This does not always mean that waiver funding is available, and if it is not then they look at OVR, CHC, and other avenues of meeting those

needs in the PUNS. We also utilize our County Prioritization form to objectively score those on the waiting list so we are truly prioritizing based on needs. Another way is by increasing the knowledge of the SCs on natural supports, community resources in other areas, etc. so that they are able to have the conversation with families and individuals about what is available out there that can assist them in meeting needs (and wants) that are non-waiver related items. In addition, the AE ensures that the PUNS information is in the ISP so that we can ensure they are continuously trying to address the needs, even outside of waiver dollars being available.

Washington County has recently joined into the Collaborative. As part of that, we are engaging our QM group, as well as both SCOs in helping to make these goals obtainable. This means we will work them over the next year on parent-to-parent contact, resource manuals, and self-advocacy areas. In addition to that we have been doing practice tools at our monthly SCO meetings, and then the SCs are selecting an individual with a complex need or someone they do not know as well and doing tools with them and bringing back information to the SCO meeting to share the successes, strategies, problems, etc. SCs are slowly starting to see the benefit of these forms and not only completing them, but also sharing with families and teams so that they can utilize them as they see fit. Our AE Intake Coordinator will be starting to use the trajectory with families/individuals as they come into our system. The initial thought is or the Intake Coordinator to do the trajectory in conjunction with the family and individual. The Intake Coordinator will also complete the start portion of the star form and then hand that information off to the SC so that they can use those as a starting point for conversation and complete the rest of the star with the team if found appropriate. The families are also being given the tools and website at intake so they have the information. We plan to host the PA Family Network also, which will involve SCs and families/individuals to start the process in that direction. It would be great to have more overall trainings as SC turnover is so high, not just on the tools but on the premise behind the tools to continue to inspire SCs to use them. We will continue to talk about them throughout the year and as SCs increase their use and see their positive outcomes I feel they will naturally increase the use of them in appropriate situations. They will also ensure families have access to them to use on their own. They will also share them with DDTT teams to use for planning if they choose to.

Lifesharing and Supported Living:

Lifesharing has been very slow to take off in our County. The primary reason was lack of providers and lack of individuals interested and/or SCs not really knowing how to have that conversation. We recently had a Lifesharing Provider (National Mentor) attend our joint SCO meeting and present Lifesharing and all of the positive aspects of it and SCs seemed inspired by the stories. That same provider has also recently been able to obtain two homes in our County so SCs are actively looking at their caseloads to see whom those homes may be appropriate for. After that meeting the SCs all expressed a higher level of comfort in having those conversations and were reminded they need to have that conversation, no less than annually, and that it needs to be a good focused conversation. The other reason for an increase in discussion with individuals and families is the new option of what I refer to as “Reverse Lifesharing” in which someone can move in with the individual into their home, as well as families being able to be the Lifesharing Home. The 14-hour rule has also drawn this into the SCs sights as an option that they are presenting in that situation.

Cross Systems Communications and Training:

Washington County continues to host a monthly Provider meeting which consists of Providers in both the ID, EI and MH models in order to share resources, have keynote speakers, network, etc. We also

have a Provider meeting quarterly for only ID providers in which we have systems come in and speak as appropriate. For example, this year the Mental Health Crisis and Emergency Director for the county attended and trained on emergency and crisis services for those residing in Washington County.

In order to further, build capacity for providers to meet the needs of the more complex individuals we support, Washington County will continue to host trainings on dual diagnosis, various medical issues, and other topics that arise as a need in supporting individuals with multiple needs.

The Washington County AE Intake Coordinator is working 1:1 with each school district within the county to enhance the understanding of the system, requirements, benefits of enrollment, importance of early referral, etc. There will also be a group event with all schools invited over the next year. We also had a Special Education Director from one school district come in to a joint SCO meeting and have an open discussion with us on how we can best benefit the individuals by improving our working together and tips to carry over for all schools. Our Intake Coordinator also is a member of the Transition Council through the IU and OVR and attends, presents, and shares information through that. Transition Fairs and school events are also attended throughout the year. The schools understanding is the key to parents knowing about us and increased outreach is the best way to make that happen.

Washington County continues to have a close working relationship with CYS, AAA, and the MH system within our County. We continue to have meetings with CYS on a regular basis for shared cases. We continue to participate with DDTT supports and the AE Director, as well as the Washington County Crisis and Emergency Director participate in the monthly meetings. We recently formed a collaborative workgroup with Aging, MH, and ID services within the county that meets at least every two months. We are hosting a “Changing Brain” training amongst the three groups in which there will be strengths based dementia training, as well as a presentation of MH and ID services to the Aging staff. We have also been able to develop a resource guide for Aging, MH, ID cross over resources so that we can best utilize what is already out there and build off of one another’s strengths. Washington County is transitioning from three BSUs to one as of 7/1/18. A piece of this will be the hospital liaison, court liaison and forensic liaison positions so if something comes through one of those systems they are followed by the liaison and they coordinate services/information with the AE Director, and the team as appropriate.

Emergency Supports:

While there is not a specific amount of base funds set aside to provide emergency placement/services, there is money available to assist some individuals in receiving services that can be diverted for emergency use as well.

Washington County continues to utilize SPHS as a 24-hour emergency crisis line. They provide both phone and mobile crisis services. We have one staff person who works for our Mobile Crisis that had previously worked in the ID system. SPHS has knowledge of working with individuals with Autism. They have three staff that have some level of ID experience. Washington County BHDS has provided the crisis and diversion staff training specific training on Intellectual Disabilities in areas such as communication, general understanding, ISPs and Behavior Plans, and resources. Each member of the crisis team also established a training plan for themselves each year for areas they need further enrichment, so the AE will be available to work with any staff who may need this. They also

have the ability to utilize the HCQU online trainings for support since they do provide for services for waiver-enrolled individuals. SPHS has the appropriate contacts if they receive a call that needs addressed beyond their assistance. If that is the case, they will then contact the appropriate person who will work on emergency placement, supports, etc. The initial response would be to see what is needed to keep them in place, for at least short term, so that a plan can be worked on that will give the person the best chance at success. Depending on the nature of the emergency, other options may be hospitalization (if warranted), diversion units, personal care homes, DOM Care, Homeless shelters, a Respite bed in a license Community Home. We have consistently had difficulty finding respite and/or permanent placement for our most challenging individuals but by looking across counties, we have been able to locate providers, and work with crisis and hospitals as well to ensure safety while safe placement is located. We also have a DDTT program within our county and for those individuals enrolled, typically those with the most challenges, they have 24/7 mobile crises through NHS' DDTT program available to them and their family and/or staff. DDTT has also worked with our mobile crisis and diversion units specific to the individuals enrolled with them.

You can also refer to the included 24-hour Emergency Response Plan for further information.

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

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

- **Telephone Crisis** will provide a continuously available telephone service staffed by trained crisis counselors that provide information, screening, intervention, and support to callers 24 hours a day, 7 days a week, 365 days a year.
- **Walk-In Crisis** is a site-based intervention service for individuals providing immediate screening and assessment resulting in brief, intensive interventions focused on resolving a crisis and preventing admission to a more restrictive level of care. The service is provided by trained crisis counselors, and will include assistance in accessing available formal and informal community resources pertinent to the particular crisis.
- **Mobile Crisis** is a service provided at a community site where the crisis is occurring or a place where a person in crisis is located. The services shall be available with prompt response. Service may be individual or team delivered as determined appropriate by trained crisis counselors. Service includes crisis intervention, assessment, counseling, resolutions, referral, and follow-up. The service provides back up for, and linkages with, other services and referral sources. Mobile crisis intervention will be dispatched within five minutes and will arrive at the scene of the incident within 30 minutes of dispatch. The Crisis Worker will establish and maintain telephone contact with the individual, law enforcement, or appropriate entities until their arrival.

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

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

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

- Provide initial opportunities for engagement.
- Provide information, referral services, and linkage to individuals and their families with severe and persistent mental illness and/or I/DD who would be transitioning from inpatient hospitalization to community services.
- Complete all required paperwork and referrals for individuals transitioning from inpatient hospitalization to community services.
- Conduct daily visits to inpatient hospitalization programs to track new admissions, monitor progress of identified patients, plan for discharge, attend Treatment Team Meetings, and provide liaison services to those programs. Conduct face-to-face interviews with individuals referred by self, family, physicians, hospitals, social service agencies, and appropriate referral sources.
- Establish and maintain linkage agreements with inpatient hospitalization programs, as well as, all county Base Service Units and all necessary community based mental health services, ensuring continuity of care, and therefore, decreasing the lack of follow-up with mental health outpatient treatment and services, as well as, readmission to inpatient treatment.
- Ensure that the appropriate appointment(s) are scheduled within one-week post discharge.
- Provide a 30-day follow-up to consumers and families to ensure continued recovery.

Administrative Funding:

With ODP partnership with the PA Family Network, as well as our involvement with the Regional Collaboratives we will be planning to hose a session in early Fall. Any trainings that are available to all parts of the team will be utilized as able. We are also hosting a technology training which will benefit individuals, families, and providers in relation to remote monitoring, assistive technology, and adaptations.

With the joining of the Collaborative Parent to Parent networking is a key piece of our goals, as well as increasing our self-advocacy programs in location and content, along with a resource manual to be used by all. In addition to the Collaborative grant, base dollars are being used to support this.

The HCQU is another key piece to training. Our providers use both on-line and in person trainings for their staff and self-advocates. The HCQU also came to present to our ID Provider group to discuss all of the resources available through them. They then presented at our joint SCO meeting and focused on CTAs, available trainings, rehearsal guides, and other resources. We currently are utilizing the CTA process and have had great success. The HCQU also has a representative on our QM/RM workgroup, as well as our Med Error Workgroup that just began. The HCQU presents at each QM meeting on any new updates and suggestions they may have. They also give key feedback on our “high number of incidents individuals”.

Washington County is fortunate to continue their working relationship with Chatham University for our IM4Q services. The IM4Q representative continues to be a part of our QM/RM workgroup, as well as the employment subgroup. This past fiscal year they also joined our Human Rights Committee. They also present at our quarterly ID Provider meetings on any new updates, etc. We continue to track individuals for our Employment Workgroup that have identified themselves as wanting to work through their IM4Q interview process. We also have one individual enrolled in our services that is a HCQU interviewer, and another in the process of being hired. We will also be working with IM4Q to present at the annual conference this year in relation to employment.

Washington County will continue to offer trainings that are open to all in regard to aging, physical health needs, mental health needs, etc. We have brought in providers to do these, as well as utilizing the HCQU. As trainings are hosted by other providers or ODP, we share that with all providers through email so that they can access them and have immediate knowledge of them once we know of the resource.

Washington County BHDS has a Risk Management portion to the QM meeting. We pick those who have a high number of incidents and/or something that stands out as needing a closer look and discuss those cases at the meeting. We have the SC for those individuals sit in on those parts of the meeting so that we can give them recommendations that they and the team need to work on. Our IM Coordinator for the County also is great at looking closely at each incident as it is submitted for accuracy, detail, and to ensure true corrective/preventative actions are taken. When something occurs that needs immediate risk response, we work with the SCO to ensure they are out their closely monitoring for health and safety within 24 hours. We also have our Certified Investigator/IM Coordinator step in and do their own investigation when there is concern that an investigation was not done correctly by the provider or if something needs a closer look by the AE.

We have family members and individuals involved on our QM Council and/or it’s subcommittees for feedback on risk and quality management and all related to that. We also have a parent on our Washington County BHDS Advisory Board. We also utilize our self-advocacy group for feedback.

The self-advocacy group has also started a leadership portion in which they are beginning to train direct care staff on ways that they should interact, what they should not do, etc.

Washington County looks at all resources for housing for individuals and have worked with County Housing/HUD housing to assist in securing housing for individuals that we support. We also ensure that the SCs have these contacts.

Emergency Preparedness Plans are reviewed when we perform on-site QA&I. Washington County obtains copies of Emergency Closure plans for all agencies we contract with. The HCQU resources are shared for Emergency Preparedness and they presented that resource at a Provider meeting. Coordination with the County Emergency Management Team will continue to occur as appropriate. Technical Assistance will be provided to any providers that request it or as we see, it is needed. Washington County also has a Disaster Crisis team and our MH Crisis and Emergency Director has mentioned to the ID Providers that there is always a need for others to join.

Participant Directed Services (PDS):

For PDS services, there are several things that have been done and will be done. Pathways of Southwestern Pennsylvania, Inc. who is our County's AWC has presented to all SCO and AE staff, regarding the services available, paperwork requirements, positives that have been seen, dedication required by the managing employer, and other crucial pieces to what makes this way of service provision so worthwhile. This has shown as successful as more SCs are starting to really get into that conversation with families and individuals and numbers are increasing. The area that we have not seen numbers increase in is V/F with PPL. We would like to plan a presentation from them, or if ODP would host one in the area that would also be beneficial. I think the SCs that have been in the system for a while are comfortable for the most part with the conversation but we need to ensure that the new SCs coming in are just as familiar and truly having a good conversation about it.

Community for All:

At this time all individuals, and their families if involved, are strongly committed to remaining where they are residing. This will continue to be an area of discussion with the individuals in this category, with options being presented to them and education on those options as appropriate and applicable. The individuals' needs and wants are reviewed on an on-going basis with a minimum of an annual monitoring.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

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.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing:

- Domestic Violence Services of Southwestern Pennsylvania will provide match for it's Fresh Start Program. Fresh Start is a scattered - site Supportive Housing Program that provides up to 24 months of transitional housing, extensive case management and supportive services, to women and women with children who are victims of domestic violence. The most significant unmet need is the availability of affordable permanent housing in Washington County. During nine months of the current fiscal year, nine clients moved on to permanent housing.
- Programs will be evaluated using tracking data collected at the point of service. Specifically, client exit data that is being collected during the discharge is provided to Washington County on a quarterly basis. Providers also track and present data on use of mainstream systems including employment services, enrollment in social security benefits, veterans benefits, healthcare, food stamps and unemployment compensation.
- For fiscal year 18-19 the HUD Fresh Start program was not renewed in the COC competition due to it's transitional housing component. That grant was reallocated to provide seven units of rapid rehousing for individuals and families fleeing domestic violence. Women and women with children entering the program will be provided safe, affordable housing along with trauma informed case management that addresses safety concerns while promoting housing stability. Bridge Housing funds will not be needed to support this program after November 2018.

Case Management:

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

Rental Assistance:

- Blueprints will provide homeless prevention services to low income residents of Washington County. Services will include assessment, advocacy, case management, goal development, budget counseling, direct rent, utility assistance and relocation services. Washington County residents in housing crises may self-refer to Blueprints for assistance or referrals will be accepted from all county providers. Blueprints caseworkers will work with each client to locate and/or retain safe and affordable housing on a long-range basis and will provide budget counseling and direction in establishing a workable monthly priority budget plan. The Homeless Assistance Program (HAP) will be administered by the Family Economic Success

Program Service Area of the Blueprints. The most significant unmet need is the availability of affordable permanent housing in Washington County.

- Programs will be evaluated using tracking data collected at the point of service. Specifically, client exit data that is being collected during the discharge is provided to Washington County on a quarterly basis. Providers also track and present data on use of mainstream systems including employment services, enrollment in social security benefits, veterans benefits, healthcare, food stamps and unemployment compensation.
- We are not proposing any changes to the Rental Assistance Program over the current fiscal year.

Emergency Shelter:

Washington Family Shelter

- The Washington Family Shelter provides up to 60 days of emergency housing to families who don't have a permanent legal residence of their own or are in need of temporary shelter because of a crisis situation. The Family Shelter provides families with a stable and structured living arrangement so they can assess their homeless situation and begin to make decisions regarding their future. Case management services are provided to help families identify and utilize a variety of community services and resources that are necessary to address their needs and improve their situation. Various life skills programs are also provided to help the families learn the skills necessary to become better prepared for independent living. During their stay at the Family Shelter, guest families receive support and guidance, are linked with community-based services and receive assistance in securing permanent housing. The most significant unmet need is the availability of affordable permanent housing in Washington County. During nine months of the current fiscal year, five families moved to permanent supportive housing and 13 families moved to permanent housing.
- Programs will be evaluated using tracking data collected at the point of service. Specifically, client exit data that is being collected during the discharge is provided to Washington County on a quarterly basis. Providers also track and present data on use of mainstream systems including employment services, enrollment in social security benefits, veterans benefits, healthcare, food stamps and unemployment compensation.
- This is the only remaining shelter for families in Washington County. The shelter is able to provide emergency shelter to families without splitting them up by age or gender. Currently there are no changes planned for FY 18-19 as the program meets the needs of families the way it is currently operating.

Washington Women's Safe Harbor

- The Domestic Violence Safe Harbor provides safe, temporary shelter and support services for domestic violence victims and their children. Families and individuals are able to stay in the shelter for up to 30 days or until safe housing can be found. The most significant unmet need is the availability of affordable permanent housing in Washington County. During nine months

of the current fiscal year, 17 clients moved on to permanent housing and 12 entered Fresh Start, a transitional housing program.

- Programs will be evaluated using tracking data collected at the point of service. Specifically, client exit data that is being collected during the discharge is provided to Washington County on a quarterly basis. Providers also track and present data on use of mainstream systems including employment services, enrollment in social security benefits, veterans benefits, healthcare, food stamps and unemployment compensation.
- We are not planning to make any changes to the Emergency Shelter program.

Other Housing Supports:

- No other supportive housing services were provided with Homeless Assistance funding. The funding is used to provide housing assistance with no surplus money to support additional or new services.

Homeless Management Information Systems:

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

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

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

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 an administrative, fiscal, prevention, case management and recovery support unit. The SCA provides drug and alcohol intervention, prevention, and treatment services to residents of Washington County through careful management of government funding. The WDAC Case Management Unit provides screening, assessments, and case management services to individuals who are seeking treatment for problems related to alcohol or other drug use. WDAC provides recovery support services as well.

Washington County is in year five as a Human Services Block Grant(HSBG) county. DHS funding earmarked for the SCA now passes through the county. The Executive Director sits on the HSBG Executive Council along with the administrators from Behavioral Health and Developmental Services and the County Human Services Department. The ability to shift money has not only allowed for additional funding for drug and alcohol treatment but has also allowed drug and alcohol funds to be shifted to assist other programs in the county. This collaboration allows for interaction and discussion where we are able to strategize on the best deployment and implementation of our respective funding.

As a block grant county, we must conduct public hearings and a great deal of information related to substance use disorders has been collected through this process. We gather input from various community stakeholders to appropriately assess the needs of the county regarding substance use disorders. The prevalence and emerging trends regarding substance use were identified and strategies were 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 evaluation of the needs assessment information.

The demand for SUD treatment and related services remains high in Washington County and continues to take a toll on all human service resources. In many ways, it is the driving force behind soaring costs associated with crime and criminal justice, mental health, public welfare, children and youth, homelessness, and healthcare. As much as the SCA would like to be all things to all who have a need, we must narrow our focus to key priorities to ensure that not only are we are being as prudent and fiscally responsible as possible, but also to work as efficiently and effectively at addressing the county's most pressing needs.

The SCA has identified key areas to address moving forward in each of the following general ways.

Overdose work - -Founded in November 2016 by the SCA and Washington County District Attorney's Office, the Washington County Opioid Overdose Coalition exists to eliminate opioid overdoses, stigma associated with Opioid Use Disorder, and to ensure every patient with an Opioid Use Disorder has access to and support throughout treatment and recovery. We are in the process of executing a three-year strategic plan initiated in January of 2017.
The priorities of the plan include:

- Coordinate efforts between law enforcement, the legal system, and treatment.
- Increase access and utilization of naloxone to save lives.
- 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.

Housing – In partnership with Westmoreland SCA, we developed and staffed the position of regional recovery housing coordinator (RRC) to be the single point of accountability and interface between our agencies and the recovery housing community. This role ensures that minimum standards for funding and any resource allocation are met by the houses per policy and procedure. Simultaneously, the RRC works with each individual seeking funding in a case management role to provide extra therapeutic support throughout the transitional process. The role is evolving to help those committed to weathering the changing landscape of this vital component of our recovery community. As the state prepares to release actual criteria for certification, our RRC will be an intermediary to assist those who will remain operational.

Transportation – This continues to be an area where we struggle to find adequate or lasting remedies. While some transportation options do exist, they are often not helpful to getting our individuals to the places they need to be consistently, or they must spend hours and hours on

transports travelling all over the county to reach their destination, then repeat the same process to return home. One former DUI court participant spent as much as 8 hours per day traveling to and from treatment appointments. We are committed to developing a resource that will be more suitable for serving the needs of our individuals or developing a partnership with an agency or company that we can perhaps utilize the services of, strictly for transportation.

Extra therapeutic needs - Case Management Services are offered to help the individual access needed services and resources. Goals will focus on areas that have been negatively affected by the individual's substance abuse problems. The goals will be service-oriented and not treatment-oriented. The individual must always participate in the development of his or her non-treatment goals and needs. The schedule of individual contact is individualized and in accordance with the Department of Drug and Alcohol Programs (DDAP) Case Management Services Plan. WDAC is committed to the concept of "meeting the individual where he or she is". In many cases, we physically meet them where as well in terms of their readiness to change. We have developed outreach case management services that serve the needs of folks where they interface with other systems including law enforcement/criminal justice, healthcare/hospital, children and youth services, school districts, and the community at large. The case management staff in these disciplines develop a working relationship with the key players involved at these points of intersection and come to know best the resources and methodologies to give individuals the best chance at having a positive outcome.

Recovery support services – We continue to expand the use certified, trained individuals, who themselves are in long-term recovery, to deliver services that build the skills and supports necessary for others to achieve and sustain recovery from substance use disorders. A cost analysis conducted across our region in 2013 indicated a reduction in utilization in higher, more costly levels of care and greater adherence to case management and community-based treatment.

Ongoing collaboration and representation – The SCA is committed to continuing the be a voice for the population we serve at the local, state, and federal level where and whenever possible. Ultimately, to reduce the stigma associated with a substance use disorder. The plethora of misinformation and misunderstanding stands in the way of progress and we aim to cut through the confusion when we can. Locally, the SCA will continue to build bridges, develop specialty programs, and foster high levels of communication and collaboration with other key entities; at the state level, through our involvement with DDAP, PACDAA, and legislators; and at the national level, by being active in exercising our right to vote for candidates who represent the possibility of meaningful change and having dialogue with others about the issues we face in the work that we do.

1. **Waiting List Information**

Level of care	Individuals served	Wait time
Detoxification service	109	Less than 5 days
Non hospital Rehab Services	165	Less than 10 days
Medication Assisted Treatment	57	Less than 14 days

Halfway House Services	0 (SCA does not incur cost)	0
Partial Hospitalization	37	Less than 10 days
Outpatient	858	Less than 5 days

We average a rate of slightly higher than 10% for individuals waiting longer than 14 days to be admitted to treatment. Anyone waiting longer than 14 days to access treatment services are offered ancillary services to include case management and recovery support services. When we look at the reasons that someone would wait longer than 14 days, it is mainly due to referral related circumstances (i.e. criminal justice involved clients at the jail) or client choice. Because the SCA holds contracts with over 70 licensed treatment providers, the wait is rarely due to bed availability, if ever the cause for any delays. Those individuals involved with the Jail Pilot, Specialty Courts and referrals from the Adult Probation Office may wait for release for over two weeks, this is mostly due to the internal process that must take place prior to release from the jail and the level of care typically being long-term treatment. Participants in the Vivitrol Plus Program also skew the data as they don't appear to be officially admitted until they are released from jail, even though treatment takes place for anywhere between 3-6 months while they are still incarcerated, prior to their release. Individuals referred to intervention class (level .5) may not come for periods longer than the two-week period, even though we offer it twice per month. Lastly, some individuals will only go to specific providers and choose to wait for admission only to that provider, even if other facilities can accommodate them much sooner.

2. Overdose Survivors Data

# Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdose 2017
373	340	33	94

Hospital Outreach Table is below

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total
Hospital													
Total Encounters	25	25	9	18	15	14	21	25	33	28			213
Washington	23	25	6	17	12	12	19	20	22	15			171
Mon Valley	2	0	2	1	3	2	2	5	10	11			38
Canonsburg	0	0	1	0	0	0	0	0	1	2			4
Behavioral health units	4	7	2	4	1	3	12	7	9	4			53
Emergency Departments	6	11	4	6	4	6	5	12	15	12			81
Medical Floors	8	7	3	8	10	5	4	6	9	12			72
OD Survivors	1	5	1	1	0	1	2	1	0	3			15
Referrals to treatment	7	11	4	7	7	6	10	6	19	13			90

In 2017, there were a total of 689 calls to 911 for a suspected overdose, of this number, 94 resulted in death. If you look at 2016 data, there were 609 calls to 911 with 106 resulting in death. The Chart labeled "hospital outreach table" shows all the individuals seen at the hospital each month since July 2017.

It is the policy of the Washington Drug and Alcohol Commission, Inc. to ensure 24-hour

access to overdose survivors as soon after such an event occurs as is possible. Overdose survivors are a priority population, regardless of the referral source and will be treated accordingly. Outcomes will be tracked through our internal data system, CPR web and overseen by case management supervisors. Accessing services during normal business hours is available by calling 1-800-247-8379 or 724-223-1181 for a screening. Once the screener is informed the caller is an overdose survivor, a case manager will be dispatched to any county hospital as quickly as possible. Under no circumstance will screening and assessment take longer than within 24 hours of notification. The assessment and connection to an appropriate treatment facility can also take place at the SCA during business hours if the client is medically stable and released from the hospital or refuses care. Walk-ins of this type will receive immediate attention.

A crisis line has been developed specifically for overdose survivors. All three county hospitals have been briefed on the number and it has been provided to appropriate management staff in each emergency department. The line is staffed during all non-business hours by the executive director or the director of clinical and case management services. Calls are triaged and if determined necessary, an on-call certified recovery specialist or case manager may be dispatched to further improve and guarantee swift response times for after-hours incidents. Certified Recovery Specialist may be dispatched to professional medical sites as a first line of contact to help prevent AMA situations from medical facilities before treatment accommodations can be arranged. All clients who leave AMA or NO SHOW for treatment need to be contacted and followed up with. Attempts need to be documented prior to chart closure.

WDAC has entered agreements with Washington Hospital and Mon Valley Hospital which allow for a part time case manager and a part time recovery specialist to be imbedded at the facilities. Our hospital satellite offices are located in or near the emergency departments and are staffed 40 hours per week.

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

The Coalition was established in 2016 and has been collecting Data. In 2017, Washington saw a nine percent (9%) reduction in overdose deaths in the county. This is attributed to a multi-faceted approach that includes a comprehensive strategic plan. There are several factors that have contributed to the reduction. One, there has been an increase in the distribution of the life saving drug, Naloxone. Two, there was a percentage of increase by 50% for access to Treatment in 2017 as compared to 2016. Third, there was a reduction, from 32% to 10% in the number of hospital transport refusals following an overdose.

3. Levels of Care

LOC	# of Providers	# of Providers In-County	Special Population Serviced
Inpatient Hospital Detox	1	0	Everyone served
Inpatient Hospital Rehab	1	0	Everyone Served
Inpatient Non-hospital Detox	16	1	co-occurring/pregnant women
Inpatient Non-hospital Rehab	35	1	Criminal justice/co-occurring/pregnant women and WWC
Partial hospitalization	5	3	Co-occurring/ pregnant women
Intensive Outpatient	9	7	Adolescents/co-occurring/Overdose survivors/Pregnant women
Outpatient	9	7	Adolescents/co-occurring/Overdose survivors/pregnant women
Halfway House	17	4	Women with children

4. Treatment Services Needed in County

Our greatest need in terms of level of care (LOC) admissions is for Detox (3A) which corresponds to what we are seeing in terms of drugs of choice. It is noteworthy that Outpatient (1A) is the next level of care in highest demand for SCA funds. This means that our case management staff and quality assurance specialist are doing an excellent job of making sure that every Medicaid eligible individual is becoming active and it isn't until we get near the end of a continuum of care that SCA funding is needed, usually the moment a person reenters the workforce.

As a system state-wide, we need additional resources for the more medically complex individuals. 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 3A or 3B can accommodate. Additionally, there are some opioid use disorder individuals who require longer term IV antibiotics and receive no treatment during the six-week period they must be administered. Having resources that can meet the needs of these high-risk persons is literally 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.

Another area of need is for pregnant women and women with children (PWWWC). Currently, there are only two providers locally where a pregnant female with OUD can receive both methadone and SUD treatment in a residential setting. The bed availability is problematic, and the quality of services are also lacking. Due to these facts, it is worth exploring the possibility of a more medically capable, longer term facility to meet the demands of these demographics. Pregnant women and overdose survivors remain at the top of our priority list, but we find our hands tied at times in ensuring a clear path too quality, accessible treatment is available on a consistent basis. The Washington County CYS director has projected 908 referrals for drug and alcohol assessments for the upcoming fiscal year and report that approximately 75% of their cases are due to a substance use disorder (SUD) with one or both parents. The SCA presently employs two full time case managers and one certified recovery specialist to address the needs of this growing population within the CYS system.

Finally, the criminal justice population, specialty courts, and the local correctional facility have been implementing programs that will allow more individuals to access treatment. We need a treatment system that allows for both evidenced-based practices and a therapeutic environment that fosters recovery and builds resiliency. There needs to be more 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. It is imperative to build a system that emulates a recovery-oriented system where extra therapeutic services are emphasized. Medically assisted treatment has grown in availability in Washington over the last two years. In fact, presently, availability exceeds demand regularly, which may pose sustainability problems for some providers over time.

As a result of an RFP process, reinvestment funds have been utilized to start up a new drug and alcohol outpatient medication assisted treatment provider. This provider opened in 2017 and serves as the lead provider with the Vivitrol Plus Program at the Washington County Correctional Facility. The SCA has also used reinvestment dollars to expand the partial hospitalization program at a local drug and alcohol treatment provider. The county needs more availability of partial hospitalization level of care. Often times, there is a waiting list for this service. Reinvestment plans were also approved to hire additional case managers and certified recovery specialist within the SCA to fulfill the growing need at the local hospitals and the warm-handoff protocol.

5. Access to and Use of Narcan in County

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

Washington County Opioid Overdose Coalition was established in 2016. The coalition has developed a three- year strategic plan and has established five subcommittees, one being, Naloxone Subcommittee. As a collaborative team, we wanted to eliminate all barriers associated with attaining Naloxone. One major barrier is the expense involved both initially and when having to resupply. Through financial support from the SCA and the District Attorney and most recently a special grant from the Pennsylvania Commission on Crime and Delinquency we have been able to distribute 2,129 Naloxone kits to both traditional and non-traditional first responders. This distribution also includes replenishment kits. There have been over 1,000 individuals trained in the use of Naloxone. In 2017, there were 698 overdose calls received by 911 service center, there were 307 administrations of Naloxone from the kits we distributed, this number does not include EMS administration, and there were a total of 94 fatal overdoses, this is 9% reduction from 2016.

In actuality, there was an increase in the number of calls to 911 for suspected overdoses and more lives were saved, and there was a reduction in the number of total deaths. This statistic is rather astounding given the types of drugs that currently flooding our communities. We know from earlier data that there is was a connection between prescription pain medication availability and heroin use. While most OUD decedents up until 2013 were still expiring as a direct result of prescription narcotics, 2013 and 2014 saw heroin related overdoses as the most prevalent cause of death. Beginning in 2015, a new threat has emerged and taken the lead as the chief cause in our county's staggering per capita opioid death rate.

The first wave of overdoses was a result of prescription narcotics. The second wave was heroin. The third wave, which we are experiencing currently is from fentanyl. Fentanyl is a synthetic which is 50 more potent that heroin. Fentanyl has a legitimate medical use in surgeries and for extreme cases of pain, but what is equally problematic is that regionally we are seeing several different "analogs" of fentanyl; derivatives that aren't quite pure fentanyl, but still are exponentially more potent than heroin (16-25% according to laboratory analysis conducted from local busts by the DEA). These analogs have never been tested in human subjects and are easily accessible from the dark web. What's worse is that there have even been 3 recently confirmed county deaths because of Carfentanil, the much-sensationalized elephant tranquilizer. All fentanyl is much deadlier and even more addictive. While we have been able to ascertain these distinctions through DEA and coroner data, as well as screening and assessment data conducted by our office, it is important to understand that the first two waves continue to be problematic.

Since 2014, heroin alone has been the number one drug of choice among those screened and assessed by the SCA. When combined with other opioids it accounts for nearly half our volume. While "heroin" is the drug being reported by the user, in most cases what they are actually using is fentanyl or a synthetic derivative. It is noted that 85% of those who are now injecting "heroin" began their journey with taking pain medication. Of the 85%, over half were legitimately prescribed pain medication—whether for surgery, pain, or a dental issue or procedure.

TAC reports that in 2015, 7,241,838 Oxycodone and Hydrocodone Dosage Units were Prescribed in Washington County. That is 34.8 Dosage Units per Washington County Resident. The average oxycodone dosage unit dispensed per resident in 2016 was 18.6, demonstrating a 53.5 percent reduction in the availability prescription narcotics, but still a staggering amount compared to other areas of the state and the nation. It is important to note that while we are experiencing the third and most deadly wave of consequences related to the epidemic that began with the overprescribing of powerful narcotics, the first and second waves are still very much in play. Despite all the odds that

would point to an increase in overdose deaths, Washington County experienced a reduction. Widespread distribution of Naloxone plays a major role in this statistic.

In late 2017, the SCA became the Centralized Coordinating Entity (CCE) for Naloxone and was awarded a grant from Pennsylvania Commission on Crime and Delinquency (PCCD). Naloxone distribution, data collection, and outcome measures continues to be a county-wide collaborative effort and seemingly playing an integral part of curbing this public health crisis.

6. ASAM training

When the ASAM and its PA derivative the PCPC were first introduced to PA in the early 1990's, the goal was not only a tool to determine level of care but was to change substance abuse treatment from a program-based model to an individualized model that responds directly to the individualized needs of the client.

When the ASAM was introduced, most all non-hospitals had "28- day programs" or similar. Many of our outpatients had specific groups, like a DUI group or a Crack Cocaine Group and other "programs" of treatment for the client to go through. The vision of Dr. Mee Lee with the ASAM was a tool that, on a daily basis, guides clinical decision making in treatment. As the client's needs change as identified on the dimensions of the ASAM, so would the level, intensity, and treatment goals to respond directly to the individual needs of the client. Unfortunately, this dream was never realized. Instead by the late 1990s when the private insurances were moved through Act 10 to cover non-hospital treatment, we saw it move from a 28-day program to a seven or 14 day program.

Fast forward to the present day, if we knew that what providers are doing now was working, then we would fall back onto the motto of "what works; works; leave things alone." However, when we look at the number of clients who are leaving AMA, number of readmissions and the number of people who are overdosing post treatment, I believe it speaks volumes that we need to improve our D&A services. Overall data would indicate we are not meeting the needs of our clients.

ASAM transition needs to address the treatment provider system as well as the drug and alcohol case management plans at the SCA level. Not only should the ASAM guide the referral to program or programs which provide a specific level and intensity of care, but it also should guide the case management plan. Issues identified in the assessment and documented under the dimensions of the ASAM should translate directly a case management plan. For example, a client which has high housing needs, should have a case management plan that addresses housing. The ASAM should be the tool which aligns the efforts of the case management program and the treatment program. Seeing the tool from this perspective, supports the need for case management services within the SCA.

Science and research on substance use disorders points to individualized (not program-based) treatment that goes for a period of at least 90 days, combined with case management and recovery supports as the best opportunity for recovery (extra-therapeutic needs). Research and science support that if providers use the ASAM as it was originally intended that we can individualize care and significantly impact the quality and efficacy of our treatment services.

Washington SCA is a member of the Southwest Six where counties have created and maintained an oversight corporation known as Southwest Behavioral Health Management, Inc. (SBHM), for the purpose of oversight of the HealthChoices program and partnership with Value Behavioral Health of PA/Beacon Health Options. The corporation is staffed with a multi-disciplinary team whose roles are to serve the counties collectively and individually in their respective areas of expertise. The Corporation is governed by a Board of Directors.

Now that PA is forced by the Federal Government to look at a re-implementation of the ASAM, the Corporation has seized the opportunity to financially support a massive training effort that will train all drug and alcohol treatment providers and SCA case management staff within the six counties, including Washington County. The Corporation has coordinated all the trainings and provides the SCA with updates on providers that may still need to have the training.

A timeline began in December 2017 to include introductory webinars. January 2018, training packets were completed by the SCA and the treatment providers and administrators received a one-day ASAM overview. February, each implementation leader completed a two-day training, followed by a three-day ASAM implementation training; one day targets case management supervisors. March-June 2018 each case management staff with responsibility for either level of care assessments or case management plans as well as the clinical staff from the treatment providers will complete the face to face two-day ASAM training. Because of the volume that needs trained and the limited number of trainers, some of the final trainings will take place between July and October of 2018. There are key implementation staff at the SCA and at each in-county provider that will be able to begin ASAM implantation on July 1, 2018.
The goal of ASAM implementation is to see an overall improvement with treatment outcomes. This truly is a system transformation and the outcomes will reveal a ten-fold return on our investment that was paid to cover the cost of the training. In the end, we will save lives and lower the number of overdoses that result in death.

	# of Professionals to be trained	# of Professionals Already Trained
SCA	1	16
Provider Network	27	40

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on "please choose an item".***

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

Aging Services: Please provide the following:
Program Name: Congregate Meals Program
Description of Services: The congregate meal contains one-third of the daily nutritional requirements and is served weekdays at our nine Senior Community Centers at lunchtime. These meals are for independent older adults age sixty years and older. This allocation is used to employ back-up cooks to prepare the meals when the full-time cooks are on sick or vacation leave.

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.

Program Name: Home Delivered Meals Program
Description of Services: The Home Delivered Meals are provided to individuals age sixty or older residing in Washington County. This service is provided to consumers that have been assessed by SWPA Area Agency on Aging and provided with Care Management. All consumers must be frail and unable to prepare or obtain a meal in the community. All the home-delivered meals are delivered by volunteers. A home delivered meal contains one-third of the daily nutritional requirements. This allocation is also used to employ back-up cooks to prepare the meals when the full-time cooks are on leave.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Program Name: Care Management Program
Description of Services: Care Management is a series of activities designed to keep older residents home and independent. Care plans are developed with consumers to determine which services are needed. The formal services available include: home-delivered meals, personal care, home support and adult day care. This allocation will be used to pay the Registered Nurse Consultant as mandated by the Pennsylvania Department of Aging.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Program Name: Transportation Program
Description of Services The transportation service is part of the shared-ride program. This involves providing one-way trips within the county. This transportation is primary to medical appointments and to Senior Community Centers. This allocation is to pay a portion of the Van Driver's salary.

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Children and Youth Services: Please provide the following:
Program Name: Care Coordination
Description of Services: Care Coordination Services will be provided to enhance service integration for families with medical complexities that assure the safety and well-being of those children, youth and their family.
Service Category: Service Planning - County agency staff activities provided to determine what services are needed, to develop a service plan and to arrange for provision of needed services.

Program Name: Protective Services

Description of Services: The scope of services in this area will include the provision of direct agency services provided to dependent youth ages infant to eighteen years as well as those purchased from Washington County Providers. Funds for direct agency services will be used to offset staff costs related to the provision of investigations provided by the agency. Services provided to these youth will include physical and sexual abuse investigation with appropriate treatment as well as forensic interviews performed by agency staff.
Service Category: Protective (Child Abuse & General) - Services provided to children reported as abused and families under 23 PA CS Ch. 63 or a child without supervision or who has been neglected/exploited/injured by the parents but not covered under 23 PA CS Ch. 63.

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

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

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: Food Bank Volunteer Recruitment and Training
Description of Services: Train volunteers to ensure compliance with State and USDA regulations so they can assist with the packaging, delivery and distribution of food to consumers.

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, 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. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

During the 2018-2019 Fiscal Year, HSDF coordination funds will be used to enhance the planning, delivery and coordination of services within Washington County's human service system. 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 will be working toward a more fully integrated system of delivery and coordination on both the program and fiscal sides. This will be done from a consumer first perspective to make entry easier and faster for consumers as well as less administratively costly so more funding can be used for services. Planned Human Services expenditures are for salary, benefits and other miscellaneous costs associated with this initiative.

Appendix D
Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

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 (sheltered workshop) 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 serious mental illness (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 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 serious emotional disturbance (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 serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (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 ID 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.

Community Based Services

Community-based services are provided to individuals 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

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 homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

Provides 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 homeless; e.g., have no permanent legal residence of their own.

Other Housing Supports

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, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification
A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.
Inpatient Non-Hospital Halfway House
A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

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

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

Outpatient/Intensive Outpatient

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

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

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, 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 and/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 opioid 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 abuse. 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 (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is 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 service approved by DHS.

Aging

Services for older adults (a person who is 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 service 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 while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed 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 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 with the current categorical programs.