

**Washington County**

**Human Services Plan**

**FY 2019-2020**

## **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, the Department of Human Services and the Washington Drug and Alcohol Commission, 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 recommendations 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 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 SPS 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 via a Self-Advocacy Group facilitated By ARC Human services which has been meeting regularly for over four 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 from 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.
- The Department of Human Services participates on the Washington County Transportation Advisory Board to get feedback and input regarding the ongoing transportation needs, issues and successes.

- The Western Region Continuum of Care meets monthly and we have a member on the Governance Board to discuss housing and homeless needs within our county and the entire southwestern region.

A focal point of planning is our dedication to provide a community-based system of care. We began developing a number of new or enhanced, Recovery Oriented and Evidence Based services and supports such as the Peer Mentor Program and also the Medicaid funded Peer Support Programs, as well as Psychiatric Rehabilitation services Mobile Housing Supports, Mobile Medication and the CTT team, now converted to the Assertive Community Treatment Team (ACT) model which most closely resembles the evidence-based practice model for service delivery. Our journey has continued for almost 11 years and we have the same commitment to our Community Based System as we did during the infrastructure development. Our goal now is to maintain, enhance and strengthen our system, providing more service options and increased quality to our target population.

Each year we review a number of outcome measures as indicated throughout the narrative portions of this plan. Through a review of the outcomes collected during the year, such as employment data and incident data, we 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 it 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 needed for non-block grant counties.

1. Proof of publication;
  - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
  - b. When was the ad published?
  - c. When was the second ad published (if applicable)?
2. Please submit a summary and/or sign-in sheet of each public hearing.

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCAs) 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; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

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

Housing:

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

We have grown our HUD housing grants significantly in the last couple years so we have a strong housing grant basis to provide housing options to youth, adults and seniors. Many of our Mental Health consumers are also assisted with subsidized housing units. We also have a dedicated youth housing program to ensure families are not separated solely on unstable housing.

In addition to collaboration as it pertains to employment and housing, other efforts among and between the Human Service partners occur. For example, our Older Adult, MH and ID workgroup has developed a service directory which will be beneficial to agencies and individual alike. We have also worked to develop a training and networking events that continue from last year. 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.

The Human Services Task Force has developed an app for Apple and Android devices. The app was designed with a focus on consumer resources and ease of use. This one of a kind tool is leading the way to a more efficient and effective human services network. There are dedicated categories for employment assistance and training as well as housing. It provides one touch calling, website links and Google Maps directions to providers.

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**

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

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 18-19.

Washington County Behavioral Health and Developmental services (BHDS) is pleased that we have been able to continue offering a broad range of community-based services during the past year to our children, adolescents, and adults as follows:

Services available to all ages: Children/Adolescents, Youth/Young Adults (including Transitional Age (Age 18-26) and Adults

- Base Service Unit
- Case Management
- Crisis/Emergency including Diversion and Stabilization
- Hospital Liaison
- Housing & Residential Services/Funds
- Partial Hospitalization
- Wellness & Advocacy Services
- Outpatient

Services available to Children/Adolescents (and their families) only (Under age 18 though some services may be approved to age 21)

- Behavioral Health Rehabilitation Services (BHRS)
- Family Support Services (FSS)
- Parents Advocate

- Parent-Child Interaction Therapy (PCIT)
- Residential Treatment Facilities (RTF)
- Student Assistance Program (SAP)
- CASSP Coordination
- Teen Outreach (Teen Center)

Services available to Transition Age Youth, Young Adults & Adults Only

- Assertive Community Treatment (ACT)
- Drop-In Centers
- Forensic Liaison and Forensic Case Management
- Mobile Medication Program
- Peer Mentor & Certified Peer Specialists
- Psychiatric & Psychosocial Rehabilitation
- Transition Age Care Coordination (this is currently a vacant position)
- Supported Employment
- Enhanced Outpatient

In addition to our standard services, during the 18/19 FY, we were able to engage in a number of other endeavors as follows to enhance our service system and access to services and intend to continue these in the coming year.

- The Child & Adolescent Department of Washington County Behavioral Health and Developmental Services (BHDS) has worked to incorporate School Based Outpatient Therapy in all of its schools throughout the district during the past year. This was accomplished as of December.
- During the past year, significant revisions and enhancements were made to the Student Assistance Program (SAP) including the change from assessments to using the BH Works screening tool to help identify children and adolescents who are in need of support.
- In February of 2018, BHDS participated in a family Resource Night at Peter Township School District. Also, on March 28, 2018, our Child & Adolescent Coordinator attended a Transition Fair at Washington High School providing information to parents and teachers about services and supports. These include our Specialized Transition Age Services developed through the Healthy Transitions Grant for youth and young adults.
- BHDS was fortunate to be able to offer a number of Youth Mental Health First Aid trainings at no cost to multiple school districts during the year.
- During the summer of 2018, BHDS provided an Enhanced Summer Program funded entirely through base dollars to ensure that children and adolescents were able to benefit from summer enrichment activities which offer social, recreational and therapeutic activities such as conflict resolution and effective communication skills, etc. Another Summer Enhancement Program is planned for this summer.
- Once again, BHDS conducted a very successful Mental Health Awareness Event for all ages at the Washington Crown Center Mall in May. Hundreds were in attendance to participate. We provided various activities and entertainers, including dance troops, performances by Disney Royal Princess Engagement, a juggler, Caricature Art, Balloon Art and many really great prize raffles such as a Fit Bit, Kindle, a slip'n slide, a basketball hoop, a television and multiple gift card trees laden with many, many restaurant and merchandise gift cards. Additionally, there were many resource tables with our providers offering information and resources for all types of behavioral health needs. Free refreshments were

provided including hot dogs, popcorn, cotton candy, Eat'n Park smiley coolies and bottled water.

- BHDS has participated in numerous other outreach activities such as the annual Wellness Fair at California University of Pennsylvania, screening dozen of young adults using the BH-Works screening tool. We also Community Participation Days at the Washington Crown Center mall where we offered free screenings and information and resources for those in need of public mental health services.
- In June 2018, BHDS, through the MH/ID and Aging Work Group, sponsored a training opportunity for all three systems, which included technical assistance on how to use the MH and ID systems as well as an exceptional training provided by Jewish Healthcare Foundation titled "The Changing Brain: It's All In Your Approach".
- In the fall of 2018, we also began conducting depression screenings at all of the Senior Citizen Centers in the county to provide outreach to our older adults.
- Washington County is participating in the Southwestern Pennsylvania Stepping up Regional Training and Technical Assistance Series offered by the Council of State Governments Justice Center and funded through the Stanton Farm Foundation. The purpose of the endeavor is to help reduce the number of persons with mental illness in our correctional facilities.
- After working with SBHM Inc. and Beacon Health Options (formerly Value Behavioral Health) to distribute the RFP for a second Youth and Young Adult Peer Support Provider, we chose Centerville Clinics, Inc. They are currently developing their service description.
- Through the efforts of our SAMSHA Healthy Transitions Grant, a group of young adult leaders developed a support group called "Thrive for Hope". The group meets each Wednesday afternoon from 2-3 p.m. on the 4<sup>th</sup> floor Conference Room of the Blueprints Building near to our office. Additionally our Youth/Young Adult leaders planned and conducted a Color Run Event open to the public and designed as outreach to others in need, battling the stigma associated with mental illness. Although the target population was primarily the Youth and Young Adults, the event was free and open to all ages in the public.
- In Mid-July 13 young adults (including young adult peer staff from AMI Inc.) attended the final Leadership Retreat of the grant's Youth Network. It was held at the Liberty Mountain Resort near Gettysburg. The retreat offered a combination of structured activities designed to enhance skill development and challenge interpersonal growth along with fun activities. Several of our young adults facilitated activities during the event and received accolades for their efforts.
- The partners from the Commonwealth and our counterparts in Bucks and Berks Counties are working with grant consultants to compile a comprehensive final report of the five-year grant. This will be the focal point of our late July/early August site visit at Seven Springs. Finally we are working with our Youth/Young Adult Leadership to plan a one-day conference for our provider system and perhaps some cross system partners in an attempt to ensure sustainability of the progress achieved throughout the grant. We are hoping to offer the conference early in September.
- The Employment Workgroup of the BHDS Quality Management Committee developed a brief survey designed to help identify the priority needs of those individuals who wish to work but encounter barriers in doing so. From this survey, an Employment Forum was designed to encourage those we serve to consider and eventually obtain employment. This event took place at the Penn Commercial School on Oak Springs Road from 1:00 p.m. to 4:00 p.m. on Friday, April 11<sup>th</sup>. We provided a wide variety of speakers including a testimonial from an individual successfully employed, OVR, the Washington County

Transportation Authority and Janice Meinert of The Pennsylvania Health Law project, who discussed Medical Assistance for Workers with Disabilities (MAWD). Light afternoon refreshments were provided and prizes were raffled as well.

- The Child/Adolescent Department of BHDS provided training on mental health and its services system to the volunteers of the Court Appointed Special Advocates (CASA) as well as a three hour SAP presentation as well.
- In order to best meet the needs of children and families, the Child/Adolescent program of BHDS issued an RFP for a new Family Based provider and Wesley Family Services was chosen. They are now delivering the services out of their Washington Outpatient Clinic.
- BHDS participated in the Kidsfest at the Washington Crown Center Mall on Saturday, March 30th. We provided resource information, Mental Health Awareness coloring books and crayons to dozens and dozens of children and families.
- Once again this year, we provided support to AMI, Inc. for their Annual Poetry and Fine Art Show. The art show which was hosted on Friday, May 3, 2019, from 11:00 a.m. – 7:00 p.m. at Venue 54 in Washington, PA was attended by 258 individuals. In addition to showcasing the extraordinary works of our artists with mental health challenges, most importantly each year this endeavor attempts to increase public awareness and acceptance
- In order to accomplish our goal of increasing employment among adults with serious mental illness, BHDS worked with AMI, Inc., to develop a Clubhouse-like Supported Employment Program. During the past year, this new initiative, which incorporates wellness activities, has been successful in assisting a number of young adults in obtaining and maintaining employment.
- Through HealthChoices Reinvestment, BHDS has funded the position of a CPS to be shared by our two Inpatient Behavioral Health Units within Washington County. The intent of the program is to increase engagement in recovery while on the unit, and hopefully improve the likelihood of follow up after discharge.

**b) Strengths and Needs:** (Limit of 8 pages)

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

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

- **Strengths:** Through the Mental Health/ID/Older Adult workgroup we have been able to develop a resource directory for older adults and we have also began conducting depression screenings at all of the senior centers in the county as well as at community events like the Senior Expo. Additionally, we are fortunate to have more mobile services that can go to older adults who lack transportation and are in rural areas. These services include Mobile Medication, Blended Case Management, Mobile Psych Rehab and Peer Support including the specialized, Certified Older Adult Peer Support services. We are currently working to recruit a provider for Mobile Mental Health Therapy for our older adults in long-term care facilities who are enrolled in the Community HealthChoices Program. Additionally we have a positive working relationship with the Washington County Aging Services and the SPHS Area Agency on Aging to collaborate regarding training and networking opportunities.

- **Needs:** Although the Senior Centers, which are funded through Aging Services, do provide for socialization opportunities, stakeholders have indicated that additional programming would be beneficial. A grand parent type program was also identified as a potential support to be developed at some point in time. Another need is transportation because although there is Medical Assistance Transportation and Senior Transportation options within the county, often times free transportation is limited to medical appointments, such that older adults on fixed incomes are unable to engage in many community participation opportunities.
  
- **Adults (ages 60 and above)**
  - **Strengths:** Washington County BHDS offers a plethora of community based services and supports as a result of infrastructure development in 2006, 2007 and even 2008 as we prepared for the closure as Mayview State Hospital in December 2008. We have successfully served our population with zero utilization of state hospital civil beds since that time. We continually work to increase quality and coordination of care, not only within our system, but with cross systems partners. During the past year we moved from a system with three separate entities performing the functions of Base Service Units to a single unified BSU system with multiple satellites throughout the county and the capability of mobile intakes when necessary. Additionally, working with a single entity, we are better able to ensure consistent quality services to our entire target population. At this time because we are always exploring ways to improve quality of care and increase positive outcomes, we are beginning to work with other partners to develop an initiative that will focus on coordination between physical health and behavioral health.
  - **Needs:** Transportation is always an area of need, but with limited funding, it is not possible for us to provide dollars for this service. We have attempted to work collaboratively to develop creative solutions, but transportation to and from work or recreational and social activities is still limited. Also although we have HealthChoices Reinvestment funds available to provide rental subsidies and housing contingency dollars, there is still always the need to develop additional safe, decent and affordable housing stock. Although the adult service system provides many treatment services and supports it is impacted by the acute shortage of psychiatric care providers such that wait time for psychiatric evaluations and med checks is less than optimal. As a result, we are beginning to consider Tele-Psychiatry as an additional option when we receive proposals from our licensed outpatient providers.
  
- **Transition-age Youth (ages 18-26)** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
  - **Strengths:** Through our "Now is the Time: Healthy Transitions" SAMHSA grant partnership with the Commonwealth, Bucks and Berks counties, we have been successful in developing additional services and supports such as a Transition Age Peer Mentor program, Youth/Young Adult Certified Peer Support and Psychiatric Rehabilitation Services. Also we have developed a model for coordination of care, a Drop in Center designed for this age group and have worked with our young adult

leaders to develop a support group as indicated in the previous section regarding highlights. Additionally, our inpatient behavioral health unit with the dedicated Certified Peer Support Program and our Hospital Liaison, provide linkage and early intervention to young adults who may be experiencing their first episode of a psychosis or other serious mental health disorder. Additionally our Supported Employment Programs have demonstrated some success in helping this target population to explore and achieve employment. Throughout the five-year grant, we have hosted training opportunities for our system and will continue to do so as we prepare for the end of the grant on September 30, 2019 and work to continue to achieve sustainable change. We are pleased that a majority of the programs that we have created will be sustainable after the end of the grant. The highlight section indicated above showcases other exciting endeavors that have been achieved through this grant as well.

- **Needs:** We are in need of increased participation from schools in addition to the work completed through SAP. Also, although our grant has allowed us to develop majority of the elements of a First Episode Psychosis Program, all involved feel that it would be beneficial to develop a Cognitive Enhancement Therapy Program and to also to enhance the coordination of care tying all the various elements together to create a comprehensive approach. Finally, this age group would benefit from additional safe, decent and affordable housing options.
- **Children (under age 18)** Counties are encouraged to include services like Student Assistance Program (SAP), respite, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.
  - **Strengths:** Washington County BHDS has a very strong CASSP process. Additionally, we have developed outpatient satellites at every school district in the county to allow for accessible treatment of children in need. During the past year the Child/Adolescent Director and the Coordinator have worked very hard to engage with the school systems and to enhance the SAP process moving it from assessment to a comprehensive, broad-range, screening utilizing the BH-Works screening tool. Additionally, BHDS continues to offer Youth Mental Health First Aid trainings to school districts and has provided training to hundreds of school personnel over the past year. Additionally, BHDS is creatively approaching the provision of autism services for children and families and working to plan for the best possible services in light of the new IBHS regulations.
  - **Needs:** The Child/Adolescent Department feels that they can continue to work actively with the schools for earlier intervention and transition activities and perhaps to offer additional trainings as well as continuing to polish the SAP process. Another area of significant need is the shortage of Board-Certified Child and Adolescent Psychiatrists which may eventually involve increased utilization of Tele-Psychiatry. It is notable that there is a potential disparity of services access for children and families who live in more rural areas of the county and lack the income for transportation to needed services and supports. Finally, BHDS along with all of the other counties in the Commonwealth will need to actively work to meet the challenge of the acute shortage of staff delivering BHRS.

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

- **Individuals transitioning from state hospitals**
  - **Strengths:** As previously stated Washington County BHDS does not utilize civil beds in any State Hospital and has demonstrated significant success over the years in managing its system with an extremely low number of serious incidents. This is in part due to the infrastructure that was developed previously but also due to this significant paradigm shift within our system. Finally, part of our success can be attributed to the intensive incident management process that was implemented at the time of the closure.
  - **Needs:** Although we do not admit to civil beds, we do play a role in working towards the discharge of individuals currently housed in the state hospital Forensic Units. We are hoping to enhance our efforts through the Regional Forensic Plan which is targeted to include residential development.
  
- **Individuals with co-occurring mental health/substance use disorder**
  - **Strengths:** Although BHDS does not contract for the services developed through the SPHS Center of Excellence, this initiative has proven beneficial for our population of individuals with Co-Occurring Disorders. Other strengths include the fact that we have two providers with both licensed Mental Health Outpatient Clinics who are also licensed for Drug and Alcohol Outpatient Treatment. This structure allows for greater coordination of care and person centered treatment. Our system has also had the benefit ever a time of the original MISA Pilot services and a later round of movement towards a Comprehensive Continuous Integrated System of Care such that a number of staff within our provider system are trained in the core competencies. Within our own office, we also work to collaborate with the Washington Drug and Alcohol Authority when we are serving mutual high risk, high need individuals.
  - **Needs:** Despite all of the current and historical efforts, we still do not have a fully integrated system of care primarily because of regulatory barriers that appear to be insurpassable at present. Additionally our stakeholder group has indicated that more support meetings are needed to focus on both of the Co-Occurring Disorders.
  
- **Criminal justice-involved individuals** Counties are encouraged to collaboratively work within the structure of the County Criminal Justice Advisory Board (CJAB) to implement enhanced services for individuals involved with the Criminal Justice System to include diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.
  - **Strengths:** BHDS has worked diligently over the years to develop a number of initiatives for this population. They included a 90 Day Diversionary Program at the MDJ level as well as an 18 Month Mental Health Court Program in the Court of Common Pleas. Also, at

the time of this development, we began providing the services of a Forensic Case Manager for those involved in these programs also a Forensic Liaison who works out of the Washington County Correctional Facility and is dedicated to the completion of mental health assessments both in the facility and those that are ordered by the court outside of the facility. The Liaison also works to actively prepare for release planning including reactivation of benefits, exploration of housing and linkage to intake for treatment services and related supports. Additionally, over the years we have provided a number of trainings for law-enforcement including correctional officers from the Washington County Correctional Facility. These trainings have included "Suicide by Cop" and also Mental Health First Aid -Public Safety. Additionally within our crisis stabilization and diversion unit, we have the capability to serve individuals who while in crisis become involved with law enforcement. Recently we have increased participation and coordination with Pre-trial services. Finally, BHDS is playing an active role in the Stepping Up initiative which is designed to improve collaboration between Behavioral Health, the Correctional Facility and Adult Probation. This includes increased efforts toward data collection and identification of those inmates in need of mental health services as well as the development of release planning for individuals who are better served in the community. BHDS also actively participates in the CJAB and attends the Drug Treatment Court. We are also fortunate to have an employment provider who, under another funding stream, provides employment preparation counseling to female inmates in the correctional facility.

- **Needs:** The BHDS office recognizes the need for all to work to decrease utilization of the Torrance State Hospital Forensic Unit and streamline the process for competency evaluation's and ultimately restoration of competency. We also have identified the need to increase collaboration with State Correctional facilities for community reentry. We also have identified the need to explore creative solutions and development of additional reentry housing.

- **Veterans**

- **Strengths:** BHDS has on occasion collaborated with the Veteran's Administration to ensure that there is an awareness of our system's resources, some of which which may not exist within the Veteran's Administration Services. We have also offered Mental Health First Aid-Veterans trainings to the community.
- **Needs:** Although we have had some successful examples of coordination, it is clear that our Veterans are in need of additional supports which may or may not be available within their system. These supports potentially could include Veteran's Peer Support as well as additional community outreach and engagement activities designed to decrease the stigma associated with accepting services.

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

- **Strengths:** BHDS is fortunate to have Dr. Mary Jo Podgurski, who is a Certified Sexologist, who works actively as the Director of the Common Ground Teen Center and is very welcoming to this population. She is nationally recognized as an exceptional resource for training, and we have utilized her on multiple occasions to train our provider system. Additionally, we have provided our support for PERSAD to

develop a licensed Psychiatric Outpatient Clinic in the city of Washington which provides both Gay Straight Alliance (GSA) support groups and individual treatment for members of the target population. In addition to the training offered by Dr. Podgurski, we have also offered training provided by Kelsey Leonard, who is a consultant for Cultural and Linguist Competence with a significant focus on the LGBTQI population. Finally, through the efforts of our our Healthy Transitions Grant, we have been able to serve an increased number of youth and young adults from this population, effectively linking them to services and supports.

- **Needs:** Although we have offered training on a number of occasions, because of the complexity involved in providing for appropriate care, we believe that additional training would be beneficial including training and support for parents and families struggling to understand the needs.
- **Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)**
  - **Strengths:** Recently a number of our BHDS Management staff were fortunate to attend the training sponsored by the Commonwealth and provided by the National Center for Cultural Competence at Georgetown University on the topic of Cultural and Linguistic Competence. Although many of us had training in this area previously, we were able to identify a number of objectives from the curriculum that we hope to incorporate into our policies, procedures and practices so that we can better serve this population. BHDS has also started a workgroup, however, due to staff shortage once again during the past year, we were really not able to accomplish much to date. As a result, we hope to accomplish more in the coming fiscal year by selecting this again as one of our Systems Transformation Priorities.
  - **Needs:** There are many. Although Washington County lacks great diversity among our population, we recognize the need to put forth greater effort and outreach to those members of the population who are underserved at times due to stigma, communication complexities and other barriers. In order to better serve our minorities we recognize the need to partner with other community organization such as churches, etc.

\*Assessment of need for section b) above was based upon both Base and HealthChoices data, QualityManagement 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.
- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, Acquired Brain Injury, Fetal Alcohol Spectrum Disorders)
    - Strengths:
    - Needs:

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

Yes    No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of any plans to implement CLC trainings in the future. (Limit of 1 page)

We have used a variety of training models over time. We have offered the national model from many years ago provided through Community Action Agencies. We also have offered CLC training through the Commonwealth SOC and the Helathy Tranitions Grant. Finally we are looking to offer training similar to that provided by Georgetown University for OMHSAS and County staff.

**Does the county currently have any suicide prevention initiatives?**

Yes    No

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

Although we do not have a distinct initiative per say, we use our intensive incident management process to monitor for any indication of individuals who are at risk, and we contractual require that risk assessments are preformed with all individual that are served.

We have also have performed Root Cause Analyses when suicides have occurred to try and determine what additional preventive actions can occur. We have hosted Suicide Prevention Trainings prevention, but have not hosted any outreach events. However, we are hoping to do a walk or similar event in the fall.

**Based on the Governor’s Employment First Initiative:**

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with Serious Mental Illness (SMI)?

Yes    No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

Yes    No

If yes to the questions above, in a sentence or two, please describe the collaboration.

Often our providers refer individuals to OVR in addition to our Mental Health Supported Employment Programs since our providers work collaborately to coordinate efforts. Additionally when individuals are in the job search phase, we encourage and/or directly assist them to utilize Careerlink.

**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, or at risk of, experiencing homelessness.

**SUPPORTIVE HOUSING ACTIVITY** includes *Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base-funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 18-19 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, FY18-19, is not expected until next year's planning documents.)*

1. Capital Projects for Behavioral Health				<input type="checkbox"/> 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 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
	HealthChoices Reinvestment	\$67,117.80	\$150,000.00	29	45	29	\$2,088.72	0	2017 For this plan
Notes:	Actual amount spent in FY 18/19 ws \$104,995.68 and 45 individuals were served								

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average Subsidy Amount in FY 17-18	Year Project first started
Notes:									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
Notes:									

<b>5. Housing Support Services (HSS) for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
	MH Base	\$484,461.00	\$490,000.00	324	360			8.5	Approx 1999
Notes:	Actual number served in FY 2018/2019 was 144 and total amount spent was \$118,187.37								

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.</b>								
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20		Average Contingency Amount per person	Year Project first started
	HealthChoices Reinvestment	\$98,943.57	\$50,000.00	107	50		FY 17/18 \$804.57	2017 For this plan
Notes:	Actual number served in FY 18/19 was 144 for a total spent of \$118,187.37 and an average per person of \$1107.85  FYI-the number projected for FY 19/20 is significantly lower because we plan to shift a portion of our dollars to development							

<b>7. Other: Identify the Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<b>Project Based Operating Assistance (PBOA)</b> is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b> .								
Project Name (include type of project such as PBOA, FWL, CRR)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Year Project first started

Conversion, etc.)								
Notes:								

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

Based on the strengths and needs reported above in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 19-20 at current funding levels. For **each** transformation priority, please provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priority (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources).
- A plan mechanism for tracking implementation of the priorities.

**1. Forensic-Stepping-Up Initiative**

Narrative including action steps:

In 2018, Washington County submitted a letter of interest to participate in the Southwestern Pennsylvania Stepping Up Regional Training and Technical Assistance Series offered by the Council of State Governments (CSG) Justice Center and funded by Staunton Farm Foundation to help our county develop and plan to reduce the number of persons with mental illness in our correctional facility. During the past year we participated in training and began working with CSG Justice Center to develop a localized action plan to better identify individuals with serious mental illness in the Washington County Correctional Facility. We intend to continue to focus on this initiative in FY 19/20 focusing not just on the data collection but also on the development of a Re-entry program to improve coordination and reduce recidivism. This endeavor may include re-entry housing if resources are available. Other areas of focus for the future of this initiative include the development of a Justice Center and improving coordination within Pre-trial Services, but for FY 19/20 our primary interest is to continue to refine data collection and develop an effective a Re-entry program.

Timeline:

- During the coming year, we will continue to meet approximately quarterly as needed with all relevant stakeholders to review and discuss data collection and formally define the target population by diagnosis and perhaps other variables.
- During the coming year we will meet approximately quarterly as needed with all relevant stakeholders to identify the components of a successful Re-entry Program and begin to develop priorities and well-defined action steps.

Fiscal and Other Resources: Up to \$300,00 potentially if we move to develop Re-Entry Housing

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of progress and will review progress quarterly at a minimum.

## **2. Cultural and Linguistic Competence to Best Serve our Minority Populations**

Narrative including action steps:

Although Washington County lacks great diversity among our population, BHDS recognizes the need to put forth greater effort and outreach to those members of the population who are underserved at times due to stigma, communication complexities and other barriers. In order to better serve our minorities we recognize the need to partner with other community organization such as churches, etc. Earlier in the year, a number of the BHDS Management staff were fortunate to attend the training sponsored by the Commonwealth and provided by the National Center for Cultural Competence at Georgetown University on the topic of Cultural and Linguistic Competence. Although many of us had training in this area previously, we were able to identify a number of objectives from the curriculum that we hope to eventually incorporate into our policies, procedures and practices so that we can better serve this population. BHDS has previously identified members for a workgroup, however, due to staff shortage once again during the past year, we were really not able to accomplish much to date. As a result, we hope to accomplish more in the coming fiscal year by selecting this again as one of our Systems Transformation Priorities.

Timeline:

- Conduct first meeting of workgroup by September 30, 2019
- Conduct provider self-assessments and identify objectives and priorities by January 1, 2020
- Host provider training on identified areas of need by April 1, 2020
- Assess progress and next steps June 1, 2020

Fiscal and Other Resources: \$3000.00 for the provider training and or/related materials and curriculum

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of progress and will review progress quarterly at a minimum.

## **3. Students Assistance Program (SAP) Enhancement**

Narrative including action steps:

During the past year the Child/Adolescent Director and her staff have worked very closely with the SAP Teams to enhance service delivery. They worked to implement the utilization of the BH-Works Screening Tool which is a highly validated method of assessing multiple areas of risk/need from eating disorders and bullying to psychosis and suicidality. The endeavor has proven relatively successful, but they would like to continue to focus on SAP process in the coming year as it provides a huge opportunity to reach children and adolescents in need and link them to services and supports. In doing so, the focus will be on increasing the number of screenings and enhancing communication and coordination as the children/adoelscents are linked to the School Based Outpatient Treatment which is available in every school district within the county.

Timeline:

- Host our first meeting with the OP and SAP Supervisors on August 8, 2019.

- Identify and implement a process to increase communication among the team and close the loop when children are referred. This will occur by the start of the school year.
- Regular monitoring (a minimum of monthly) by the BHDS office to review and discuss any barriers and challenges.
- Reassessment of progress and action steps as needed.

Fiscal and Other Resources: Approximatley \$3,000.00 to continue utilization of BH-Works and purchased new tablets if necessary.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of progress and will review progress quarterly at a minimum.

#### **4. Older Adult Services**

Narrative including action steps:

Although the MH/ID/Older Adult workgroup was a success, we know that there is great need and are committed to increasing outreach and information to Older Adults and improving the collaboration between BHDS and the Aging Services System.

Timeline:

- Host our next meeting of the workgroup by September 1, 2019
- Update and reproduce our MH/ID/Older Adult Directory by October 1, 2019
- Plan and host a collaborative cross-system training and networking event by November 30, 2019
- Complete Depression Screenings at all of the Senior Centers within Washington County by February 28, 2020

Fiscal and Other Resources: \$2000.00 for the cost of the Directories, the purchase of the additional screening tools and also the expenses to conduct the training/outreach event.

Tracking Mechanism: The identified BHDS designee for this priority will maintain documentation of progress and will review progress quarterly at a minimum.

#### **5. Increase Stock of Safe, Affordable Housing**

Narrative including action steps:

BHDS recognizes the need not only to provide Rental Subsidies, but to also work to develop actual housing stock. We will attempt to work with housing developers, realtors and other resources to locate and/or develop housing for those within the the Mental Health System.

Timeline: Unknown at this time

Fiscal and Other Resources: Unknown at this time

Tracking Mechanism: Regular meetings, review and discussions among BHDS Management staff

**e) Existing County Mental Health Services:**

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

**f) Evidence-Based Practices (EBP) 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	Yes	86	TMACT	COUNTY MCO & Consultant	ANNUALLY	YES	YES	
Supportive Housing	YES	355	SAMHSA	AGENCY	UNKNOWN	YES	NOT OFFICIALLY	
Supported Employment	YES	298	SAMHSA TOOLKIT	AGENCY	ANNUALLY	YES	NOT OFFICIALLY	Include # 89 Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	YES	1503	SAMHSA TOOLKIT AND TMACT FOR ACT 7	AGENCY COUNTY	ANNUALLY	YES	YES	
Illness Management/ Recovery	YES	30	SAMHSA	AGENCY	UNKNOWN	YES	SOME WERE	
Medication Management (MedTEAM)	NO	N/A	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	YES	16	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	
Multisystemic Therapy	YES	47	UNKNOWN	AGENCY	UNKNOWN	YES	YES	
Functional Family Therapy	NO	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	YES	0	N/A	NOT MEASURED	NOT MEASURED	NO	YES	Provided by NAMI but Evidenced based training did not occur this FY

\*Please include both county and HealthChoices funded services.

**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	1558	
Compeer	NO	N/A	
Fairweather Lodge	NO	N/A	
MA Funded Certified Peer Specialist- Total**	YES	80	
CPS Services for Transition Age Youth (TAY)	YES	11	
CPS Services for Older Adults (OAs)	YES	54	
Other Funded Certified Peer Specialist- Total**	YES	19	
CPS Services for TAY	YES	1	
CPS Services for OAs	YES	15	
Dialectical Behavioral Therapy	YES	84	
Mobile Medication	YES	34	
Wellness Recovery Action Plan (WRAP)	YES	45	
High Fidelity Wrap Around	NO	N/A	
Shared Decision Making	NO	N/A	
Psychiatric Rehabilitation Services (including clubhouse)	YES	83	
Self-Directed Care	NO	N/A	
Supported Education	NO	N/A	
Treatment of Depression in OAs	YES	54	
Consumer-Operated Services	YES	463	
Parent Child Interaction Therapy	YES	73	
Sanctuary	YES	2	
Trauma-Focused Cognitive Behavioral Therapy	YES	332	
Eye Movement Desensitization and Reprocessing (EMDR)	YES	41	
First Episode Psychosis Coordinated Specialty Care	YES	37	Modified Components
Other (Specify)	N/A	N/A	

\*Please include both county and HealthChoices funded services.

\*\*Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OAs.x

**Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices 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 the 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
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

<b>Total Number of CPSs Employed</b>	<b>26</b>
<b>Number Full Time (30 hours or more)</b>	<b>13</b>
<b>Number Part Time (Under 30 hours)</b>	<b>13</b>

**INTELLECTUAL DISABILITY SERVICES**

Washington County currently supports 672 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 supports, in-home and community based supports, person directed supports, residential services, supports coordination, adaptations, music therapy, nursing and others as permitted under the waiver. We continue to be fortunate to have providers that offer a wide array of waiver services. There are some service definitions we continue to look for providers to provide that would be very beneficial to those we support, such as Communications Specialist, Art Therapy, and Supported Living. There is one provider who is in the process in our County of becoming qualified to be a Supported Living Provider. We continue to need to expand our providers that will support people with Autism only, as well as enhancing the skills and training of all providers in this area. Any trainings ODP can offer on providing supports to those with Autism, dual diagnosis, or more intense behavioral and/or medical needs would be beneficial. Regardless of a person's funding source, or lack of funding, everyone continues to be given the opportunity to develop a plan that will build on his or her present and future. One of the major areas of focus is working with Supports Coordinators (SCs) to become more aware of natural resources, non-waiver related supports, and thinking outside of the box to ensure people are accessing all services that would benefit them. We send out emails to SCs regularly to provide them with new resources and opportunities to provide to individuals, families, and providers. We are also working on a website/natural resource guide for SCs, individuals, and families to be able to access.

**Individuals Served**

	<i>Estimated Individuals served in FY 18-19</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 19-20</i>	<i>Percent of total Individuals Served</i>
Supported Employment	0	0	0	0
Pre-Vocational	2	.002	0	0
Community participation	3	.004	3	.004
Base Funded Supports Coordination	21	.03	25	.04
Residential (6400)/unlicensed	4	.006	4	.006
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0

Family Driven Family Support Services	0	0	0	0
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- In the past 2 years we have helped to pay for some AWC supports overage when individuals/families over utilized beyond their budget. We have also paid for nursing on one occasion waiting for CHC to start. We continue to look at emergency cases, and non-MA individuals, on a case-by-case basis.

**Supported Employment:**

Washington County BHDS continues to be strongly committed to “Employment First.” We have extended our QM goal in this area. One of the measurements we are utilizing for achieving this goal is tracking all individuals that have identified wanting to work in their IM4Q interviews. We started this in 2017 and track the person on an on-going basis, removing them only if they change their mind or obtain employment. Each year we add new individuals based on IM4Q considerations. The 18/19 fiscal year interviews led us to add 15 individuals so we are now tracking a total of 40 individuals and their road to employment. We have been successful in this area by really encouraging the Supports Coordinators to focus on employment and this is helping them to expand this to others as well. We continue to have an Employment Workgroup that meets every 2-3 months. In the workgroup, we have AE, SCO, OVR, School District, and CPS/Employment Provider representation. We have also had family and individuals attend. We also include the ODP Western Region Employment lead as available. We have also added a Behavior Specialist and an IT person to our group as available since two areas of need for some to be successful in employment are adaptations/technology and behavior plans/supports. We have all levels of employment available from allowable service definitions to volunteering to true competitive non-supported employment. We ensure the OVR/ODP joint bulletin is followed in regard to Supported Employment and Pre-Voc CPS as well. AE ISP reviewers are also conscientious of the Employment/OVR section of the ISP to ensure information is there and accurate. We will be planning a National Disabilities Employment Awareness event/training in October as well.

**Supports Coordination:**

We have added a third SCO in 18/19. Supports Coordination is a main area of AE focus as we have found all SCOs need quite a bit of support and technical assistance. We continue to meet monthly with SCOs. We meet weekly with SC Supervisors. We meet quarterly with SCOs and Providers jointly. In talking with the SCOs, they have shown a need for additional supports in areas such as Lifecourse tools. We had trainings this past fiscal year for all SCs, as well as a hands0-on experience with each SC bringing a team to work on the tools together. We have found some SCs are really using the tools for things such as CPS variances, ISP topics, etc. Others see it as more work despite the fact that it ultimately makes the job easier and benefits the individuals and families so much. The SCOs have suggested that at our SCO meetings we ask each SC to work on a toll with a team and bring it back to the next meeting to share so we will be looking to implement that in 19/20. Our AE Intake person also uses the trajectory at intake and shares that with the SCs at time of assignment. We are doing a trial of including the SC in the intake meetings so that the families and individuals can share the information at once with both parties and start to make that connection with the SC. The SC will be a part of that trajectory development at intake as well.

The SCs are struggling in the area of effectively engaging in and planning for those on the waiting list. Some do quite well and some have a very difficult time thinking outside of the “waiver box.” SC

turnover also inhibits this from going as well as possible. The AE continues to talk at SCO meetings about being a “supports” coordinator and not just a “waiver supports” coordinator. Some of things we are trying to do to help in this area include sending resources out on a regular basis, developing a resource guide for them to share and refer to, the intake person provides them a list of the most needed areas so they know resources to start looking for, 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. Due to staff turnover, this has been requested again and the AWC provider will be coming to our joint SCO meeting to present. At the beginning of 18/19 we had 92 individuals in AWC. At the end of 18/19 we now have 101 individuals enrolled. SCs are starting to see the benefit of the service model to better present it to their individuals and families. We continue to not increase in V/F through PALCO. We have remained at three individuals for several years now. PALCO will be coming to present to our SCOs as well. This is not a topic SCs are as comfortable talking about. This will give them a better understanding of the pros of this service model and the individuals/families that may benefit.

### **Lifesharing and Supported Living:**

Lifesharing continues to be slow in growth. We continue to have one individual currently enrolled. We did have a second person in a lifesharing setting that began this year but unfortunately that setting did not work for the person’s needs. However, this did give that SCO a better look at the great benefits that can come for this area. It also seems they are looking at it more closely now for those in CLW with a Needs Group 1 as a great option. There is one family at this time with an open home for this. One suggestion was for SCs to be able to possibly see that home and ask the family questions to get a better idea of how it works. The SCOs have requested further training on lifesharing so we will be reaching out to providers to present. Anything ODP can offer to that extent would be beneficial as well. The other piece we are working on with SCs is really looking at their individuals that are currently in 6400 settings to see who could benefit from Lifesharing and/or Supported Living. They seem to have a hard time thinking outside of that “group home” box so we will be working on that as well. We currently do not have a Supported Living provider but have recently had a provider contact us to qualify for that service which is very exciting. The SCs are also excited about that as they can see how individuals would benefit from that. The SCOs feel that Supported Living could really “take off” once it begins.

### **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. Washington County continues quarterly ID/A Provider meeting in which we cover new ODP topics, speakers from outside our service system, etc.

We have held several trainings in the past year including a few on Lifecourse Tools. In 19/20 we are looking to provide training on the new IM bulletin, medication errors, technology, aging/medical needs, autism, lifecourse, employment, and others as they come to light.

The Washington County AE Intake Coordinator continues to work 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. She also works with a parent and an advocacy provider on how to best help schools understand our system, and how to get them to reach out to students and families with the information. She attends transition fairs as well. There is a Special Education Director from one school district that is a part of our Employment Workgroup. Our Intake Coordinator and/or QM person also continues to be a member of the Transition Council through the IU and OVR and attends, presents, and shares information through that.

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. For all individuals enrolled in DDTT an AE staff attends the monthly meetings. We have collaborative workgroup with Aging, MH, and ID services within the county that meets regularly and has hosted trainings. We also included MH, Aging, CYS, EI and School Districts in our Lifecourse training over the past year. We also have developed a close working relationship with the new BSU and work together on cases and refer to one another. The hospital liaison at eh BSU also keeps us updated regularly on any of our individuals that are admitted to the Behavioral Health Unit. With our work we are doing on a possible online resource manual, we will ensure all service systems and their supports are represented within that.

### **Emergency Supports:**

We look at each emergency case individually to see how they can best be supported, whether that be base dollars, MH supports, natural resources, etc.

Washington County continues to utilize SPHS as a 24-hour emergency crisis line. They provide both phone and mobile crisis services. 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. We will continue to offer that to them as needed. SPHS has the appropriate contacts if they receive a call that needs addressed beyond their assistance. They will contact the ID Director by phone or email, or the BHDS Administrator. The MH Director has also presented on Crisis services to the ID/A providers. SPHS will also be presenting at a quarterly ID/A provider meeting this year. We have given the SCOs information on the Crisis services as well and try to include that in Behavior Support/Crisis plans for individuals as appropriate, especially for those exiting DDTT. DDTT provides 24-hour crisis to those enrolled in their service. They also have the ID and MH Directors contact information if needed outside of normal office hours.

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

### **Administrative Funding:**

With ODP partnership with the PA Family Network, as well as our involvement with the Regional Collaboratives we have hosted two family trainings, one cross systems training, one SCO training, and one hands-on team training in 18/19. We will continue to do so. We have ensured the SCOs and the AE Intake Coordinator have the PA Family Network contact information to share as an available resource as well.

The agency we work with for our local self-advocacy group has also established a family group that meets monthly, at times with speakers. Our SCOs have that information to share with families as well. We also have the contact information for the families that participate in order to send them

information on trainings, etc. We offer, and will continue to offer trainings to families. Some that will occur in 19/20 are technology, incident management, and others as they are planned.

The HCQU is another key piece to training. Our providers continue to use both on-line and in person trainings for their staff and self-advocates. The HCQU is a part of our QM Council. We utilize them frequently for CTAs and they will be doing a medication error training for us this year. We currently are utilizing the CTA process and have had great success. One major item that we have implement over the past 6 months is our "Fatal Four" process, which we also add falls to. Any EIM incident entered that falls into one of these categories is followed up on. We have the SC review the ISP for accuracy and schedule a team meeting within a week. They then complete a questionnaire and corrective action plan. That plan frequently includes CTA or HCQU trainings. We have added the Health Risk/Fatal 4 into our QM plan this year.

Washington County continue to work with Chatham University. Chatham is a part of our QM council, Employment workgroup, monthly and quarterly provider meetings, provides IM4Q training to SCOs at our joint meetings, and has given information for our Advisory Board review.

Washington County will continue to offer trainings that are open to all in regard to aging, physical health needs, mental health needs, etc. We will have outside sources, as well as HCQU trainings. As trainings are hosted by other providers or ODP, we will continue to 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. This is definitely an area we can utilize support and resources form ODP for.

Some ways we are ensuring high quality is the Fatal Four process we have begun as listed above, CPS Provider meetings, trainings with providers on Incident Management, sharing of resources with providers, and working with SCOs on monitorings and quality. We also have our Human Rights Committee, with family representation.

Washington County BHDS continues to have 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 continues to be 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 also added the Fatal Four/Falls process. We have family involvement on our QM Council as well. We also have provided Self-Advocacy training on stranger awareness, etc. through the HCQU as well as Lifecourse Tools training.

Washington County continues to look 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 and a knowledge of how the system works. People living as independently as possible is always important and this is a focus.

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. 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 and they continue to invite ID/A providers to be a part of that.

**Participant Directed Services (PDS):**

Pathways of Southwestern Pennsylvania, Inc. who is our County's AWC regularly presents 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. That area continues to grow and am sure will continue to expand as SCs knowledge and comfortability expands. PALCO V/F has not expanded. They will be coming to present to AE/SCOs at a joint meeting to ensure everyone understands the benefits and what is involved with that service model. This will allow SCs to be able to better offer both PDS options, as well as the AE Intake Coordinator to be able to best explain this to new individuals and families.

**Community for All:**

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

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

Please describe the continuum of services to individuals and families within the county 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.

### **Bridge Housing Services:**

- Bridge housing services are not being funded this year. We previously provided bridge funding to our domestic violence program as match dollars for its Fresh Start program. Due to conflicts of interest involving housing first requirements that provider forfeited the grant. Another provider has taken that on and continues to provide domestic violence beds but does not need matching dollars.

### **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 19-20 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.

**Innovative Supportive Housing Services:**

- 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.

Background

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 related services (case management and recovery support) to residents of Washington County through careful management of government funding. The WDAC Case Management Unit provides screening, level of care assessments, and case coordination services to individuals who are seeking substance use disorder (SUD) treatment.

Washington County is in year six 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 that fosters a collective human services approach that effectively deploys the funding to the residents of Washington County.

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 are identified and strategies are developed to address system barriers and increase resources to meet the demand for treatment services. The SCA continues to increase their understanding of our county's population regarding age stratification and demand for drug and alcohol services among the various age groups and special populations through evaluation of the needs assessment information.

The demand for Substance Use Disorder (SUD) treatment and related services remains high in Washington County and continues to take a toll on all human 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 not only ensure that we are being fiscally responsible, but also to work as efficiently and effectively at addressing the county's most pressing SUD needs .

Please provide the following information:

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

When exploring the reasons that someone would possibly wait longer than 14 days, it is 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 100 licensed treatment providers, the wait is rarely due to bed availability. Individuals involved with the Jail Pilot, Specialty Courts and referrals from the Adult Probation Office may have release dates that over two weeks out, this is mostly due to the internal process that must take place prior to release from the jail and the level of treatment typically being long-term treatment. Participants in the Vivitrol Plus Program also skew the data as they don't appear to be officially admitted into Outpatient treatment until they are released from jail, even though treatment takes place 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, even if other facilities can accommodate them much sooner.

**1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)**</b>
Withdrawal Management	111	< 5 days
Medically-Managed Intensive Inpatient Services	0	
Opioid Treatment Services (OTS)	72	< 14 days
Clinically-Managed, High-Intensity Residential Services	180	< 7 days
Partial Hospitalization Program (PHP) Services	30	< 10 days
Outpatient Services	293	< 5 days

\*\*Use average weekly wait time

**2. Overdose Survivors' Data:** Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

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

Founded in November 2016, the Washington County Opioid Overdose Coalition exists to eliminate opioid overdoses, stigma associated with Opioid Use Disorder, and to ensure every patient with an Opioid Use Disorder has access to and support throughout treatment and recovery. We 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.

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

Three major accomplishments: 1) 293% increase in Naloxone administrations from 2015-2017; 2) 50% increase in treatment from 2016-2017; and 3) 110% increase in EMS non-fatal overdose calls from 2014-2017.

Washington County has seen a decrease in the number of accidental overdose deaths since 2016. There was an 11% decrease from 2016-2017 and a 27% decrease from 2017-2018. We continue to track data and one interesting trend to be noted is the narrowing of the gap between males and females who have died as a result of an accidental overdose. From 2015-2017 it was pretty much 3-1, male to female. In 2018 we are seeing more of a 1-1 ratio. Toxicology reveals that 41% of the overdose deaths were a result of Fentanyl and Fentanyl Related Substances (FRS) regardless of gender.

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

The following charts indicates the number of overdose survivals that were referred by the hospital emergency departments. This number is much greater for the county as a whole; however, these are the numbers that the SCA received a direct referral.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
61	46	15	71

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

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	0
4	2	0	2
3.7 WM	15	1	0
3.7	1	0	1
3.5	36	1	8
3.1	22	4	3
2.5	8	5	3
2.1	8	8	1
1	9	7	1

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

Our greatest need in terms of level of care (LOC) admissions is for detox/residential rehab (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. It appears that throughout FY 18-19, it is taking much longer for our clients to become HealthChoices eligible. This means that more SCA funds are necessary to gap fund clients. The SCA is reaching far more clients because of having a targeted case management unit, so when you consider a greater number of clients accessing services and couple that with more gap funding expenditures, adequate funding for services continues to be a challenge.

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 clinically managed levels of care or OBOTs can accommodate. Additionally, there are some opioid use disorder individuals who require longer term IV antibiotics and subsequently receive no SUD treatment during the six-week period 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. In 2018 the SCA along with HealthChoices Program issued an RFP for a long-term residential facility that would be located in Washington County and serve PWWWC. This RFP was awarded in early 2019 and the provider should be operational by the end of 2019. The SCA has begun to interface with the Washington Health System Obstetrics and Gynecology clinics to work toward early identification of pregnant women with substance use disorder. We now have local

physicians who are willing to convert patients to Subutex or Methadone and these women will soon be able to stay local for their SUD treatment of their SUD and their prenatal care.

Throughout Pennsylvania, residential treatment providers do not readily accept individuals on Medication Assisted Treatment (MAT). This is problematic when so many of the people we see at the SCA need a higher level of care for substances other than their OUD. Another facet surrounding MAT includes patients who have a legitimate prescription for Suboxone. For many, Suboxone is a drug of choice; a downward spiral where patients are abusing the medication and individuals want to detox from it. If the patient has a legitimate prescription, the treatment provider will deny access and refer the patient back to his/her prescribing physician for withdrawal management. Another area of concern around MAT; Methadone providers are not required to make entry into the PDMP; it would be most helpful to have this data as we begin to see more integration between physical health and behavioral health.

There is a definite need for more specialized residential treatment for adolescents. There is always a waiting list to access adolescent residential services.

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.

Over the past several years, 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, 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. Reinvestment funds are being used for start up costs at the new PWWWC long term treatment facility.

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

Since the inception of Act 139, Washington Drug and Alcohol Commission, Inc, which serves as the SCA for Washington County, has been the single point of contact for training and distribution of Naloxone to first responders. The SCA works collaboratively with the Washington County Office of Public Safety and the District Attorney to drive a county-wide training protocol that includes the distribution of Naloxone 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 3,721 Naloxone kits to both traditional and non-traditional first responders. This distribution also includes replenishment kits. There have been nearly 2000 individuals trained in the use of Naloxone. Since 2015, there have been 398 administrations of Naloxone from the kits the SCA distributed, this number does not include EMS administration.

In actuality, there was an increase in the number of calls to 911 for suspected overdoses; however, more lives were saved. 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. In 2013 and 2014 we begin to see 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 times more potent than 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.

The University of Pittsburgh Technical Assistance Center 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. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

**Warm Handoff Data:**

<b>Number of Individuals Served</b>	<b>524</b>
<b>Number Entering Treatment</b>	266
<b>Number Completing Treatment</b>	177

Please identify Challenges with Warm Handoff Process Implementation:

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. 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 and the EMS providers have been briefed on the number and it has been provided to appropriate management staff in each emergency department. The line is staffed during 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 provided with followed-up. Attempts need to be documented prior to chart closure.

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

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

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

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.”***

**Adult Services:** Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

**Aging Services:** Please provide the following:

Program Name: 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 for a dedicated veterans van to provide transportation to Pittsburgh for medical services. This provides needed transportation for veterans of all ages to get medical services through the closest VA medical hospital in Pittsburgh.

**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

**Program Name:** Outpatient Counseling Services

**Description of Services:** Provides mental health services to low income individuals, couples and families in Washington County. The services include counseling for depression, anxiety, anger

management, parenting services, family counseling, eating disorders and blended family adjustment. This program was moved from Adult Services to Generic Services so we could provide these services to our Aging population. This population has come under stress due in part to the parenting of grandchildren as a result of the opioid epidemic in the area.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Please indicate which client populations will be served (must select at least **two**):

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 as well as to conduct free healthy eating classes and life skills programs to consumers. Volunteers give in excess of 39,000 hours of assistance to the Greater Washington County Food Bank every year.

**Interagency Coordination:** (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

During the 2019-2020 fiscal year, HSDF coordination funds will be used to enhance the planning, delivery and coordination of services within Washington County's human service system.

Funds will be used for the annual licensing for our new Information and Referral app. The app provides a wealth of information from Aging Services to Veteran's Affairs and everything in between. This app puts human service assistance in the hands of our consumers 24 hours a day 7 days a week. The interactive app has active phone numbers, website links and one touch Google Map directions to service providers. The app is available for free to anyone via the Apple and Google Play stores.

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 continue 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)**

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

#### **Children's Evidence Based Practices**

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

#### **Children's Psychosocial Rehabilitation Services**

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

#### **Community Employment and Employment-Related Services**

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

#### **Community Residential Services**

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

### **Community Services**

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

### **Consumer-Driven Services**

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

### **Emergency Services**

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

### **Facility-Based Vocational Rehabilitation Services**

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

### **Family-Based Mental Health Services**

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

### **Family Support Services**

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

### **Housing Support Services**

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

### **Mental Health Crisis Intervention Services**

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

### **Other Services**

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

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

### **Partial Hospitalization**

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

### **Peer Support Services**

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

### **Psychiatric Inpatient Hospitalization**

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

### **Psychiatric Rehabilitation**

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

### **Social Rehabilitation Services**

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

### **Targeted Case Management**

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

### **Transitional and Community Integration Services**

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

### **Intellectual Disabilities**

#### **Administrator's Office**

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

#### **Case Management**

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

### **Community Residential Services**

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

### **Community-Based Services**

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

### **Other**

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

### **Homeless Assistance Program**

#### **Bridge Housing**

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

#### **Case Management**

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

#### **Rental Assistance**

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

#### **Emergency Shelter**

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

#### **Innovative Supportive Housing Services**

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

### **Substance Use Disorder**

#### **Care/Case Management**

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

## **Inpatient Non-Hospital**

### **Inpatient Non-Hospital Treatment and Rehabilitation**

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

### **Inpatient Non-Hospital Detoxification**

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

### **Inpatient Non-Hospital Halfway House**

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

## **Inpatient Hospital**

### **Inpatient Hospital Detoxification**

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

### **Inpatient Hospital Treatment and Rehabilitation**

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

## **Outpatient/Intensive Outpatient**

### **Outpatient**

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

### **Intensive Outpatient**

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

### **Partial Hospitalization**

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

### **Prevention**

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

### **Medication Assisted Therapy (MAT)**

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

### **Recovery Support Services**

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

### **Recovery Specialist**

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

### **Recovery Centers**

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

### **Recovery Housing**

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

### **Warm Handoff**

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

## **Human Services Development Fund**

### **Administration**

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

### **Interagency Coordination**

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

### **Adult Services**

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

### **Aging**

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

### **Children and Youth**

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

### **Generic Services**

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

### **Specialized Services**

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