Washington County

Human Services Plan

FY 2014-2015

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: WASHINGTON

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

B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.

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

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.

2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
Larry Maggi	Larry Maggi, Chariman	Date: 6/19/14
Diana Irey Vaughan	Diana Irey Vaughan, Vice Chairman	Date: 6/19/14
Harlan G. Shober	Harlan G. Shober, Jr	Date: 6/19/14

APPROVED AS TO FORM AND LEGALITY

COUNTY SOLICITOR

ATTEST: Mary E Helicke

CHIEF CLERK

per minute # 973
dated 6/19/2014

Appendix B
County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. Washington County is well-positioned for the successful implementation of the Block Grant Initiative because of its human services infrastructure and organizational design. The directors of the categorical departments (Mental Health/Intellectual Disabilities; Children, Youth and Families; Child Care Information Services; and Aging Services report to the Human Services Department Director. Although the Single County Authority (SCA) for drug and alcohol services in the county operates under the private, Executive Commission model, a very strong working relationship exists between the SCA Director, the Directors of the county-affiliated categorical programs, and the county's Human Services Director. Additionally, the Housing and Homeless Assistance Program and the Human Services Development Fund are administered directly out of the county's Human Services Department.

2. Washington County has formed a Block Grant Leadership/Planning Team which consists of the top administrative staff of the program areas included in the Block Grant Initiative and the Department of Human Services. This team is responsible for consolidating the planning process, developing services/strategies in response to identified needs and evaluating outcomes under the Block Grant Initiative. This process started with a Human Services Block Grant summit where categorical departments, the SCA and county affiliated programs came together to provide opinions and recommendations on the effectiveness of current systems and how to improve those going forward. This team will also be responsible for forming a large and diverse stakeholder group, tapping into already existing stakeholder committees from individual systems, to participate in the ongoing needs assessment process. Further, this team will be responsible for ensuring that continued progress is made in enhancing the effectiveness and efficiency of the county's human services delivery system and the goals of the Block Grant Initiative are achieved.

3. The flexibility that is inherent in the Block Grant Initiative will enable Washington County to advance this philosophy even further and provide the opportunity for real and measurable progress towards the goals of system reform, services integration and administrative efficiencies. In the 2013-2014 fiscal year, efficiencies resulted in the ability to move $150,000 to the Drug and Alcohol Commission so they could continue to serve clients through the year end. We were also able to provide $124,500 in match funding to secure an additional $124,500 in Emergency Shelter funds for the County.

4. Many individuals and families throughout Washington County face challenges that they are unable to meet on their own. These people require the assistance and support of the county's human service system to help them meet their needs, live safely in the community, and enhance their quality of life. Washington County's Human Services Department includes the offices of Behavioral Health and Developmental Services, Child Care Information Services, Children and Youth Services, Housing and Homeless Assistance Program, and the Washington Drug and Alcohol Commission. While many services and supports exist in the county for those who need them, individuals and families who access human services often receive services from multiple systems. In particular, it is quite evident from reviewing last year's data with regard to consumer profiles and services provided, a significant percentage of the consumers served had multiple issues that needed to be addressed by the Child Welfare, Behavioral Health and Drug & Alcohol systems. Further, it was recognized that overlap and duplication exists in the delivery of needed services by these three (3) systems and there are certain parts of the county where service delivery is impeded due to a lack of transportation.
   Another significant impetus for considering areas for improvement in the human services delivery system in the County came from the feedback received from stakeholder groups during the Block Grant planning process. Without question the consistent theme voiced by these stakeholder groups centered around the problems of confidentiality and information sharing, communication and collaboration between systems and a lack of services integration and coordination. Further, the stakeholder groups felt strongly that cross-systems training and perhaps a co-location of services would be ways to address these problems and bridge the gap between systems.

   In response to what was learned over the past year, the Department of Human Services plans to create a regional office location in a remote, yet highly consumer-concentrated area of the County to improve access to services as well as the efficiency and effectiveness of services to consumers with multiple problems. Initially, this regional office would be staffed by employees of Children and Youth Services, Behavioral Health and Developmental Services and the Washington County Drug and Alcohol Commission who can conduct their assessments and provide other services from this community-based location. In addition, this regional office concept will promote and facilitate inter-agency collaboration and communication, pilot ways to effectively address confidentiality issues and enhance information sharing between systems, and promote services integration and coordination.

The systems will work together to address the following items in order to meet the goal of opening a regional office within the next two years:

1. **Identify physical location** – Identify and obtain a space for the regional office facility that will accommodate the needs of each agency and the clients they serve. Determine what equipment will be needed for the staff stationed at this office in order to provide assessments and services at this location.
   Estimated timeframe for completion: 6 – 9 months

2. **Designate staff** – Identify staff from each department who will be working in the regional office and determine what assessments and services will be provided at this location.
   Estimated timeframe for completion: 6 – 9 months

3. **Cross-train staff** – Because each system has unique requirements, intake processes, confidentiality parameters, and regulations which govern services, it will be necessary to cross-train all staff who will be working in the regional office to better serve clients needing assistance.
   Estimated timeframe for completion: 9 months – Ongoing

4. **Enhance communication and collaboration** – Explore ways to enhance communication between and among systems, including the use of centralized electronic database. Identify areas for collaboration resulting in more effective service delivery and improved outcomes for clients.
   Estimated timeframe for completion: 12 months – Ongoing

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

Please provide the following:

1. Proof of publication of notice;

Ad Number: 1426815

PUBLIC NOTICE

The **Washington County Department of Human Services** is soliciting comments from the community regarding the Human Services Block Grant Plan for Fiscal Year 2014-2015, which includes funding for Children and Youth Services, Behavioral Health and Developmental Services, Drug and Alcohol, Homeless Assistance and Human Services. Public Hearings will be held on Wednesday, June 25, 2014 at 6:00 p.m. and Friday, June 27, 2014 at 2:00 p.m. in Room 104 of the Courthouse Square Office Building, 100 W. Beau St., Washington, PA 15301. Comments will be accepted in writing by the Department of Human Services, 100 W. Beau St. Suite 703, Washington, PA 15301 on or before July 1, 2014. A copy of the plan will be available for pickup as well as on the County website as of June 23, 2014 in the Department of Human Services. Interested parties can contact that department at 724.228.6863 or 724.228.6998 for additional information.

6-16

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

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

Proof of Publication

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

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

Observer-Reporter 06/16/14

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

Sworn to and subscribed before me this 16 day of June 2014

Eleanor B Smith

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Eleanor B. Smith, Notary Public
City of Washington, Washington County
My Commission Expires June 2, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Ad Number: 1426815

2. The Human Services Block Grant Public Hearing announcement was distributed to staff, contracted providers, consumers, and the general public. The announcement was published in the Observer Reporter newspaper. The hearings will take place at the Courthouse Square Building in downtown Washington.

3. The dates and times are June 25, 2014 at 6:00 p.m. and June 27, 2014 at 2 p.m.

4. A summary of each public hearing:

Human Services Block Grant Public Hearing

June 25, 2014

Washington County Human Services (HS) held a Public Hearing regarding its FY 14/15 plan and updates to the status of its transition to being a block grant county.

Tim Kimmel introduced himself, Cheryl, Brandi and Kim, who they represented and gave the welcome.
He began by giving a brief overview and introduction to the Block Grant and how Washington County stands in its transition thus far. He stated that this was the first of two public hearings that Washington County will be having in regards to this year's Block Grant plan.

He then asked for Judy Skrenta to give her public testimony.

Judy Skrenta, a Mother with a Special Needs Child
Attachments to the Minutes: Electronic, A scanned Speakers Card
Judy began by describing her unique circumstances. She is from Claysville, PA. She volunteered to speak on behalf of Washington Communities. She thought the group would like to know how the services they provide impact families.

She detailed that her son is a Special Needs child who suffers from Autism. Her family suffers as well as a result. Her family moved to the area from Pittsburgh in 2005. Her son had been managed at the John Merck clinic. When he turned 21 (two years ago) he was discharged. She related how difficult it was to find replacement services due to their insurance or his diagnosis. She described the attitudes and delays in seeing doctors. Most doctors only wanted to prescribe medication (mood stabilizers). She spoke about how if you missed an appointment the wait time to re-schedule was intolerable. Her son's behaviors worsened to include theft. Finally, she took her son to the Washington City Mission and the coordinator there referred her to Washington Communities.

Her experience with Washington Communities has been extremely positive. Her case manager, Ken Watson (in attendance at this meeting) has been extremely helpful in getting her son back on track. They met Dr. Lee (the Psychiatrist who works with Washington Communities) who informed her that her son was on the wrong medication (and presumably corrected his prescriptions). They met a therapist yesterday. She described how the office there is very basic but that it is always busy. They handle

many types of people there, many with medical equipment. She stated that the staff from Bridgett (a receptionist) on up is very knowledgeable, compassionate, caring individuals who treat people with respect. She understands the definition of compassion is “Love in Action” and stated that if that is true then Washington Communities is treating the residents of Washington County with Love.

Mental Illness affects the entire community. Without help, these people commit crimes, become homeless and sometimes die in the street. By releasing this grant, you are helping the all of Washington County grow and develop. Thank you.

Tim asked for any other audience members to give testimony but no one came forward.

Tim ensured that all in attendance picked up a copy of the FY 14/15 Block Grant Plan. He stated that this is the second year that the County has been in the program. At the end of June the Co. will have officially completed year one. The Co. was notified late in the first year and because of this delay in our selection to being a block grant county there was not a lot they could do. He informed the State that they would use the first year to gather data, determine outcomes and setting up stakeholder groups to get input. They had a HS Summit in May where there was tremendous participation with lots of great feedback. During this summit there were areas, services and populations identified that were in need of attention. Some areas of the County inaccessible to the HS delivery system. Recommended enhancements to the HS system and designs for the HS system for the future.

They reviewed that information to determine items that could be worked on and accomplished in the second year. He wanted to select items that could be successfully accomplished in year two. They determined the main themes identified at the summit. They used the summit as the main source of information. He related how there were representatives of all HS systems in the county at the summit.

Items that the summit singled out were:

- Transportation
- Coordination and Communication challenges in the HS system
- Service Integration of HS

He spoke about how, compared to other Counties, Washington Co. has a very robust HS delivery system with a vast array of services available to our residents. The feeling was that the existing services need improved to be more efficient and effective and to do more with what services we have before we expand into new services that we do not have operating at the present time.

Setting up a combined, no wrong door, one stop shop was an important request. It should not matter what the individuals or family needs are they should not have to go through multiple doors (systems) to obtain services that they need.

What they are proposing for year two is to develop a remote service location where services co-habilitate Drug and Alcohol, BHDS and CYS services in one remote HS location. The Mon Valley (Charleroi) is being focused on as there are many consumers there who are being serviced but have difficulties as transportation options between there and Washington City are very limited. They want to use this remote service location to test out common assessment instruments, sharing information (data systems) and dealing with confidentially issues in sharing consumer information between the HS systems.

The County would use the existing Provider Network to actually perform treatment once this initial assessment had occurred. Rather than having those residents come to Washington, we would be sending people out to that area on a not so scheduled basis. We could set up the service location being staffed 5 days a week. This would give us a pilot area to use this remote service location as a test bed to test out the common assessments instruments, sharing information a more uniform data base and breaking down confidentially barriers in a controlled environment prior to rolling out County wide as everyone seems to feel that is needed.

It is kind of a novel approach that will take significant planning and logistical work to coordinate and assign staff from three major disciplines to that service location to integrate. They are very excited about this and feel that they have to start somewhere. We have to look at innovative ways to do what we've been doing for many, many years more efficiently and more effectively. It will require cross training of the staff assigned to this location.

We are excited to inform the State about these ideas as they conform to what data that was gathered at the summit and the feedback they have been hearing. They think that it relates to the essence of the Block Grant Initiative in terms of trying to do things more efficiently and effectively and remove service duplication and overlap.

The other things that became clear to us after analyzing the consumers in the three systems was that more times than not were the families involved in any one of the systems had issues that all three of the systems needed to address. That is why we think that it's an appropriate next step. What we learn from the pilot will enable the Countywide expansion. To go County wide prior to the pilot would be doomed to failure. We will learn many things from this pilot in terms of centralized intake and centralized databases and that will enable a successful Countywide rollout. Cross training of staff and addressing issues of multiple caseworkers are involved with the individual and families life's with multiple service plans and all of that duplicative effort that doesn't result in successful service delivery.

At this time Tim opened the floor for questions or comments.
No one choose to speak at this time.

Tim stated that they know that transportation was the one of the top if not the number one biggest obstacle in delivering human services. We as a committee agreed that it is not within their capacity to address the transportation issues. There are other things that

they are involved with and will continue to be involved with the Transportation Authority and a regional transportation consultant that will address that. Human Services are not transportation experts. Rather than trying to deal with transportation, what they can do is to take services to the people in remote locations. Again, this is why they would like to test it in Charleroi.

Tim again asked for questions or comments.
No one spoke.

Tim asked if anyone present felt surprised at what he was detailing. No one responded.

At this point Tim asked Lynne Loresch directly if she had any questions.
Lynne responded that she was curious if a specific location that HS already has or finding a new location. Tim replied that they will be looking in the first six months to look at location. It is unknown we have to pay for a location or if one is available to be donated is not known. Spacing and equipment (Information system) needs will have to be sorted out as well (they will affect the location chosen). The respective systems will have to connect to existing data systems remotely for the time being.

Lynne asked if county staff being in a remote location or are we talking about or BSU staff would be in the remote location. Tim said no, we are talking about the intake and assessment or front-end staff used for referral prior to treatment or licensed provider. There would be staff from CYS, D&A, and BHDS.

Have you made or obtained an integrated assessment tool at this point? No, that would be down the pike and part of the Advisory Board's decisions.

We are telling the State that our target for the remote facility to be up and running would be by the end of the first (full) year, by the end of FY 14/15.

In response to a question from Ken, if the assessment process would affect the current Base Service Units (BSU's) SPHS, Centerville and Washington Communities, Tim stated that the BSU's will still function as always. Kim stated that from a CYS perspective this remote unit will allow us to respond more quickly especially with the initial allegations of abuse and neglect. It currently takes them an hour to get down to the valley and this will enable them to respond much more quickly to family needs.

Currently HS is looking to send staff persons down to the remote site five days per week. The BSU's will still function as they have always functioned.

Will the services themselves be changed at this point? Not now, just how consumers access services, intake and assessment only. A centralized intake process, not necessarily a centralized intake location. The intent is to make services more efficient.

Cheryl stated that beyond the intake and assessment changes, the real changes will be on the back end, with how the respective disciplines interact with a person as a whole.

Keep in mind the growing interest in centralized intake. Tioga County was mentioned as they have been performing centralized intakes for a long time. There are models already out there and Lynne wondered if Tim has been looking at those. Tim agreed and said they are.

There are always confidentiality barriers to keep the systems from interacting and communicating better.
They cannot share information on the same families. Those are the kind of obstacles that they are addressing.

Selma said that some of those obstacles and barriers are State regulation and rules. Is the State going to waiver those rules? Is there anything to do to lessen the State confidentiality and eligibility regulations and procedures (that are seen as limiting and restrictive)? She asked how could anything be accomplished when the regs. and rules are so vastly different among the differing HS systems.

Cheryl stated that the Block Grant Counties are growing (there are currently 30) and that we are charged (by being a Block Grant County) with integration and collaboration. So the hope would be, we are pushing that kind of thinking with legislators, beyond breaking down the silos for funding streams, now you must break down the silos (confidentially) so we can serve the population. She described how they spoke today with Scott (at the BCM BSU Combined Meeting) of how they can figure out how to share certain information but still stay with the legal limits of their confidentiality agreements. There are ways to do that and we always have to keep in mind that this is for the betterment of our clients. So there are ways with data systems to block certain access to what they view and what they don't view, but you are absolutely right that it has to start with the State.

They don't know if CYS will ever be able to fully share as they will keep getting mandate after mandate; it would just seem if the timing is right, as you may or may not know, as there is currently a prescription drug monitoring system is on the table (it's in legislation) and the whole issue with that was confidentiality. Because of law enforcement, professionals, medical are working all of that out, and that perhaps can be the stepping stone for Block Grant Counties to say (to the legislator) listen you can't charge us (HS) to do something and not give us the means to be able to accomplish it.

Tim stated that they are working with Harrisburg and the legislators to find was to bridge the gaps (between reality and what the regulations state). There have been and will be many meetings to find ways to accomplish sharing (of information) but operating within the regulations already in place. Policies, rules and regulations will never go away. Confidentially will never go away. Nevertheless, they (the legislature) must find ways for us to do the things they ask of us.

Lynne asked if Tim has worked on a budget for this, he stated that no but Tim doesn't believe it will be an issue at this point as the Block Grant is flexible enough (for now) to accomplish the goals we have.

Lynne asked if there has been any word on the State budget as yet. She believes that they will only pass a provisional (6-month) budget at this point (until the election is over). Kim hopes for level funding, which is just a 10% cut. The hope is that it stays flat and is not cut. Hopefully all this will not affect our (HS) budgets and Human Services will not be used to fill the Governor's budget gaps.

Scott described some of the efforts that BHDS has been undergoing (talking about the combined BSU BCM meeting today) in an attempt to be on the cusp of these changes in HS. We are looking in the MH system to streamline intakes and referrals amongst the providers so hopefully they are all on the same intake page so hopefully they are all ready when the time comes.

Tim again mentioned that the consumer feedback that has been received so far talks about how the hate having to repeat themselves and tell their story time and time again and be referred from door step to another door step. Combined intake is the single biggest issue. We can do better. We need to do better for the sake of the consumers. Consumers have enough issues when they are in crisis without having to go through everything repeatedly. Human Services as it is a complex system to maneuver, we don't need to add to their problems. We have to make it easier, where they tell their story once.

Brandi spoke about what Cheryl is talking about, finding solutions that are what's best for the individual and making that the priority is really the way to think about this kind of initiative. You can develop consent forms from a D&A perspective that allows that release of information to other people. Having the system wide education and knowledge base that then encourages that kind of communication across the different types of services that someone is working within. That is very much in line with this idea of a cross systems pilot. Hopefully that's what comes out of this, in addition to that unified intake process that consent process. Something given (to a consumer) that states that it is ok to give my information to them (another system). It comes up all the time from a HIPAA perspective and certainly from a State regulations concerning D&A and really finding ways to circumvent those very restrictive rules. The idea on integration from a County Perspective makes sense when you look at it from a National level everything is driving towards an integrated system. This is a perfect way to chip away at all of those road blocks that have prevented people from having a unified plan of service and systems from a unified plan of service, a unified look at what is happening to that person from all aspects. Not just something like Mental Health or D&A or involvement with CYS, but from thinking about what happens on a physical health side. How do you start having the conversations with Physical Health Providers and really look at the whole person at one time as opposed to 11 visits in one month just to get all the services they need.

Lynne wants to raise the issue of training for people, and cross-training opportunities that she thinks are so valuable. She spoke about the Staunton Farms Grant that allow there to be Drexel training on trauma, which wound up being cross system training. There were people from D&A, the BSU's, people from the ID side etc. It was a wonderful opportunity. It is great for staff to be able to interface who don't (usually)

interact. Silos are not just financial or training but a lack of familiarity (which each other's systems). The grat thing about that training was the connections being made (among the participants).

She stressed that for any of this to be successful she thinks that a system buy-in must happen. The HS workers must be cross-trained although finding the funding to so may be a challenge. This unified system must be attractive to the people working in the system in order for it to succeed. Everyone must be brought together and training in something interesting and leave feeling as if they are learning something.

Lynne asked if there have been any developments in devising an Advisory Board for the Block Grant in Washington Co. To which Tim replied that that is what they are going to move forward next to expand. They are looking to copy other Counties who have already been through this process (Allegheny and Westmoreland's Co. model were mentioned). We will benefit from their successes and failures. We will develop the Board as they have and through the Board we will determine how to proceed. This will be a repository for all the stakeholder input. Which we can then sift through and prioritize where they think the Block Grant Initiative ought to go.

Tim detailed how our Plan must be submitted to the State no later than July 7. To wit, he intends to have us submit by July 3rd, before the holiday break. He stated that the deadlines imposed by the State have really caused the County to accelerate the plans.

A question was asked if there were requirements imposed by the State as to Board membership and composition. Brandi stated that in Allegheny Co. the board is 51% comprised of family members, or people living with the experience, with 40 people on their board. Tim said that there is no requirement via the State but he intends to have a similar percentage in our composition.

Chris agreed that integration, especially in case management is the most important single issue and we need to ensure that an individual's information will follow them between all HS systems. There was discussion on how currently to gather all the necessary information that only through interpersonal relationships amongst the works is it possible.

All agreed that all this (unified intakes, etc.) is the best way to move forward with the individuals best interests at heart. It was mentioned that this will also free up the providers to save money as well (not having to duplicate effort).

Chris spoke about the difficulties from a provider perspective in obtaining the necessary information to treat his consumers. He spoke about how personal connections, the relationships, are how they are able to function. He wondered about the feasibility of having consumers drive to far locals to have intakes done. Cheryl stated that ultimately, based on the success of this pilot, that there could be intake centers scattered around the County, to best serve the consumers. It will be a big philosophy shift for HS to be able to do these things, it will take time.

Selma would like to see a marketing attack on existing staff must occur. They need to be part of this change. She thinks that current staff are enmeshed in the silo thinking and unwilling to go beyond their own systems. Staff needs desensitized to the silo way of thinking and retrained. This needs to be soon and parallel all this pilot activity.

Tim agrees that some staff has that issue (not wanting to cross systems). These are the ones that just get it. We can survive doing things the old way. We must stop doing things the old way or we just will not be around. We will get all staff to jump on board or they can jump off. Education is extremely important.

Tim asked if anyone had any further input before we called it for the night.

Tim reminded everyone present that there will be another meeting on this topic, in this venue, on Friday June 27th at 2 pm and invited everyone to return or refer others to attend.

Brandi thanked Judy for her personal story and the bravery it took to say it in front of those assembled. It is a most compelling reason for all of this activity.

The meeting adjourned at 6:45 p.m., with several individuals remaining behind to discuss the proceedings.

Human Services Block Grant Public Hearing
June 27, 2014
2:00 PM

Washington County Human Services (HS) held a Public Hearing regarding its FY 14/15 plan and updates to the status of its transition to being a block grant county.

Cheryl Andrews, Drug and Alcohol Commission asked if anyone would like to give their public testimony.

Austin Lee, AMI, spoke about his positions of Certified Peer Specialist and Peer Mentor. There are 200 individuals being served right now. He works with older adults and transition of age youth. Austin spoke to the programs offered by AMI including psychiatric rehabilitation and wellness. He stated that he is a supporter of the programs offered.

Cheryl asked if there were any others who would like to give testimony; there were no others.

Cheryl Andrews, Washington Drug and Alcohol, Kim Rogers, Washington County CYS, and Scott Berry, Washington County BHDS, introduced themselves. Scott stated that he was attending in place of Jan Taper who sent her apologies for not being able to attend this public hearing. Tim Kimmel, Human Services Administrator was introduced.

Mr. Kimmel began by stating that as Washington County was notified of their selection late into the year, it was decided that things would remain pretty much the same for the first year. Data would be reviewed and planning would begin for the 2014/2015 fiscal year.

A summit with stakeholders was held in May. There were many beneficial discussions and good feedback was provided. It became obvious that there is an underserved population, especially in the rural areas of our county. This is due in part to transportation.

Also discussed, what the system should look like moving forward. It was decided that centralized intake, better communication, and cross training of staff were at the top of the list.

Mr. Kimmel stated that they asked the question: "What could be achieved through the block grant?" In trying to answer this question they looked at client profiles in the main systems of Drug and Alcohol, CYS, and BHDS. It became obvious that families should be linked to all three systems as families today have many issues they are dealing with.

It was decided to pilot a centralized service site in a remote location of the county. The group then looked at where would be the best location and felt the remote area should be densely populated. The Charleroi/Mon Valley area was chosen. Most individuals in this area have to travel for their services, or a provider travels to them. Transportation is a major issue for individuals living in these areas. It was decided that the transportation issue is not our issue to address due to our budget constraints; however, we could take services to the consumers in these areas.

This pilot program will not negatively affect providers, but will serve as a place for assessments and/or evaluations to take place with referrals then being made to providers.

This program will also allow us to "test" the confidentiality issues that we now face and to see how we can all work as a team.

We will be searching for a "common" assessment instrument to cover all areas of possible services. In doing so, we would relieve some of the stress that these families face in having to repeat different assessments for different areas of service.

The county cannot continue to do business as we have in the past. Pilot programs will allow for a trial and error period as well as the cross training of staff.

This service site will serve as an entry point into the system(s). We are currently anticipating a six (6) month planning period and hope to have this site opened and functioning by the end of FY 2014-2015. This pilot program will utilize funds solely from the block grant. We hope to also improve communication and coordination between systems.

Mr. Kimmel then asked for comments or questions for those in attendance.

Will the pilot program expand and if so to what other area(s)?
We are hoping to operate under a “no wrong door” policy. While the plan would be to add future sites, we have not decided how many or in what location(s). The plan would be to have multiple sites within the county.

Will this site be located at an existing agency?
It is possible that we will utilize a current provider site; however, one has not been chosen. Drug and Alcohol will provide a person for intake as this system has a huge underserved population in the Mon Valley area. Mobile Case Managers will also be provided by Drug and Alcohol and will be cross trained in all systems.

The BHDS portion of the plan also covers a centralized intake site. We are considering the location of this site to be at one of our current provider locations; this site has not yet been chosen.

CYS has staff that currently covers the Mon Valley area, but they travel from Washington. A site in the valley would allow staff to be closer when needed.

Our BHDS system currently has three (3) Base Service Units (BSUs) in different areas of the county. We are looking to collaborate more with the Drug and Alcohol, and CYS systems.

The duplication or overlap of our current systems causes the consumer to suffer. Often the recommended treatments in these different services contradict one another.

When reviewing the data, it was realized that a large percentage of clients are served by more than one system. Of the court active CYS cases that currently exist, over one-half have drug and alcohol issues.

Comment:
While it would be great for providers to be on the same page for treatment for our clients, there are licensing barriers that state that we cannot have the same treatment plans for different programs.

Will Washington Rides be a covered medical service?
Currently in mental health, intake appointments are covered by Medical Assistance (MA).

Currently Case Managers do try to work toward common goals; however, with several services needed for an individual this is difficult. With the “new” system, would there be just one (1) case manager assigned to an individual?
Treatment will remain the same. The coordination of appointments, etc. would be streamlined. Coordination of care is complex for the consumer; not complex for those

of us in Human Services. Case Managers will have more duties; therefore, more case managers may be needed.

The pilot program and pending change will be a slow process and we will not proceed without consumer input. Our goal is to improve access to the system. Moving forward, we will look at how we can interface with each other. It is anticipated that there will be a major culture shock to Human Service professionals. While we hope to pilot the program in the Charleroi/Mon Valley area, we plan to begin educating all HS professionals now.

Has this model been used elsewhere? If so, has it been successful?
It has been used in Tioga County. There are currently 30 block grant counties that are moving in this direction. Data we refer to would be from Tioga County.

Selma Tansey, Washington Communities Human Services, Inc., stated her understanding of the basic plan and the understanding that consumers will still go to the base service units.
This is correct.

A database that would be accessible to all and save time would be created. This is costly and will not be soon, but down the road.

How would we align the systems for the database? Crawford County faces challenges as Drug and Alcohol is still a separate piece. Viewer privileges can be made available.

This will be a slow process and a panel will be established to assist.

An attendee had been involved with the Tioga County process and stated that the DPW had taken that particular process on as a sort of "mission". She asked if Washington County felt they were getting the support they needed.
The DPW State Rep for CYS is in attendance here today and they are aware that our county is moving in this direction. Legislators have charged directors to integrate their systems. To be a truly integrated block grant county, we must be fully integrated and not silo-d as we have been in the past.

We are researching ways to obtain input and feedback from stakeholders. One way is by reviewing information from other counties as to how they have put together advisory groups for this purpose. Some counties have applications to be completed for individuals to apply for the group. We plan to be as open and transparent as we can be about this process so that we can gain as much input as possible. Allegheny County is one that we are looking at, although our number would be smaller, we could see how they were able to get people to submit applications for the group.

Once the plan is submitted to the state, it is expected that there will be a short turnaround time for the approval and the time that we can begin the advisory group process.

The meeting adjourned at 2:45 p.m., with several individuals remaining behind to discuss the proceedings.

PART III: WAIVER REQUEST
(applicable only to Block Grant Counties)

The Department of Human Services will not be seeking a waiver in the FY 14/15 Human Services Block Grant plan.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Washington County Behavioral Health and Developmental Services (BHDS) will continue to offer a range of recovery-oriented treatments and supports to all age groups within the system of care. Treatment services will be provided through traditional Outpatient, Intensive Outpatient, and Partial Hospitalization Programs in multiple sites throughout the County (including school based satellites); and to adults in the community who meet the criteria through the Assertive Community Treatment (ACT) Team. Additionally, the Mobile Medication Program ensures that consumers have the additional assistance they need to learn about their medications and how to take them properly. Treatment is also available to children, adolescents, and Transition Age Youth (18-21) through Family Based Services and Parent, Child Interactional Therapy (PCIT) for children aged 2-7.

Crisis and Emergency Services are available to adults via a centralized phone number and are delivered 24 hours a day, seven days a week with telephone, walk in, (accessible also through the Crisis Stabilization/Diversion Unit) and mobile services. Children and adolescents meeting the criteria are also able to access an identified Diversion and Stabilization (DAS) Unit. When consumers do need inpatient admissions, our Hospital Liaison is able to ensure that appropriate linkage and coordination occurs. Additionally, through our forensic initiatives, we provide services to mentally ill offenders who are adults, older adults, and Transition Age Youth aged 18 years or older. Additionally, our Forensic Liaison serves individuals in the County Correctional Facility and also provides assistance to others who may be scheduled for release from State Correctional Facilities as well as providing services to those individuals involved with the legal system at large.

Case Management Services, which vary in intensity based upon need; from the most basic Administrative Case Management level, which allows for linkage to services and supports; to Blended Case Management, designed to be delivered in a fluid manner with the opportunity for more or less intensive assistance; and finally to the specialization of a Forensic Case Manager and the Case Management portion of the multi-disciplinary ACT Team designed to meet the needs of our most severely ill individuals. Administrative and Blended Case Management are available to all age

groups; however, Forensic Case Management and ACT are currently only available to Adults, Older Adults, and Transition Age Youth aged 18 years or older.

Rehabilitation services designed to enhance skill development and role functioning will be provided through our Supported Employment Program, CRRs, Mobile and Site Based Psych Rehab. Enrichment services are provided through the two Social Rehabilitation Programs serving the County. Finally, our services system includes the Representative Payee Program which offers valuable practical assistance in learning to manage one's funds, and the Mental Health Court which offers interventions at multiple intercepts of the Sequential Intercept Model. Additionally, Behavioral Health Rehabilitation Services (BHRS) and Multi Systemic Therapy (MST) are available to service the rehabilitation needs of children, adolescents and our Transition Age Youth (up to age 21). All other services indicated are available to Adults, Older Adults, and Transition Age Youth aged 18 years or older.

Basic support services come in the form of Housing Support Services in Mental Health Supportive Housing Program and our unique Mobile Housing Supports Team. Special Funds, such as Family Support Services (FSS) Dollars and time limited Contingency and Rental Subsidy funds provide practical assistance in meeting one's basic needs. These services are available for individuals of any age with the exception of FSS which is devoted to families with children within the Mental Health System.

Peer Support Services, such as the Medicaid funded Certified Peer Specialists and the BHDS Base Funded Peer Mentors provide opportunities for self-help. Such help is also provided via the Community Support Program, the County's Drop-In Centers (Alliance and the Circle Center), as well as the National Alliance on Mental Illness (NAMI) support group. Wellness activities will be facilitated through the Cameron Wellness Program, which is popular in serving many individuals and the Drop-In Centers' Fitness Area. These services are available to Adults, Older Adults, and Transition Age Youth aged 18 years or older.

All the services identified herein are supported by a combination of Human Services Block Funds, Behavioral Health Services Initiative Funds (BHSI), and County Match dollars. Many are supported through the HealthChoices Program or Medicaid Fee for Service. Additionally, certain housing supports, such as Rental Subsidy and Housing Contingency Funds, and the Mobile Housing Support Team are funded by HealthChoices Reinvestment dollars.

a) <u>Program Highlights:</u>

CHILD AND ADOLESCENT SERVICES

- The Child and Adolescent Department of BHDS worked to develop a very comprehensive Summer Resource Guide for children and families served. Through the county's participation in the ISPT meeting process many children were diverted from the STAP level of care to instead enjoy more community-based supports based on their needs.

- Stepping Stones Plus, a site-based autism program, doubled its capacity during the third quarter of the year. They are now able to serve children within a wider age-range to help meet their needs in enhancing their social skills to be better able to interact with others.

• On Friday, October 18, 2013, the Children's Task Force / CASSP Advisory Board sponsored training. This training was open to the public and free of charge. About forty people attended the training and we received positive feedback regarding these presentations. Dr. Lee, Child Psychiatrist, from Washington Communities Human Services, Inc., spoke to the group about Mental Health Issues involving children and adolescents and answered questions from the audience. The second presenter, Ted Hoover from PERSAD Center, Inc., provided a training that was tilted "LGBTQ 101". Mr. Hoover spoke to the group about basic definitions and the challenges that the LGBTQ population faces daily. He also spoke with the group about where individuals could turn for help and the lack of discrimination laws in place to protect the LGBTQ population. Mr. Hoover invited those in attendance to participate in the Community Safe Zone Events, sponsored by the PERSAD Center, Inc., that occur in Washington County.

• On March 31, 2014, the County Student Assistance Team and our office sponsored a Student Assistance Program (SAP) Update Training for school personnel including administrators, teachers, nurses, and guidance counselors and our SAP liaisons. 33 people attended the free all day training. There were two presentations on the following topics:
Effects of Trauma – Signs and symptoms of trauma, Physiological and Psychological Effects of Trauma, PTSD. Presented by Angel Regel and Cheryl Emala, SPHS Care Center.
Fetal Alcohol Awareness – Learn what FASD means, Primary and Secondary Effects, Intervention Presented by Deborah Hardy, Office of Mental Health and Substance Abuse Service. A survey of the attendees was also completed to determine future training needs.

• In January and February of 2014, County staff participated in child specific cases with our Children and Youth Agency facilitated by the Annie E. Casey Foundation to assist in finding permanency for our youth who are in the child welfare system. The goal of the joint collaboration was that all children need and deserve a family for life, as well as effective services and public systems that ensure, above all, their safety and well-being. Individualized and creative plans were developed to ensure that all children, regardless of circumstance, achieve the best outcomes possible and have lifelong connections to a caring, nurturing family.

• Washington County responded with DCORT at a school site following the standoff near the school and evacuation of that school.

• On May 16, 2014, for Mental Health Awareness Month, Washington County BHDS, the Children's Task Force, and Washington County CYS sponsored a Provider Networking and Informational Fair at the Courthouse Square Public Meeting Rooms from 9am to 3pm.
Provider Agencies presented information throughout the day regarding what programs are available in Washington County for children and adolescents and how to access needed services. We also had a one hour presentation, by the Washington Drug and Alcohol Commission, regarding Current Drug Trends. The Provider Networking and

Information Fair was attended by over 70 people. We received positive feedback regarding the presentations and the information provided.

ADULT MENTAL HEALTH

- The Washington County DCORT responded to seven incidents within the county during flooding, auto facilities, house fires and shootings. Collaboration occurred between the Red Cross, schools and other local agencies.

- We received approval for our "Mental Health Matters" Grant application and will be planning training for Law Enforcement to take place the first quarter of the year.

- In September we accepted the first participants in our newest Site-based Psych Rehab Program operated by SPHS.

- In October 2013, two special events were conducted in keeping with the theme of Mental Illness Awareness Month. The first occurred on October 11th and 12th when Washington County BHDS participated in “Community Days” at the Washington Crown Center Mall, with tables displaying information and resources for the entire Mental Health Service System in an effort to provide outreach and education, as well as combat stigma. Additionally, both the staff of BHDS and the Mental Health workers attending the tables provided free screenings for depression and other mood disorders, as well as Generalized Anxiety Disorder and Post Traumatic Stress Disorder. The second event was a three hour presentation on suicide offered to all providers by licensed psychologist and nationally accredited suicide prevention specialist Sam Lonich.

- In December 2013, we were approved for a Staunton Farm System Enhancement Grant. The funds were utilized to provide for Ron Manderscheid to act as consultant and assist us in strategic planning for the ACA implementation. Additionally, funds were utilized to provide training for providers on Motivational Interviewing.

- In order to provide outreach and education, The Washington County BHDS Office and many of its providers participated in a Health and Safety Fair at the Washington Crowne Center Mall on March 27, 2014. Additionally, BHDS was represented at a fair held at Penn Commercial Business College on March 7, 2014, to reach students in need.

- In December 2013, BHDS applied for a Staunton Farm System Enhancement Grant. The funds were utilized in February, as BHDS worked with consultant, Ron Manderscheid, Director of the National Association of County Behavioral Health and Developmental Disability Directors, to develop a plan regarding implementation of the ACA and its impact in Washington County. These funds were also utilized to offer training for providers on Motivational interviewing.

- BHDS provided two trainings for Law Enforcement in February. The first was an eight hour Mental Health First Aid-Public Safety Course offered on February 3rd and

4th. Approximately 42 officers participated. The second, entitled “Suicide by Cop”, was held over two half day sessions. The training was provided by Dr. James Drylie of Keen University in New Jersey. Dr. Drylie, who served directly in various positions of Law Enforcement for more than 25 years, was very well received by a total of 48 officers.

- With the assistance of SBHM, Washington County distributed an Autism Needs Assessment designed to target individuals age 16 and up residing in Washington County and having a diagnosis on the Autism Spectrum. This project developed from the BHDS Autism Workgroup as a way to quantify information that will help us develop priorities for future focus. •The 3rd Annual Mental Health Awareness Fair was held on Friday, May 23, 2014, with 104 individuals in attendance including consumers, family members, providers and a very small number of individuals from the county at large. The Fair included provider displays, as well as, many others such as NAMI, OVR, and a variety of physical health and nutrition tables. The Fair also included a proclamation on Mental Health Awareness presented by the Washington County Commissioners, as well as a brief address provided by State Representative, Brandon Newman. Other speakers presented on the topics of Promoting Physical Health, Healing from Trauma, and Self-Confidence and Self-Esteem. Additionally, many, many donated prizes were raffled off at the event.

- Staff from the Adult MH Department will also be teamed with staff from the Child and Adolescent Department on Friday, June 20, 2014, to participate in the 11th Annual “Prevention Fair in the Park” sponsored by the Washington Intervention Network in conjunction with the Washington Drug and Alcohol Commission.

- On May 9th an all-day training was sponsored by BHDS (Adult MH) through the Western Psychiatric Institute and Clinic (WPIC) here at Courthouse Square for all providers on the topic of Motivational interviewing. Motivational Interviewing is a key therapeutic technique utilized to help move individuals through resistance and ambivalence toward positive life change. Over 80 individuals participated.

- Another training, on Ethics and Boundaries, also sponsored by BHDS (EI & Adult MH) and provided through WPIC, was held on May 22, 2014, in the Public Meeting Rooms of Courthouse Square. This training was available to all providers with over 100 in attendance. The Ethics and Boundaries training focused on the basic principles of ethics, as well as, the newer challenges associated with social media, etc.

- Recently, BHDS was asked to be one of the counties statewide to partner with the Department of Public Welfare in applying for a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), which is the federal entity responsible for guiding the direction of behavioral health services toward quality standards. The grant entitled, “Now is the Time” Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Condition” is designed to provide outreach and engagement, address service gaps and develop best practice guidelines for this unique population. The grant was submitted on Friday, June 13, 2014, so we will now await a response.

• Washington County BHDS has begun to work collaboratively with our D&A SCA and local inpatient settings to address the needs of individuals with Co-occurring Disorders on Behavioral Health Units.
• We are currently preparing for the coming year when we will begin to monitor and track the ongoing success and treatment adherence of individuals who have successfully graduated from the Mental Health Court and 90 Day Diversionary Programs.

b) <u>Strengths and Unmet Needs:</u>

Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**
  - Strengths: Washington County BHDS works closely with the Washington County Aging Services Department as they provide Ombudsman Service to the Older Adult population who reside in long term care. BHDS representatives regularly attend Dom Care and Risk Management meetings to monitor quality of care and closure matters regarding such facilities. Additionally, for many years Washington County utilized an Aging Behavioral Health Partnership. Unfortunately, the partnership has not been as active in recent times. Nevertheless, an MOU, establishing a commitment toward collaboration is updated annually. Since Washington County has s high percentage of individuals in its population who are older adults, we do serve many through our array of services.

  - Needs: The strengths indicated above are clearly of value; however, we continue to recognize the challenges faced as our most severely ill individuals develop medical complexities and require long term or skilled nursing care. At times, we encounter resistance from these facilities in admitting individuals with such a profile.

- **Adults (ages 18 and above)**
  - Strengths: Washington County has a vast array of individualized services available to the adult population.

  - Needs: Although Trauma Informed Care exists in isolated pockets, our system has not yet begun significant transformation towards the philosophy, principles and practices set forth in the standards.

- **Transition-age Youth (ages 18-26)**
  - Strengths: BHDS developed a Housing Program, in collaboration with HUD funding several years ago to serve a portion of this population with Co-occurring needs. Additionally, a Transition Age CRR was developed three years ago. We also contract for the Teen Outreach Center for adolescents. The Center acts as a Drop-In Center, but also provides a variety of structured groups and recreation including those specifically

related to the Lesbian Gay Bisexual Transgender Questioning Intersex (LGBTQI) population.

- Needs: All of the above are strengths; however, a significant area of concern surrounds the unmet needs of the TA Youth with Mental Health Diagnoses and Autism Spectrum Disorders entering the adult system. Although the Adult Autism waiver exists, it is limited in its scope and value. As such, we are continuing, through an internal workgroup and a recently completed needs assessment, to explore areas where we can feasibly have an impact through program modifications or enhancements.

- **Children (under 18)**. Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

  - Strengths: The BHDS Child and Adolescent Service System have a number of strengths. First, the Child and Adolescent Service System Program (CASSP) Coordinator works diligently to ensure quality and coordination of care. She is responsible for scheduling and facilitating interagency team meetings in order to address the needs and services available for families with children that have mental health issues. These meetings include the parents, all service providers involved with the family, the school district, and any other agency involved with the family. During the meeting, all concerns are addressed and a plan is made, with input from the family, on how to address the concerns moving forward. The CASSP Coordinator also is the initial point of contact for all Family Based referrals in Washington County; assisting the family with choosing a provider and holding team meetings throughout their involvement to ensure that the needs of the child/ family are being met. CASSP Coordinator is the co-chair of the Children's Task Force/CASSP Advisory Board; this is a group of professionals and parents who work together to bring trainings for other professionals and parents regarding important topics in Children's Mental Health Issues. Two trainings are held a year that are free to all that attend and also incorporate a Provider Fair in order to bring more information about available services to the attention of the consumers and their families. The CASSP Coordinator will also attend meetings at the various school districts at the request of parents in order to address any concerns with the child's IEP or 504 Plan. The CASSP Coordinator is also a part of the Child Death Review Committee; this committee meets quarterly and discusses recent child/adolescents deaths and whether they could have been prevented. The CASSP Coordinator also participates in the Local Task Force and LEA monthly meetings at the Intermediate Unit to continue to foster good working relationships with our fourteen school districts.

  - The Student Assistance Program is also a key strength, and it is active in all fourteen school districts in Washington County. Thirteen school districts are licensed as satellite Mental Health Outpatient programs and

provide school based Mental Health Outpatient treatment at several schools. A licensed psychiatrist provides psychiatric care so that children and adolescents do not have to miss school to attend psychiatric appointments.

- Two school districts have licensed School Based Partial Hospitalization Programs within the school setting. These specialized programs enable children and adolescents to remain a part of their school. All plans are individualized and children and adolescents can attend core classes, gym, lunch, etc., if clinically appropriate.

- A final key strengths lies in the fat that BHDS provides for the utilization of Respite Services on a regular basis. Families have found the support to be extremely helpful in maintaining their child in their home by giving caretakers a much needed break. An example is a child who is diagnosed with Prader-Willi Syndrome. The family uses respite on a monthly basis which enables them to have a break from the challenges of this diagnosis.

- Needs: An area of unmet needs for children is having clinicians trained to work with children who have been diagnosed with Reactive Attachment Disorder (RAD). Children Diagnosed with attachment disorders have difficulty connecting to others and managing their emotions. Many of these children have experienced neglect, abandonment, and abuse by their caretakers. If symptoms of abuse are not addressed early, it can lead to serious developmental and behavioral problems. If left untreated, unresolved child attachment issues can leave an adult vulnerable and unable to form secure adult relationships and more serious mental health problems.

Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.

- **Individuals transitioning out of state hospitals**
  Strengths: Washington County BHDS, as one of the Mayview Regional Service Area Counties has had no dedicated State hospital beds since the closure of Mayview in December 2007. Through the Mayview Regional Service Area Plan (MRSAP) collaboration and through its contract with Allegheny HealthChoices (AHCI), BHDS continues ongoing discussion of resources to meet the needs of our most seriously ill. AHCI has assisted the five counties in studying the characteristics of individuals who would have used Mayview had it not closed, and examined the supports that are necessary to help them remain in the community. Fortunately, at the closure, significant infrastructure development occurred through the BHDS services system. . Up to the present time, we have been able to maintain most of the infrastructure development from the closure and we continue processes such as CSP tracking, intensive incident management, and inpatient monitoring and collaboration in order to achieve

positive outcomes. Washington County BHDS continues to be a long-standing outlier having the lowest number typically in the region.

Needs: With cuts to CHIPP/SIPP funds in the recent past, maintenance of our resources continues to be a struggle at times. Additionally, in looking at our outcomes, we recognize the need to work towards achievement or greater approximation of the State's Gold Standard for Impatient Re-admission Rates.

- **Co-occurring Mental Health/Substance Abuse**
  Strengths: Almost three years ago, BHDS began to focus efforts to serve individuals with Co-occurring Disorders. Through grant funding, we were able to utilize the services of Drs. Minkoff and Cline who developed the model for a Comprehensive Continuous Integrated System of Care (CCISC). Through this project, providers completed self-assessments to evaluate their readiness to deliver services consistent with the model. Additionally, a Steering Committee and a Change Agent Team were both developed in the process. Through these efforts BHDS has been able to identify core elements necessary to our system. These efforts continue. Also, through our commitment to improve the quality of care for individuals with Co-Occurring Disorders, we have worked collaboratively with Washington Drug and Alcohol and the Inpatient Units (as indicated in another area of this document) to identify and engage high risk individuals.

  Needs: Based upon the significant number of individuals with Co-occurring Disorders and other indicators of risk for those who present both on the Behavioral Health Unit and within our service system in general, we recognize the need for ongoing collaboration and coordination of care, as well as efforts to prevent accidental overdose among this population.

- **Justice-involved individuals**
  Strengths: Washington County BHDS has served many individuals through its Forensic Services. From its inception through the first quarter of 2014, the Mental Health Court Program has had 57 participants with only one termination. Of those individuals, only 18 have reoffended. The Diversionary Program has also proved to be successful with 187 participants and only 18 terminations. Additionally, only 27 individuals have reoffended. Also, ongoing efforts continue to provide training for law enforcement such as our recent efforts with Mental Health First Aid-Public Safety and the "Suicide By Cop" Phenomenon.

  Needs: These are all strengths; however, we recognize the need to strengthen on-going collaboration with the hope and intent of developing a CIT in the future.

- **Veterans:**
  Strengths: BHDS is always available and willing to collaborate with the Veterans Administration and to assist those with Mental Illness identified in the Washington County Veterans Court Program and have examples of successful efforts.

Needs: Our need is that we have no specifically identified program of outreach at this time, nor can we state that our services are fully equipped to address the trauma experienced by the veterans of our county.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
  Strengths: Washington BHDS is fortunate to have the Teen Outreach Center that supports adolescents and transition age youth with these areas of need. Additionally, PERSAD has a satellite office in town which allows for greater accessibility. Educational trainings, outreach and communication occur.

  Needs: Greater emphasis and oversight must occur to ensure that all providers understand and adhere to the standards and guidelines in serving and supporting our LGBTQI population.

- **Racial/Ethnic/Linguistic minorities**
  Strengths: We have offered training in the area of Cultural Competence on many occasions over time.

  Needs: We have not developed a particular direction in preparing to serve these needs. Given the influx of Hispanic and Mexican American individuals to our region, we may consider working to ensure that the needs of non-English speaking individuals can be accommodated.

- **Other, if any (please specify)**

*Assessment of need was based upon Base Service and HealthChoices Data, Quality Management activities, provider quarterly reports anecdotal reports, and stakeholder input from a variety of meetings and other forums, as well as elements of data gathered from the list below.

In order to continue monitoring the needs of the Mental Health System and to most objectively identify our future priorities and goals, we have targeted the following data collection and outcomes:

- Utilization of both HealthChoices and Base Service data for each service (Inpatient, RTF, BHRS, ACT, Case Management, Psych Rehab, Crisis, etc.) by distinct member and by dollar.
- Involuntary Commitments by type with relevant demographics.
- Early Warning and Critical Incidents by a variety of specifications including by type, by provider, etc.
- Inpatient re-admission rates.
- Number of individuals involved in MH Forensic initiatives (Mental Health Treatment Court, 90-Day Program, Forensic Crisis, etc.).

- Number of Law Enforcement staff trained in Mental Health First Aid and other Behavioral Health sponsored trainings.
- Number of individuals, served in our system, who reside in Personal Care Homes.
- Names of individuals with Serious Mental Illness (SMI) known to our service system who are in need of nursing care.
- Number of Transition Age Youth to utilize specialized housing and residential services.
- Gaps in BHRS Services whereby the prescribed service is delayed and/or unfulfilled.

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

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

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

In consideration of not only the needs identified above, but also the spirit and purpose of the Human Services Block Grant, and in consideration of the Affordable Care Act (ACA), Washington County BHDS will attempt to accomplish the following Recovery Oriented System Transformation Priorities:

<u>Priority 1</u>

As we set our sights toward greater integration among and between each Human Service Department, BHDS will work to achieve increased integration and centralization within in its own system. In doing so, we will work to develop a centralized Intake and Referral Unit with satellites throughout the county, as

necessary, to ease access. Immediately following finalization of this step, we will extend an invitation to one of our fellow partners from the Human Services Block Grant (i.e., Washington Drug and Alcohol, CYS, etc.) to join in our endeavor by expanding the Intake and Referral Unit to service individuals from both systems. Such an action would create the opportunity for a "No Wrong Door Approach".

Timeline

September 30, 2014 – Identify the necessary components, standards and expectations of the Centralized Intake and Referral Unit

November 31, 2014 – Issue RFP to identify a qualified provider.

January 1, 2015 - Select a provider and move toward implementation (acquisition of site, purchases, selection and training of staff, etc.)

May 31, 2015 - Target date for opening of the BHDS Intake and Referral Unit as well and scheduling of discussions with Humans Services Partner(s) to begin discussions and planning of the joint effort identified above.

Resources

Technical Assistance from a variety of sources will be utilized. Additionally, it is expected that a minimum of $300,000 will be needed for start-up of the BHDS Centralized Intake and Referral Unit. Dollars from the Block Grant will be dedicated to this project from among those allocated to BHDS.

Priority 2

Also in keeping with the conceptualization of the Human Service Block Grant and movement towards the ACA, BHDS intends to expand the already existing Crisis Services offered within its system, to develop a Centralized Crisis Triage Service. Centralized Triage would be accessible to, and for all partners within the Block Grant, not only BHDS, such that crises experienced by those with Drug and Alcohol, CYS, Aging and Homeless Services needs can be triaged and a direct transfer can occur so that the individual can be efficiently linked to assistance. This endeavor will not only expedite care, but it will also prove to be an alternative, cost effective measure to individual Crisis Triage points in multiple systems.

Timeline

August 31, 2014 - Develop a workgroup comprised of members from each Human Services Department.

December 31, 2014 - Complete identification of the elements that will be necessary for the Centralized Crisis Triage to function effectively such as the processes, practices and mandates necessary for each department

February 28, 2015 - Development of a schematic to include a decision tree with clearly identified paths to be utilized by triage staff.

March 30, 2015 - Hire and train triage staff.

May 1, 2015 - Pilot implementation with the intent of full operation by June 1, 2015.

Resources

It is anticipated that a minimum of $150,000 will be needed for start-up to include site renovations, purchase of any additional fixed assets or supplies, costs associated with staff training as well as public outreach and education. Either HealthChoices Reinvestment and/or Block Grant Funds will be utilized for this priority.

Priority 3

Because we now clearly recognize that an overwhelming percentage of individuals whom we encountered have suffered some type of trauma through their lifespan, which prohibits their progress and impedes their ability to experience quality of life, BHDS will facilitate the transformation of all systems within the Human Services Block Grant (and perhaps additional partners such as Corrections, etc.) towards formalized adoption of Trauma Informed Care for all service recipients.

Timeline

September 1, 2014 - Reach out to resources to identify the core curriculum to be utilized.

November 1, 2014 - Begin to schedule and implement training.

February 1, 2015 - Develop a collaborative workgroups to assist all partners in revisions to Mission and Vision Statements, Policies and Procedures and finally the actual practice of all services consistent with the National Standards for Trauma Informed Care.

June 1, 2015 - Target date for final transformation.

Resources

The resources needed for this priority include the cost of training and technical assistance by National and Federal Authorities such as the National Council on Behavioral Health and the Substance Abuse Mental Health Services Administration as well as other identified trainers and consulting resources. It is anticipated that a minimum of $50,000 in block grant funds allocated to BHDS may be utilized.

INTELLECTUAL DISABILITY SERVICES

Washington County Behavioral Health and Developmental Services (BHDS) strives to provide services and supports that ensure the highest level of choice, respect, and

dignity to individuals and their families. Following the Principles of Everyday Lives and Positive Approaches, BHDS has developed system resources that are efficient and flexible to enrich the quality of life for individuals who have an intellectual disability.

The Developmental Services segment of BHDS routinely collaborates with Behavioral Health, Children & Youth Services, and Area Agency on Aging in an effort to create local options for individuals with complex, multi-system needs. BHDS continues to implement system change and expand choice and will continue to do so whenever possible with the resources available. All generic resources and natural supports are explored before system funding is authorized. For FY 14/15, BHDS will use its Human Services Block Grant funding to meet the needs of those with intellectual disabilities whose services cannot be covered through alternate funding sources, such as Medicaid Waivers.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	2	2
Sheltered Workshop	11	13
Adult Training Facility	2	3
Base Funded Supports Coordination	460	470
Residential (6400)	5	4
Life sharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0

Supported Employment: Washington County BHDS adheres to the concept of Employment First. The school-to-work transition population, as well as the adolescents coming to our Intellectual Disabilities (ID) program from Children and Youth Services, are candidates for vocational supports. Employment options are presented to all individuals entering the ID Program. They are also prime topics during Individual Service Plan (ISP) meetings so that there is documentation available indicating a consumer's preference/choice.

Supported Employment is an important service that helps individuals with intellectual disabilities learn, find, and maintain employment; experience increased life fulfillment; and. provide economic stability to the program participants. Unfortunately, no individuals receiving base funding, except for the "Pilot" are receiving Supported Employment Services. Because of the local economic outlook and the unreliability of Para-transit, only a limited number of individuals will be served during the upcoming planning cycle.

<u>While five different agencies provide job support and supported employment services, the number of individuals being served is not coming up to expectations. According to</u>

recent data gathered from HCSIS, only 5% of individuals in the ID system are working competitively. Even with the current "tight" economy there are entry level jobs available that our individuals are capable of performing.

Over the last two years representatives from OVR and various employment provider agencies have attended supports coordination training meetings to discuss available resources and brainstorm on ways to get more individuals into competitive employment. Staff from the Supports Coordination units and provider agencies routinely participates in School to Work Transition Fairs and Career/ Job Fairs. They disseminate information regarding local supports and services. At these events they work with individuals, families and employers to change perceptions about individuals capability to work.

Washington County BHDS has engaged all day services providers to improve their service delivery. Regular quarterly meetings are held with local ID providers. The focus of these meetings is develop and implement sustainable strategies in the employment support system by combining the use of new community resources with existing employment programs in order to deliver employment services in a more efficient and effective manner.

Part of Washington County's Self Advocacy Project is the development of "Peer Councils" of individuals receiving services at each Agency. It is the AE's (Administrative Entity) expectation that providers will meet routinely with these representatives to discuss their likes and dislikes of service delivery. Changes are occurring from these meetings. The individuals desire to learn new skills are being addressed. The individuals are challenging the providers to implement meaningful day activities and job opportunities.

The Employment Sub-Committee of the Washington BHDS Quality Council and the Washington County Inter-Agency Council on School to Work Transition are working to improve employment opportunities for the individuals we serve. The focus continues to be ensuring services and supports are planned and effectively implemented to serve the individual's unique needs, preferences, and life decisions regarding employment options. Employment is important to helping individuals with ID increase life fulfillment. Washington County adheres to ODP's philosophy of "Employment First" and will make every effort to see that individuals transition into and maintain competitive employment at minimum wage or above.

The current goals of the Employment Sub-committee are:

- Improve access to existing training and identify and support new training needs
- Coordinate systems to facilitate access to services & training.
- Secure transportation for those who need to get to work
- Work with employers to change perceptions about individuals ability to work

Recent developments on the Federal and State level are accelerating BHDS efforts to shift the focus to get more individuals, especially those between the ages of 16 to 24,

into competitive employment. The Final Rule issued in January by the Centers for Medicare and Medicaid Services (CMS) regarding service integration, changes how services are to be provided. The movement away from sub-minimum wage jobs, in isolated settings, puts the future of sheltered workshops in limbo. Can they be integrated enough to not be considered a segregated service. BHDS will actively participate in DPW's 5-year transition plan for bringing services into Federal compliance.

Another future factor, which will accelerate Washington County expansion of employment services, is the passage of the Federal Workforce Innovation and Opportunity Act (WIOA). When this Act becomes operational in July 2015, all individuals under the age of 24 will receive "pre-employment transition services". WIOA increases individuals with disabilities' access to high-quality workforce services to prepare them for competitive integrated employment. It requires better employer engagement and promotes physical and programmatic accessibility to employment and training services for individuals with disabilities. Youth with disabilities will receive extensive pre-employment transition services to obtain and retain competitive integrated employment, start the job search soon after a person expresses an interest in working, provides for continuous follow-along supports for as long as the person wishes, and respects individual preferences in assisting a person to pursue his/her vocational goals.

Understanding the changing climate of competitive employment for individuals with disabilities at all levels (federal, state and local) is imperative if employment opportunities are to increase for individuals in Washington County. In order to insure that all team members (individuals, families, providers) have the most current and up-to-date policies and procedures related to employment, BHDS, the Quality Council and Employment Sub-Committee, will host an "Employment Summit" prior to June 30, 2015. Once the summit has been held, further meetings will take place on various levels: agency directors, job coaches/program specialists, families, etc. The intent of this method is to instill the same philosophy from top to bottom.

The Sub-Committee will also prepare a brief survey to be sent to families regarding their perception of "barriers" they feel are preventing their family member from participating in employment opportunities. The results of this survey will be utilized to start to develop a broad framework that can be shared with Support Coordinators, who can then begin to work with the families to eliminate the barriers noted by June 30, 2015. In the past, family members revealed that their fear of losing of benefits and unreliable transportation have prevented their family member from working competitively. Meetings have been held with traditional and non-traditional transportation supports to improve after hour services through vehicle sharing, ride sharing, and transportation stipends to the family. Benefits counseling workshops through agencies like AHEDD have been presented to the individuals and their families.

Continuing in the same vain with the Supports Coordinators, the Supervisors of the two units in Washington County will also monitor the Individual Support Plan Checklists to validate whether employment is being offered as a choice to all individuals being served. This area is clearly noted on the checklist and is included as an item to be

signed by all team members present at the annual ISP. This allows for employment discussion to be taking place amongst all team members. This is an on-going objective.

The Sub Committee is working on developing a resource guide that will provide individuals entering the system with an overview of employment opportunities and availability of "benefits" counseling. The Sub Committee is reaching out to the Transition Council and "transition" teachers in the local schools to jointly plan activities to educate transition age students on the availability of services after graduation. This is an on-going objective.

While all of the above objective activities are occurring, BHDS will also work to increase the number of high school graduates being competitively employed. This effort, which will use initiative waiver funds, will largely be dependent on early identification of possible candidates. BHDS will work with all Supports Coordinators to identify upcoming graduates and will begin to work with the appropriate school and OVR personnel to insure a smooth transition from school to work. These individuals will be in service by June 30, 2015. The number can not be determined as initiative money, per county, has not been determined.

Washington County continues to increase employment opportunities by working with providers to find new and innovative employment strategies. BHDS is currently working with a provider who has recently had staff trained in techniques that allow them to develop employment opportunities based on the likes and strengths of an individual with disabilities. While this might seem very basic, traditional competitive employment positions are filled by identifying a position and then placing an individual in the position because he or she has the necessary skills to complete tasks. There are currently two individuals being considered to participate in this pilot program.

The final, and perhaps most important, part of the process to increasing employment opportunities in Washington County is to build a strong network amongst providers. BHDS has been, and will continue, to strengthen its relationship with the local Office of Vocational Rehabilitation. This relationship will be maintained through regular meetings of upper management as well as thru brainstorming sessions between staff members. Both offices will need to insure that all staff has been trained on the recent joint bulletin (OVR and ODP) that details referrals for employment services.

Starting July 1, 2014 Supports Coordination staff implemented the Joint OVR/ODP Bulletin 00-14-05 OVR Process for Employment Services. Now when an individual's ISP determines an individual is ready to engage in supported employment services that individual must be referred to the local OVR liaison for evaluation. If OVR determines that an individual is eligible for services, they will develop an "Individualized Plan for Employment". If they are found to be "ineligible" for OVR, then Waiver funding can be utilized to meeting their employment outcomes.

Washington County participates in ODP's Base Employment Pilot. This pilot only serves two individuals with limited needs who receive supports to maintain community employment. Supported Employment (e.g. Job Coaching) and transportation are

utilized to support life skills that contribute to successful employment outcomes. Unfortunately, the limited amount of funding available in the “Pilot” does not provide much opportunity for additional individuals to be served.

Base Funded Supports Coordination: Washington County currently serves approximately 460 individuals with base funding Supports Coordination. This funding is utilized to provide locating, coordinating, and monitoring Supports Coordination for persons participating in day programming, employment, habilitation, transportation, and residential services (e.g. group home and supported living) that help to keep individuals in the least restrictive environments appropriate to meet their needs. While the number of Medicaid funded “slots” remains static, the number of new individuals seeking supports and services continues to rise.

In FY 14/15, all individuals actively participating in the Washington County ID Program will receive Supports Coordination Services to help maintain their health and safety in the least restrictive environment by connecting them to the appropriate resources. To ensure this goal, individuals receiving Case Management Services will continue to receive at least a semi-annual review of their needs through the ISP process and PUNS review.

ICF/ID Supports Coordination: The number of individuals originally from Washington County still residing in State Centers continues to diminish thru attrition. None are participants in current litigation, i.e. “Jimmy” or “Benjamin” lawsuits. According to recent HCSIS data, an additional 40+ individuals receive services via Private Intermediate Care Facilities (ICF/ID). These individuals receive active base funded Case Management via BHDS.

OBRA Supports Coordination: Another segment of the ID population that has a unique need for Case Management support are those individuals who find themselves in long term placement at skilled nursing facilities. To address this need a collaborative project has been established between our Supports Coordination Unit and local Peer Mentoring agency. Joint visits are conducted monthly to review individuals’ status, provide support and companionship and to address any unmet needs

Self-Advocacy/Peer Mentor: While Case Management is a vital service, the most overlooked part of the ID Service System is empowering the individuals to speak for themselves. The individual’s ability to effectively communicate, convey, negotiate, or assert his or her own interests, desires, needs, and rights must be nurtured. It involves them making informed decisions and taking responsibility for their decisions. To foster this endeavor base funding has been committed to a project designed to teach individuals an array of skills, including self-awareness and assessment, self-advocacy, problem solving and decision making, goal setting and teamwork and group development.

Additionally, in the 14/15 fiscal year the self-advocacy project will establish a leadership program to train Peer Support Mentors, who will build relationships with each self-advocate and assist them in working through their individual concerns or issues. The intent is to develop a core group of Mentors who can assist any individual who is having difficulty navigating the service system.

Life sharing Options: Washington County adheres to the principle that individuals should have choice and control over their daily living, including living arrangements. Lifesharing through Family Living is an opportunity for a person with a diagnosis of intellectual disability to share a home with a family or person to whom he/she is not related. Currently, four individuals are served in 6500 Licensed Lifesharing Homes with their support being funded via Consolidated Waiver dollars.

Active efforts continue to expand the number of providers and participants in Lifesharing. Washington County BHDS has established an annual Quality Management Plan that details specific goals, outcomes, and objectives in this focus area, along with those who are accountable and responsible for the review of the appropriate QM activities. A workgroup has been established for this service and meets on a routine basis, insuring that key stakeholders are participating with improvement activities. The Lifesharing Workgroup reviews data that has been collected related to the goal/outcome/objective and work together to make recommendations as to how to achieve the increase of both demand and availability of this service.

Cross Systems Communications and Training: The Developmental Services segment of BHDS collaborates with Behavioral Health, Children & Youth Services and Area Agency on Aging in an effort to create local options for individuals with complex, multi-system needs. These collaborations are on-going and will be prioritized during the 13/14 planning cycle.

In Behavioral Health, the majority of individuals having a “dual diagnosis” and needing supports and services are youngsters, adolescents, or young adults. It is not surprising that their expressed needs center on supports for families or transition to adult services. Individuals want to live where they choose, with whom they want to live, and have meaningful daily activities. They are seeking supports and services that will help them acquire and maintain the skills necessary to be active members of their community. The Intellectual Disability (ID) system collaborates with Case Managers and Supervisors from Behavioral Health to address both systemic and individual case issues.

For the older population, the Washington County Aging/Behavioral Health Partnership has been functioning for a number of years. The purpose of this collaborative effort is to expand the relationship among both Aging Care Managers and Supports Coordinators for Intellectual Disabilities, as well as service providers for both systems. This is done through the organization of trainings across systems, as well as producing and sharing resources. There are also on-going efforts to work with current providers on ways in which they can be more inclusive of aging individuals who also have an intellectual disability.

In regard to youth, the Developmental Services Program is active with various local planning collaborative activities. The Developmental Services staff also participates in joint Washington County Behavioral Health and Developmental Services, Children and Youth Services (CYS), and provider agencies meeting regularly to brainstorm unique solutions to the more complex cases within the county involving children and families. The result of these weekly meetings is a written plan of action with designated parties responsible for specific follow-through items. Additionally, both BHDS and CYS have held informational training events to clarify and enhance the understanding of their unique systems.

Emergency Supports: Washington County BHDS utilizes several processes to help insure people can be supported when no waiver capacity is available.

ID Diversion Home: A significant project was initiated at the end of the 13/14 fiscal year to help address the need for additional capacity. Funding was directed to a local provider to initiate a specialized "diversion/step-down" home to serve the needs of individuals with dual diagnosis when they are in crisis. These individuals often find themselves being turned away from inpatient units because their problems are not acute psychiatric based. But their level of agitation is too escalated for them to return to their prior placement. The intent of the ID Diversion Unit is to provide a safe environment where they can reduce their level of trauma while their support team develops an individualized plan for support that will enable the person to return to their usual placement.

Administrative Funding: Washington County BHDS functions as the local Administrative Entity (AE). Multiple Administrative Entity responsibilities are listed in the current approved Waivers and concurrent AE Operating Agreement. As the AE for Washington County, BHDS is responsible for monitoring and insuring the availability of services designed to meet the immediate needs of individuals with intellectual disabilities, authorizing and overseeing state and federally funded services such as Supports Coordination, Supported Employment, transportation, adaptations to the home and/or vehicle, and other special therapies. BHDS adheres to the principles of Self Determination and Everyday Lives in administering its Waiver oversight responsibilities. BHDS personnel oversee delivery of all components of the AE Operating Agreement with the Department of Public Welfare, including:

- Financial process (including supporting cost report and other financial analysis).
- Managing the Prioritization of Needs for Services (PUNS) and managing waiver capacity functions.
- ISP development and authorization.
- Provider monitoring.
- System planning.
- Quality management services.

In order to continue monitoring the needs of the Developmental Disabilities System and to most objectively identify our future priorities and goals, we have targeted the following data collection and outcomes:

- Utilization of services data for each service available through the ID system.
- Involuntary Commitments by type with relevant demographics.
- Unusual Incidents by a variety of specifications including by type and by provider with all relevant demographic information.
- All relevant outcomes specifically related to Quality Management Workgroup goals and priorities.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	60	60
Case Management	200	175
Rental Assistance	142	145
Emergency Shelter	291	300
Other Housing Supports		

Bridge Housing: During the 2014-2015 Fiscal Year, Washington County will fund the Domestic Violence Services of Southwestern Pennsylvania in the Bridge Housing Component.

Domestic Violence Services of Southwestern Pennsylvania will provide match for its Fresh Start Program. Fresh Start is a scattered - site Supportive Housing Program that provides up to 24 months of transitional housing, extensive case management and supportive services, to women and women with children who are victims of domestic violence. This funding will serve approximately 60 persons, including 18 families and 6 individuals.

Case Management: During the 2014-2015 Fiscal Year, Washington County will fund two programs under the case management component.

The Washington City Mission will provide Case Management to men, women and women with children entering the Washington City Mission Men's shelter and Avis Arbor Women's Shelter program. The Case Manager will provide a prescreening, and an initial intake within 72 hours, providing referrals made to outside agencies as determined by the intake/assessment.

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 Homeless funds received by the County, Supported Housing Program and Emergency Solutions Grant received by the County.

The estimated number to be served in the Case Management component is 175 adults and children.

Rental Assistance: During the 2014-2015 Fiscal Year, Washington County will fund Community Action Southwest under the Rental Assistance Program component.

Community Action Southwest 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 CAS for assistance or referrals will be accepted from all county providers. CAS 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 CAS. The funding will allow approximately 54 households to be served.

Emergency Shelter: During the 2014-2015 Fiscal Year, Washington County will fund a family shelter and a domestic violence shelter.

The Washington Family Shelter to provide 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. Approximately 55 families will be provided Emergency Shelter services.

The Domestic Violence Shelter to provide 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. This funding will assist approximately 90 families.

The Homeless Assistance Programs will be monitored through the use of tracking data collected at the point of service. Specifically, client exit data that is being collected during the discharge will be provided to Washington County on a quarterly basis. Providers will 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.

Other Housing Supports: No other innovative supportive housing services were provided with Homeless Assistance funding. The funding was used to provide housing assistance with no surplus money to support additional innovative services.

The Homeless Management Information System, (HMIS), will continue to be supported throughout Washington County. Training will be conducted with homeless assistance providers and the County's Human Services Department on the implementation of updated or new HMIS software through the 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.

CHILDREN and YOUTH SERVICES

Washington County Children and Youth Social Service Agency successfully received a full license from the Department of Public Welfare in January of 2013 and again in June of 2014. The full license reflects the Agency's efforts to assure child safety. The Quality Service Review was conducted and equally reveals progress in several child/family status and practice indicators. From Round II to Round IV child and family status improved in the areas of safety (risk to self and others), stability, living arrangement, permanency, and pathway to independence. Practice indicators that were the focus on the agency's Continuous Improvement Plan – engagement, assessment and understanding, and teaming, also improved.

Over the past eighteen months, with the implementation of the HSBG programs, placements slowly and safely reduced from 335 to 270. Additional funding in the Needs Based Plan and Budget, however, was necessary for purchased in-home service delivery to families and children. Placements decreased as the Agency "front loaded" services to assist with family preservation and increase reunification efforts. While placements decreased, direct practice caseloads also slowly reduced from an average of 32-33 in 2013 to the current average of 20 families.

The overall safe reduction of children in care, decreased caseload size, hiring of additional staff, and maximization of programs has been essential given the challenges forthcoming with re-training of staff and staff retention. The child welfare field has never experienced such a monumental and profound change in practice since the implementation of the Child Protective Service Law in the 1970s. Twenty new laws that directly impact child welfare have passed and are being implemented this 2014 calendar year. The most significant changes are in relation to lowering the threshold of abuse and expanding the definition of perpetrator. As a result, WCCYS has already seen an increase of the number of referrals, assignments for investigation and in–home service needs for families.

The HSBG for Washington County CYS is an opportunity for families to obtain the services they need, not in isolation with CYS, but with the collaboration of all departments where duplication of services is limited. Allocated funds for Child Welfare in the Human Services Block Grant and additional funds in the NBPB are necessary to preserve and reunify families; to assure child safety; and to improve child well-being.

Outcomes	
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Safety: 1. Children are safely maintained in their own home whenever possible and appropriate.	This will be measured with internal data collection and quarterly reports from providers. This will also be measured through the Quality Service Review which is conducted once every other year (2012, 2014 and 2016).	All identified programs in the Block Grant
Permanency: 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for	This will be measured with internal data collection and quarterly reports from providers. This will also be measured through the Quality	MST, FGDM, Alternatives to Truancy "Why Try" and Dependent Promising Practice

children.	Service Review. Additional data will be collected in conjunction with Casey Family Programs via Permanency Roundtables.	
Child and Family Well-being: 1. Families have enhanced capacity to provide for their children's needs.	This will be measured with internal data collection and quarterly reports from providers. This will also be measured through the Quality Service Review.	MST, FGDM, Alternatives to Truancy "Why Try" and Dependent Promising Practice

Program Name:	Multi-Systemic Therapy (MST) – Adelphoi Village

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Multi-Systemic Therapy (MST) is a time-limited, intensive family intervention intended to stabilize the living arrangement, promote reunification, or prevent and reduce the utilization of out-of-home therapeutic resources. This approach focuses on the natural environment of the child and family and strives to change how the child functions within the context of his/her home, school, neighborhood and peer group. A major emphasis of MST is to empower the parents of caregivers with the skills and resources needed to become independent in addressing the difficulties that arise in raising adolescents, and to assist the youth in developing life-long coping skills. This program description was provided by Adelphoi Village.

Washington County CYS collected internal data including the number of children preserved in their homes with MST implementation. The data outcomes projected include: 1. Prevention of child maltreatment, 2. Reduction of incorrigible behaviors, and 3. Decrease of at risk behavior. Outcomes will be measured by monthly reports from the provider agency, reviews with Direct Practice Staff, along with yearly statistics.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Age 10 -18 with out of control behaviors and at risk of placement	Age 10 -18 with out of control behaviors and at risk of placement
# of Referrals	15	15
# Successfully completing program	8	8
Cost per year	$10,000.00	$10,000.00
Per Diem Cost/Program funded amount	$70.00	$70.00
Name of provider	Adelphoi Village	Adelphoi Village and/or Mars Group Home

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Not Applicable

Program Name:	Family Group Decision Making (FGDM)

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Family Group Decision Making is an evidenced based model which empowers families to make decisions for the safety and well-being of the child. The Agency collects internal data, and is equally supplied with data from the service provider.

The data includes the number of families engaged and preserved, child well-being and child safety.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All GPS referrals for children under age 16 that have been accepted for services	All families accepted for service when a team conference has not been held.
# of Referrals	64	64
# Successfully completing program	48	53
Cost per year	$150,000.00	$150,000.00
Per Diem Cost/Program funded amount	$2800 for a successful conference $800 for a successful referral $250 for unsuccessful referral	$2800 for a successful conference $800 for a successful referral $250 for unsuccessful referral
Name of provider	WCCYS and Justice Works Youth Care	WCCYS and Justice Works Youth Care

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Not Applicable

Program Name:	Pennsylvania Promising Practices Dependent (PaPP Dpnt) – Justice Works Youth Care (STOPP and Just Care)

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- Justice Works Youth Care's STOPP® is a high impact short term service which has proven it can keep children safe in their own homes despite multiple challenges. They work to address multiple challenges in the home which imperil children. STOPP errs on the side of child safety by recommending children's removal when necessary. STOPP® has demonstrated that it can successfully intervene amidst profound challenges including drug abuse, severe hygiene issues, impending eviction or homelessness, and others.

JusticeWorks developed the JustCare® program with the goal of reducing the length of stay in residential placements for both delinquent and dependent youth and to ensure successful outcomes when youth return to the community. JustCare® insures that gains made in placement endure at home. Unlike most 'aftercare' programs, planning for the transition home is done throughout the residential stay, and includes input from family and other stakeholders. The above information for each program was borrowed directly from http://www.justiceworksyouthcare.com/programs. In reference to data collection for each program, the data is captured both internally and from provider reports.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All Families in Crisis and/or Family Reunification	All Families in Crisis and/or Family Reunification
# of Referrals	35 STOPP 165 Just Care Total: 200	35 STOPP 165 Just Care Total: 200
# Successfully completing program	72.5% STOPP 78% Just Care	72.5% STOPP 78% Just Care
Cost per year	$450,000.00	$450,000.00
Per Diem Cost/Program funded amount	STOPP $80 Just Care $70	STOPP $80 Just Care $70
Name of provider	Justice Works Youth Care	Justice Works Youth Care

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Not Applicable

Program Name:	Housing Initiative

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- These monies were utilized for the preservation of families and prevention of children from entering out of home placement, as well as the promotion of reunification of children with their family when housing is the barrier. Internal data was collected to measure the outcomes.

The Agency will measure the service outcomes through the internal collection of data by the Resource Coordinator Program Specialist.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All Families	All Families
# of Referrals	41	41
# Successfully completing program	Not Applicable	Not Applicable
Cost per year	$10,000.00	$10,000.00
Per Diem Cost/Program funded amount	Not Applicable	Not Applicable
Name of provider	WCCYS	WCCYS

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Not Applicable

Program Name:	Truancy (Alternatives to Truancy) Why Try through Justice Works Youth Care

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- "WhyTry" is an internationally recognized, evidence-based intervention model targeting risk factors and issues related to academic engagement. "WhyTry" combines theoretical and empirical principles, solution-focused interventions, understanding social and emotional intelligence, and multisensory learning. It combines these attributes to address maladaptive patterns of behavior while promoting thinking skills essential to students' success. This model has shown efficacy in reducing truancy through the use of ten pre-designed visual analogies. These visual cues help to explore social and emotional principles in ways that youth understand and recall by reinforcing those visuals with auditory or physical activities. The combination of these major learning styles (visual, auditory, and body-kinesthetic) are important in reaching each youth, and ultimately, to define the success of "WhyTry".

This Evidenced Based Program that is geared to eliminate truancy can be found on the following websites: www.JusticeWorksYouthCare.com and www.Whytry.org

The Agency continued to collect data on the number of children referred to WCCYS for truancy, the number of children who participate in this program and the successful elimination of truancy.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	6yrs (enrolled in 1st grade)-16yrs youth with truancy	6yrs (enrolled in 1st grade)-16yrs youth with truancy
# of Referrals	15	15
# Successfully completing program	12	12
Cost per year	$25,000	$25,000
Per Diem Cost/Program funded amount	$70 per hour	$70 per hour
Name of provider	Justice Works Youth Care	Justice Works Youth Care

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

Not Applicable

Program Name:	Pennsylvania Promising Practices Delinquent (PaPP Dlqnt) Job Training Program

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- On July 1, 2013, the Juvenile Probation Office announced the creation of the Washington County Juvenile Probation Job Training Program. The Job Training Program, housed at the LEADER Program, employs a Community Based Manager and four Site Monitors. The Community Based Manager is tasked with helping youth acquire employment, readying youth for employment, collecting restitution and court costs/fines, and arranging and tracking Community Work Service. The Site Monitors, or foremen, are responsible for training youth in job training skills. Site Monitors are job coaches in the community for the juveniles. The Jobs Training Program offers four main components to all juveniles involved with the Juvenile Probation Office: education, job training, employment, and SPEAR (military).

- In the Job Training Program, juveniles have the opportunity to complete a resume, learn real, on the job skills (e.g., dry wall, plumbing, masonry, clerical, etc.), acquire employment, attend parenting classes, and participate in a military program run by two active Marines.

- Since its inception, 124 juveniles have acquired gainful employment, 3,734 hours of work training have been conducted, and over 30 juveniles have participated in the SPEAR program, where they have taken their ASVAB tests. Additionally, juveniles who are parents themselves have participated in the parenting courses, operated by Teen Outreach. The Job Training Program allows youth to earn and pay towards restitution and court costs.

- The Juvenile Probation Office saw a need for the Job Training Program due to many juvenile serving their supervision through Juvenile Probation successfully but not achieving a lifelong, sustainable skill. In addition to learning invaluable job skills, the Job Training Program fills idle time for youth, thus reducing the opportunity for re-offending. The Job Training Program allows youth to leave Juvenile Probation's supervision a more productive, desired member of society.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Delinquent 14-20 yrs	Delinquent 14-20 yrs
# of Referrals	189	200
# Successfully completing program	124 Obtained Employment	130 Obtained Employment
Cost per year	$250,000	$250,000
Per Diem Cost/Program funded amount	0	0
Name of provider	WCJPO	WCJPO

- The Job Training Program, for Fiscal Year 2013-14, did experience under-spending. This under-spending was primarily due to short staffing, as the Job Training Program had one staff member enter Family Medical Leave Act and was not present for employment for nearly six months.

DRUG and ALCOHOL SERVICES

The Mission of the Washington Drug and Alcohol Commission, Inc. is to Engage, Educate, and Empower individuals to live healthy, addiction-free lifestyles. The Washington Drug and Alcohol Commission, Inc. (WDAC) holds the contract with the PA Department of Drug and Alcohol Programs (DDAP) to function as the Single County Authority.

The Single County Authority (SCA) of Washington County is an Independent Commission and has been for 10 years. (DDAP) oversees the network of SCAs throughout PA and performs central planning, management, and monitoring duties, while the SCAs provide planning and administrative oversight for the provision of drug and alcohol services at the local level. The Washington Drug and Alcohol Commission, Inc. is the designated non-profit agency designed to carry out the drug and alcohol treatment, prevention, and intervention needs of the county. Under the option of an Independent Commission; the Department contracts directly with a non-profit

corporation organized in accordance with the Pennsylvania Non-profit Corporation Law, 15 Pa. C. S. §5101 et seq.

DDAP provides state and federal funding to SCAs through grant agreements. The SCA also receives funding through the PA Department of Public Welfare to include; BHSI and Act 152. The SCA will work collectively with the Washington County Human Services Department to assure a flow of information with the ultimate goal of completing a combined report that reflects the use of these respective funding streams. Naturally, dialogue will take place on a consistent basis in order to assure an integrated approach; to include planning, service delivery, assessment, and reporting.

This agency is committed to being part of the solution. We will continue to work with individuals, communities, and social service entities in order to bring about healing and recovery to the lives and families who suffer from the disease of addiction. As the demand for treatment and recovery services increase, the SCA continues to face the financial challenges to meet this demand. The SCA looks to state, federal and private grant opportunities. The SCA partners with the County of Washington to access funding for the criminal justice population. The SCA holds several reinvestment plans; these plans assist the SCA with mobilizing special initiatives. The SCA accesses the HealthChoices funding through; billing for direct services, expediting clients who are in detox or non-hospital residential rehab, and billing for administrative and clinical work conducted by the SCA staff.

1. Access to Services:

Clients may access drug and alcohol services through a myriad of referrals. In-Service training sessions are held with various agencies to explain the referral process and the services available through the drug and alcohol program. Individuals may self-refer by calling our office or they may walk-in to the office.

There are many points of entry by which a client may be screened and assessed for drug and alcohol treatment services, such as through the following referral sources:

- Self-Referral
- State or County Parole or Probation Offices
- Children and Youth (CYS) referral
- Driving Under the Influence (DUI) referral
- Value Behavioral Health referral
- Juvenile Probation
- Hospitals
- Other drug and alcohol treatment Facilities
- Schools-Student Assistance Program referrals
- Mental Health Services
- Adult Probation
- Office of Vocational Rehabilitation referrals

The Department of Drug and Alcohol Programs (DDAP) Case Management Guidelines regulate the structure of the WDAC Case Management Unit as it relates to assessments, referrals for treatment and continued stay reviews.

The function of the case management unit is to screen clients, provide assessments for appropriate treatment referral within seven days of the client's first contact, determine the appropriate level of care for the client and make referrals for treatment. No client is denied an assessment despite the number of past treatment experiences. WDAC case managers also conduct continued stay reviews with treatment providers at specific intervals during the client's active participation in treatment to ensure that the client continues to participate at the least restrictive, but most appropriate level of care.

Based on the information presented by the referent or the client, emergency care is ascertained in the areas of detoxification, medical care, pre-natal care and psychiatric care. If no emergent referral is needed, an appointment for the assessment is made within seven days (most clients are seen within 48 hours of the initial contact). If this is not possible, a WDAC contracted facility will be contacted to arrange for a provider to complete the assessment. If the provider completes the assessment, the Case Management Supervisor validates the level of care before the admission is arranged and assigns a case manager who conducts the continued stay reviews while the client is participating in treatment.

The priority populations are:

- Pregnant injection drug users
- Pregnant substance users
- Injection drug users
- All others

2. Waiting List Issues:

The SCA has a waiting List policy and procedure. To date, the SCA has not had to implement a waiting list policy. The SCA strictly enforces its benefits and limitation policy throughout the entire fiscal year in order to afford all county residents the opportunity to access treatment.

The SCA has an after-hour policy whereby the SCA holds a memorandum of understanding with Gateway Rehab to complete client screenings during non-business hours. Our after-hours phone message indicates Gateway Rehab's number and directs the caller to Gateway. If a client presents at WDAC during non-business hours, permanent signage is on the office door also directing clients to Gateway Rehab or the local hospital emergency room.

Gateway Rehab is monitored by WDAC per DDAP guidelines to ensure that staff persons conducting after-hours screenings are screening clients for the potential need for detoxification, prenatal care, perinatal care, and psychiatric care. Preferential treatment must be given to pregnant women. Pregnant women requesting any level of

treatment services must be scheduled for an assessment with forty-eight hours from the point of initial contact.

3. Coordination with the county human services system:

The SCA, though not a County Government entity, is an integral part of the overall human services delivery system within Washington County and has built a strong working relationship with Washington County Human Services Department as well as other respective programs that interface with the human services delivery system. This also includes the Offices of Adult and Juvenile Probation, the Washington County Correctional Facility, and the Judicial System. The majority of the individuals that are served have complex needs. They may have a primary substance abuse issue, but this disease is further complicated by a co-occurring illness or need; such as a mental health diagnosis, homelessness, criminal history, or an intellectual and developmental disability to name a few.

4. Any emerging substance use trends that will impact services:

There are 3 noteworthy trends this fiscal year that we are experiencing in our role as "first responder" to the drug and alcohol challenges of the county:

a. Prescription pain medication and increased heroin use

Many clients that are screened and assessed by the case management unit got their start in drug use by following the advice of their doctor. Numerous referrals begin their story by telling our case managers of an accident at work, a car accident, or in at least one case, giving birth. The medical community has adopted the disease concept of pain, ironically, as they continue to struggle to view addictive disorders in the same light. Pain has become the problem, instead of simply the symptom of a problem, and nationally, pain management has become center stage for measuring outcomes and the effectiveness of healthcare providers.

The result has been the over-availability of pain medication and the wholesale diversion of those medications for pleasure and profit. Washington County is situated just north of the state with the worst overdose death rate in the country (WV), and lies in a region where the population is approximately 7% older than the national average. This older population requires more pain medication. Add to that the fact that most of the employment opportunities in the county are blue-collar, physical types of careers, and you get a greater number of people who seek medical attention for pain relief. These legally prescribed drugs not only adversely affect the population for which they were intended (for example, Washington County has seen a 29% increase in county residents age 50 or older seeking substance abuse services since 2008), but often end up in the hands of others who use them, abuse them and become addicted.

Clients describe how they can no longer afford their "medications" and in desperation turned to heroin, a much cheaper albeit more illicit way to combat their pain or more importantly by that point, stave off the horrors of opiate withdrawal. Although doctors

are not the sole reason for this problem, overall, we are seeing the glut of legal, prescribed narcotics, drive an increase in the use of heroin on a daily basis.

b. Overdose deaths

In 2013, County Coroner investigated 58 overdose deaths. This number is twice the national average for a county our size. The heroin that is on the streets of Washington county today is a much purer form as drug dealers seek to control the market by branding their stamp bags and driving addicts to seek out their product at the exclusion of other, less potent formulations. Occasionally, Fentanyl will find its way into a batch and the lethality of the mixture is increased substantially. Unfortunately, this is an acceptable cost of doing business to those who benefit from the illicit drug trade as addicts will indeed seek out the "brand" that is killing their peers. Adding further complexity is the fact that when a using addict "falls out" or appears to be overdosing, often their peers will not call for help for fear of prosecution. PA HB 1627 would save the lives currently being lost due to this issue. Currently Pennsylvania ranks 14th in drug overdose mortality ranks nationally, but is without a "good Samaritan" law that would offer individuals who call to get help for someone experiencing an overdose amnesty from criminal prosecution. Too many lives in our county are being lost as a result of the fear of prosecution.

- The SCA has initiated a new hospital pilot program in order to combat the overdose epidemic. We employ one mobile case manager and one mobile certified recovery specialist that directly serve all three hospitals in Washington County. If an overdose victim presents in the Emergency Department, the medical staff may contact the SCA who will provide intervention services and facilitate a linkage to treatment if criteria is met. The SCA will also provide services to individuals who have been admitted to the behavioral health unit or the medical unit.

- This initiative will not only provide the hospital staff a viable referral source, but will also engage addicts and substance abusers who otherwise may never have had the opportunity to experience drug and alcohol treatment.

- Increasing the referral source also requires additional human and financial resources

c. Criminal Justice Referrals

WDAC has seen a growing trend over the last two years. Data from fiscal year 2013/2014 will show that 39% of clients screened at WDAC were referred by a criminal justice agency. Management will confirm that the number is misleading because many clients will state that they are self-referred during the screening process and then during the assessment it is uncovered that they are involved with a criminal justice entity, but because they aren't seeking help in a mandated capacity, they are recorded as "self-referrals." In reality, over half of our clients were involved in the criminal justice arena in some capacity. Remarkably, no criminal justice related funds flow through to the SCA, which then limits our ability to help those who are referred by other agencies, families,

providers and self. The SCA has had to enforce benefit limitations and stretch the DPW funds in order to serve the greatest number of people possible. The SCA has established relationships with service providers, county agencies, the legal system, the prison system, non-profit agencies, and will continue to reach out to other sectors of the community to develop strategies that will lead us to a more integrated approach to drug and alcohol treatment services and a recovery oriented system of care.

- The SCA is in dialogue with the Washington County Correctional Facility, Probation, the District Attorney, and the County Court Judges in order to create collaborative programs where financial resources can be shared
- Drug and Alcohol Level of care assessments are being conducted in the probation office at the Washington County Correctional Facility and referral for treatment when criteria is met
- A "Recovery Plan" group is being run bi-weekly for the both male and female inmates at the WCCF. This is an effort designed to prepare inmates for re-entry. A Certified Recovery Specialist assists the inmates in creating a recovery action plan that will be deployed upon release from the correctional facility. Inmates may continue to utilize recovery support services through the SCA upon release.

Target Populations

Older Adults (ages 55 and over)	141
Adults (ages 18-55)	1551
Transitional Youth (ages 18-26)	747
Adolescents (under 18)	154
Individuals with co-occurring disorder (any age)	815
Criminal Justice	675
Minorities	180

The above referenced table indicates the target populations that were screened by the SCA. There were a total of 1,692 individuals screened at the SCA from July 1, 2013 to June 24, 2014. Of this total amount, you can see how the target populations break out. The SCA contracts with providers throughout the state who have specialized programs for these individuals. The Case Management staff is highly trained and receives continuing education in order to work appropriately with these segments of the population.

The SCA continues to work to align its data system with the DPW target populations. Ideally, the target populations defined by DPW, would be extracted from the data system in a non-duplicative manner The SCA will continue to work with our IT department in order to assure that these data sets are being collected and data can be extracted in order to provide outcomes.

Adolescents (under 18)

The SCA provides a mobile case manager who conducts level of care assessments in each of the fourteen school districts located in Washington County. Appropriate referrals are made. If drug and alcohol treatment is founded, the SCA contracts with drug and alcohol treatment providers who provide treatment in the school setting. These identified students are student assistance program referrals or school policy violators.

The SCA provides a specific treatment provider for the LEADER Program; a program that is specifically designed for adjudicated minors and is operated by the Office of Juvenile Probation. The SCA spends $50,000 a year to support the treatment needs of this youth population.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

The SCA has four staff members who hold co-occurring certifications through the Pennsylvania Certification Board. Our screening and assessment tool provides a comprehensive overview and allows the case managers to identify any co-occurring mental health needs.

The SCA holds contracts with treatment providers who specialize in co-occurring treatment. This level of care whether inpatient or outpatient, is at a higher rate than non-co-occurring. As you can see from the table above, almost 50% of the clients we screen/assess have a co-occurring issue, whether formally diagnosed or undiagnosed.

WDAC also holds a service agreement with Washington Hospital for admission of drug and alcohol clients in need of psychiatric emergent care. If the client is admitted to the hospital and needs a drug and alcohol treatment assessment, the hospital social worker is to call WDAC on the next business day and a WDAC case manager can go to the hospital to complete the assessment and next level of care determination.

Criminal Justice Involved Individuals

The SCA provides two full-time case managers to a specialty court known as Restrictive Treatment Program (RTP). The treatment court side of this program is designed for level I and level II offenders. This portion of RTP is partially funded by Washington County Behavioral Health and Developmental Services (BHDS); all treatment costs for

these individuals are assumed by the SCA. This fiscal year, nearly $80,000 was expended for 30 participants in this mandated program. The other half of RTP is the Restrictive Intermediate Punishment Program participants. The treatment costs and the salary and benefits of the case manager are covered by a county PCCD grant.

The SCA provides a mobile case manager to the Office of Adult Probation once a week to conduct level of care assessments within the probation office. The SCA funds treatment if client is not MA eligible.

The SCA provides two Certified Recovery Specialists to the Washington County Correctional Facility to facilitate a group that works with inmates to develop recovery plans in an effort to prepare inmates for re-entry. These recovery specialists also work with the WCCF staff to implement an evidence-based program known as Thinking for a Change. None of these services are billable to HealthChoices due to the services being provided in the correctional facility.

The SCA provides a mobile case manager to conduct level of care assessments with the Washington County Correctional Facility.

Additional dialogue has been occurring with the court system, district attorney, and the correctional facility in order to develop additional programs and perhaps share resources that would allow criminal justice clients access to drug and alcohol treatment. As the SCA reaches out and connects more people to treatment, additional funding is anticipated in order to cover the cost for treatment.

Veterans

Currently the data system for the SCA is unable to extract the number of clients who are veterans. The SCA will add this field to the data system in order to extract this number in the future. Many veterans do not have behavioral health coverage through the VA or other private insurance and therefore treatment costs must be covered by the SCA. We assist them with navigating the system in order to assure access to drug and alcohol treatment. This creates an environment where access to treatment is problematic for veterans.

Racial/Ethnic/Linguistic minorities

Almost 10% of the total number of clients screened fall into the minority category. To this point, there have been no noted challenges appropriately serving minorities.

The SCA holds contracts with providers in order to serve all residents of Washington County to include the categoricals of older adults, adults, transitional youth, adolescents, and individuals with co-occurring psychiatric and substance use disorders,

criminal justice, veterans, and minorities. The SCA continues to work with providers in order to establish program protocols as well as measurable outcomes.

Recovery –Oriented Services

In addition to our traditional services, WDAC is committed to providing recovery support services as we are well aware that they are an integral component to the overall wellness of our clients. Since the inception of recovery oriented services at the SCA, no DPW funds have been utilized to finance this service. Fiscal year 2012-2013 was the first time that DPW funds were utilized and most assuredly needed in order to fund this service. The SCA is already at a shortfall with all of the other levels of treatment and now this much needed service will have to share in the already "stretched too thin" allocation.

Recovery support services have been providing peer to peer services to the community since 2011. We have opened up the referral sources to include all treatment providers and other county agencies. We have adding a second Certified Recovery Specialist (CRS) who will carry a case load that will consist primarily of referrals from the county hospitals emergency departments and behavioral health units. Our strategy is to provide the most vulnerable with the most support to reduce cost centers in other areas (criminal justice, mental health, homelessness, CYS, etc.). This strategy also affords us the reasonable expectation of making the most of the funds we are allocated. Our commitment to the development of a county-wide Recovery Oriented System of Care (ROSC) is one of great priority for the SCA. Unfortunately, there are significant financial challenges that must be solved in order to provide this full-circle, comprehensive continuum of care that the individuals with substance use disorders so desperately need in order to live a life of recovery. It is projected that 125 people will be served through this service.

Human Services and Supports/ Human Services Development Fund

Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	38	40
Aging Services	471	465
Generic Services	138	150
Specialized Services	630	700
Categorical Services	325	325

Adult Services: During the 2014-2015 Fiscal Year, there are two activities under Adult Services that will be funded for a total of $18,100. Both activities serve clients between the ages of 18 and 59 that otherwise would not have access to assistance.

The Homemaker Services program will receive $4,500 and provides in home personal care and home support services. This can include instructional care if the consumer is functionally capable but lacks the knowledge and self-help skills necessary to complete the essential activities of daily living. Approximately five unduplicated consumers will be assisted under this program.

The Outpatient Therapy program will receive $13,600 and provides mental health services to low income individuals, couples, families and groups in Washington County. The program addresses issues such as depression, anxiety, anger management, marital counseling and divorce, eating disorders and blended family adjustment. This funding will assist approximately 35 unduplicated clients.

Aging Services During the 2014-2015 Fiscal Year, there are four services under Aging Services that will be funded for a total of $33,800. The clients served by these programs are Washington County residents age sixty and older.

The Congregate Meals program will receive $13,800 and provides a lunch for independent seniors. The lunches are prepared and served at nine Senior Community Centers throughout Washington County. This funding is used to pay for back-up chefs to prepare meals when the full time chefs are on leave and 200 unduplicated clients will be assisted under this program.

The Home Delivered Meals program will receive $13,500 and provides a meal to clients that have been assessed and provided with Care Management. Residents must be frail and unable to prepare or obtain a meal in the community. This funding is used to pay for back-up chefs to prepare meals when the full time chefs are on leave and will assist approximately 220 unduplicated clients.

The Care Management program will receive $5,000 and assists with keeping older residents at home and independent. Care plans are developed with consumers to determine the need for home-delivered meals, personal care, home support and adult daycare. This funding is used to pay for the Registered Nurse Consultant that is mandated by the Pennsylvania Department of Aging and will assist 25 unduplicated clients.

Transportation services will also receive $1,500 as part of the shared ride program. The transportation will be to medical appointments and to Senior Community Centers. This funding is used to pay a portion of the driver's salary and will assist approximately 20 unduplicated clients.

Generic Services: The Washington County Transportation Authority will receive $22,200 in funding for the Veterans Transportation Program which provides transportation to and from the Veteran Hospitals in Pittsburgh. This funding is used to pay the driver of the veterans van which will provide approximately 1,530 trips to 150 unduplicated clients.

Specialized Services: The Greater Washington County Food Bank will receive $5,000 in funding for the purpose of recruitment and training of volunteers. The volunteer coordinators must ensure all volunteers follow Food Bank, State and USDA regulations. The volunteers are vital to operation of established food pantries by assisting with the packaging, delivery and distribution of food to clients. 700 volunteers, providing approximately 20,500 hours of work, will be trained under this program.

Interagency Coordination: During the 2014-2015 Fiscal Year, there are four (4) initiatives that will continue to be supported using HSDF funds in order to enhance the planning, delivery and coordination of services within Washington County's human service system.

The first initiative involves continuing to support a human services website, Washington Knows, to access pertinent information on available human service agencies and programs in the county. This website 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 on this website.

The second initiative involves the continuation of a Homeless Management Information System, (HMIS). HSDF funds in the amount of $2,000 are being used to leverage $61,765 in federal funds to continue the implementation of the HMIS throughout Washington County. Training will be conducted with homeless assistance providers and the County's IT Department on the implementation of updated HMIS software through the Department of Community and Economic Development. The HMIS will enhance 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.

The third initiative involves the Department of Human Services, as the lead entity responsible for human service planning and coordination, meeting regularly with the categorical programs, private non-profit agencies and community organizations and stakeholders to ensure that planning efforts are well coordinated and to promote and facilitate agency collaboration.

The fourth initiative will be to have the Human Services Department host a follow up Human Services Summit for all Washington County providers to discuss the ongoing improvements and changes to the human services delivery system including the implementation of a regional office and the status of a centralized intake system. This will enable the Washington County to address the evolving concerns of the clients as well as the providers.

In addition, funding will be used to pay for management and planning functions that will improve the efficiency and effectiveness of the human services Washington County is responsible for providing.

Categorical Services: During the 2014-2015 Fiscal Year, there are two other Human Services programs that will be funded.

Washington County Children and Youth Services will receive funding in the amount of $89,503 for the provision of Counseling, Protective Services, Homemaker and Information and Referral services.

- Counseling services will be provided to children ages six to seventeen and will focus on skill development as well as incorrigibility and runaway behavior. The funds will pay for the staff costs associated with this service and approximately 20 unduplicated clients will be served.
- Protective Services include physical and sexual abuse investigation with appropriate treatment as well as forensic interviews. The funds will pay for the staff costs associated with this service and approximately 45 children ages infant to eighteen will be served.
- Homemaker Services include educational programs focused on nutrition, budgeting, health and hygiene, laundry techniques and parenting skills. Approximately 35 clients will be served.
- Information and Referral includes in-house evaluation of family's needs and referral interagency or to another agency as appropriate. Approximately 225 clients will be served.

Washington County Behavioral Health and Developmental Services will receive funding in the amount of $14,500 for the provision of IDD Community Habilitation and IDD Vocational Training.

- Adult Development Training will be provided for persons who are intellectually or developmentally disabled. The training is provided to individuals who require assistance in meeting personal needs and activities of daily living. This funding will allow one person to remain in a home environment and increase the individual's ability to more fully participate in family life.
- Pre-Vocational Training for individuals who require special assistance on a continuous basis in order to function in a non-competitive sheltered vocational setting. Pre-Vocational Training will allow three persons to receive work experience as well as other work training activities.

Directions: *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).
HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

***Use the FY 13-14 Primary Allocations for completion of the Budget* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

County:	**ESTIMATED CLIENTS**	**HSBG ALLOCATION (STATE AND FEDERAL)**	**HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)**	**NON-BLOCK GRANT EXPENDITURES**	**COUNTY MATCH**	**OTHER PLANNED EXPENDITURES**
MENTAL HEALTH SERVICES						
ACT and CTT	23		182,364			
Administrator's Office			1,084,929			
Administrative Management	968		430,460			
Adult Developmental Training	0		0			
Children's Evidence Based Practices	0		0			
Children's Psychosocial Rehab	0		0			
Community Employment	59		140,500			
Community Residential Services	34		2,199,684		241,118	
Community Services	745		208,451			
Consumer Driven Services	213		227,000			
Crisis Intervention	128		45,569			
Emergency Services	430		305,875			
Facility Based Vocational Rehab	0		0			
Family Based Services	7		18,900			
Family Support Services	68		17,497			
Housing Support	345		786,815			
Other	0		0			
Outpatient	1,475		308,569			
Partial Hospitalization	76		228,635			
Peer Support	0		0			
Psychiatric Inpatient Hospitalization	0		0			
Psychiatric Rehabilitation	39		68,677			
Social Rehab Services	563		470,475			
Targeted Case Management	273		288,186			
Transitional and Community Integration	1,378		709,389			
TOTAL MH SERVICES	6,824	7,721,975	7,721,975	0	241,118	0

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Admin Office			343,386			
Case Management	130		128,308			
Community Residential Services	5		303,400			
Community Based Services	12		281,514			
Other						
TOTAL ID SERVICES	147	1,042,108	1,056,608	0	0	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	60		15,372			
Case Management	175		47,222			
Rental Assistance	145		45,900			
Emergency Shelter	300		93,557			
Other Housing Supports						
TOTAL HAP SERVICES	680	224,501	202,051		0	0
CHILDREN & YOUTH SERVICES						
Evidence Based Services	79		152,000		8,000	
Promising Practice	240		627,750		70,000	
Alternatives to Truancy	15		22,500		2,500	
Housing	41		8,500		1,500	
TOTAL C & Y SERVICES	375	810,750	810,750		82,000	0

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	160		226,000			
Inpatient Hospital						
Partial Hospitalization	32		100,000			
Outpatient/IOP	154		44,409			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	346		41,000			
Other Intervention						
Prevention						
Administration			41,000			
TOTAL DRUG AND ALCOHOL SERVICES	692	452,409	452,409		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	40		18,100			
Aging Services	465		33,800			
Generic Services	150		22,200			
Specialized Services	700		5,000			
Children and Youth Services	325		89,503			
Interagency Coordination			14,000			
TOTAL HUMAN SERVICES AND SUPPORTS	1,680	219,003	182,603		0	0
COUNTY BLOCK GRANT ADMINISTRATION			44350		0	
GRAND TOTAL	10,398	10,470,746	10,470,746	0	323,118	0

The Human Services Development Fund budget was reduced by $14,500. $14,500 was allocated to Intellectual Disabilities. That budget reflects the additional funding.

*Washington County BHDS works diligently with the Inpatient Units of our two local hospitals to engage their business offices so that individuals without insurance are actively assisted in the application process while still on the unit. The follow up process occurs post-discharge with the County Assistance Office. This method appears to be successful such that to date neither hospital has approached BHDS for dollars to cover Inpatient Care, hence the zero dollar amount included in the table above for Psychiatric Inpatient Care.

Appendix D
Eligible Human Service Definitions

Mental Health

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

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

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

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

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.

Adult Development Training

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

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 (i.e., 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 Department-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.

Crisis Intervention

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Services

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

Family Support Services

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

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

Other

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disability

Administrator's Office

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

Case Management

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

Community Residential Services

Transitional residential habilitation programs in community settings for individuals with intellectual disabilities.

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

Transitional services that allow clients 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 the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

Rental Assistance

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

Emergency Shelter

Refuge and care services to persons who are in immediate need and are homeless; i.e., have no permanent legal residence of their own. ***Other Housing Supports***

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

Children and Youth

Promising Practice

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

Housing

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

Evidence Based Programs

Evidence-based programs use a defined curriculum or set of services that, when implement with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2014-15, the CCYA may select any EBP (including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: https://www.childwelfare.gove/preventing/evidence/ebp_registries.cfm.

Drug and Alcohol

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 addicted clients in acute distress, whose addiction

symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

Inpatient Non-Hospital Halfway House

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients 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 addicted clients 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/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of5 hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

Partial Hospitalization

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund / Human Services and Supports

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

Generic Services

Services for individuals that meet the needs of two or more client 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 client population that are difficult to meet with the current categorical programs.

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