

Washington County

Human Services Block Grant
Plan

FY 2016-2017

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

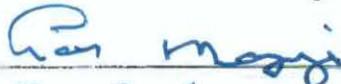
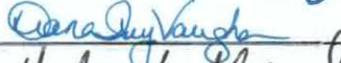
ASSURANCE OF COMPLIANCE

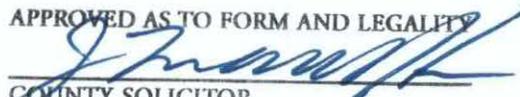
COUNTY OF: Washington

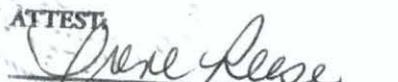
- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (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	Date
	LARRY MAGGI	6/16/16
	DIANA EREY VAUGHAN	6/16/16
	HARLAN G. SHOIBER, JR.	6/16/16

APPROVED AS TO FORM AND LEGALITY

COUNTY SOLICITOR

ATTEST

CHIEF CLERK

per minute # 1018
dated 6/16/16

Appendix B County Human Services Plan Template

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

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 continued success 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 team also formed 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 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 2015-2016 fiscal year, efficiencies resulted in the ability to:
 - a. Move \$13,600 to Catholic Charities to provide counseling services to adults that otherwise would not be able to afford counseling services.
 - b. Move \$6,800 to the only family shelter in Washington County to allow uninterrupted service to homeless families.
 - c. Move \$9,000 to Domestic Violence Services of Southwestern PA to provide housing and support to women and children who are victims of domestic violence.

- d. Provide \$71,902 in matching funds to secure an equal amount in Emergency Housing funds through the Department of Community and Economic Development.
 - e. Open a regional office to provide human services in a high demand, remote area of the County to consumers that otherwise may not have been able to receive the services they need.
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. 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 has opened a regional office location in a highly consumer-concentrated area of the County to improve access to services as well as the efficiency and effectiveness of service delivery to consumers with multiple problems. Initially, this regional office will be staffed by employees of Children and Youth 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 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 expand the regional office within the next fiscal year:

1. **Hire dedicated staff person** – Identify, hire and train a part time employee dedicated to the remote site to serve as initial contact for clients, providers and the general public as well as provide administrative and secretarial support to the Charleroi Human Services Office.
Estimated timeframe for completion: 1 – 3 months

2. **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: Ongoing

3. **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: Ongoing

5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA).

Not Applicable

PART II: PUBLIC HEARING NOTICE

Ad Number: 1549226

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 2016-2017, 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 22, 2016 at 2:00 p.m. and Thursday, June 23, 2016 at 6:00 p.m. in Room 104 of the Courthouse Square Office Building, 100 W. Beau St., Washington, PA 15301. Comments will be accepted in writing by the Department of Human Services, 100 W. Beau St. Suite 703, Washington, PA 15301 on or before June 30, 2016. A copy of the plan will be available for pickup as well as on the County website as of June 18, 2016 in the Department of Human Services. Interested parties can contact that department at 724.228.6863 or 724.228.6998 for additional information.

6-15

**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:

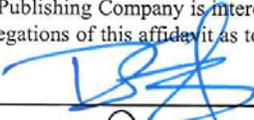
Before me, a Notary Public in and for said County and State, personally appeared

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,
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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
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Observer-Reporter 06/15/16

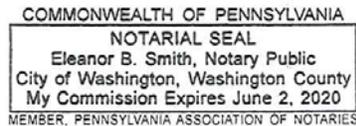
that neither the affiant nor the Observer Publishing Company is interested in the subject matter of
said notice or advertising and that all allegations of this affidavit as to the time, place and character
of publication are true.

Sworn to and subscribed before me this



15 day of June 2016

Eleanor B Smith



Ad Number: 1549226

WASHINGTON COUNTY HUMAN SERVICES

PUBLIC HEARING FOR THE BLOCK GRANT PLAN
 FISCAL YEAR 16/17

June 22, 2016

Please sign in.

PRINT NAME	REPRESENTATION (Agency, Family, Participant)	TESTIMONY?
Cheryl Andrews		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Diana McKinney	Agency	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Mary Jo Hatfield	Wash. Co. BHDS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Barry Nicolai	Centerville Clinics	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Scott Berry	BHDS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Jennifer Johnson	Wash Co DHS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Kym Rogers	Washco cys	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Peppi Franck	TEC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Natalie Ross	Washington Communities	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DAVID PAINTER	BHDS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
JANICE M. TAPER	BHDS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Human Services Block Grant Public Hearing

June 22, 2016

2:00 PM

Washington County Human Services (HS) held a Public Hearing regarding the FY 16/17 Plan and a recap of FY 15/16.

Individuals in Attendance:

Jason Bercini, Washington Co. Human Services, Fiscal Manager, and Moderator of this Hearing

Cheryl Andrews, Washington Drug and Alcohol Commission, Executive Director

Jennifer Johnson, Washington Co. Housing and Homeless Services

Kimberly Rogers, Washington Co. Children & Youth Services, Executive Director

Janice M. Taper, Washington County Behavioral Health and Developmental Services,
Administrator

Scott Berry, Washington County Behavioral Health and Developmental Services, MH Crisis &
Emergency Director

Mary Jo Patrick-Hatfield, Washington County Behavioral Health and Developmental Services,
MH Planning and Quality Director

David Painter, Washington County Behavioral Health and Developmental Services, CFO

Diana McKinney, AMI, Inc., Executive Director

Barry Niccolai, Centerville Clinics, Inc.

Peggi Fawcett, Transitional Employment Consultants, Executive Director

Jason Bercini, Human Services Department, gave a brief welcome and stated that the purpose of this hearing is to provide an overview of the Block Grant for 2015/2016, review upcoming plans for 2016/2017, and then there will be a time for any questions and discussion regarding the plan from those in attendance.

Over the past year, excess funds from the Block Grant were able to be used to supplement or pay for the following programs:

- \$13,600 was moved to Catholic Charities to cover the cost of counseling for residents who cannot afford to do so on their own.
- Almost \$7,000 was redirected to the only family shelter in the County enabling them to keep their operating throughout the entire fiscal year.
- \$9,000 went to Domestic Violence to meet their financial demands for the fiscal year.
- Almost \$72,000 went to match state funds, dollar for dollar, for our housing program.

A lease was secured and the Charleroi satellite office opened during FY 2015/2016. This site will be utilized by Washington Drug and Alcohol Commission, Washington County Behavioral Health and Developmental Services, and Washington County Children and Youth Services to allow easier access for those individuals living in this area of Washington County.

During the new fiscal year, many of the plans surround this Charleroi office. We plan to have a job description approved for a position in the Charleroi office and to staff this position, at least part time, within the next few months. We also continue to seek individuals to serve on our

Advisory Board so that as many services within our County as possible have representation on the Board. Applications are available here today if anyone has an interest. As always, we will continue to review cost saving measures and streamlining services. We will also continue to work of the ease of entry into our system for individuals.

Introductions by the following were made:

Cheryl Andrews, Washington Drug and Alcohol

Jan Taper, Washington County Behavioral Health and Developmental Services

Kim Rogers, Washington County Children and Youth Services

Mr. Bercini then asked for comments or questions from those in attendance.

Cheryl Andrews, Washington Drug and Alcohol Commission spoke to the understanding that the Human Services Block Grant was established to allow for flexibility of funds. As they continue to meet and work through this process, trying to come up with new initiatives across systems, we find that not to be the case and that siloes do still exist in reality. They continue to communicate with the State and learn more each year. As we continue to run our individual programs, we will continue to look for areas of true integration but find the silos to be an area of frustration. As we meet and plan for ideas that we feel are great, we find that they cannot be carried out in reality, as the shifting of funds is not possible.

Jan Taper, Washington Behavioral Health and Developmental Services stated that this is good information for those in attendance to know. The State remains consistent with established Cost Centers, which seem to defeat the original purpose of the Block Grant.

Jason Bercini, Washington County Human Services stated that he feels that the State is beginning to realize that the regulations that govern every one of our individual areas are fairly rigid and even though the Block Grant was created to allow for the flexibility of funds, it is not possible as we have to follow these older regulations. This has been a point of frustration for the State as well as it would take a lot to make changes to the regulations.

Jan Taper, Washington County Behavioral Health and Developmental Services stated that the original Block Grant counties had interesting ideas and were permitted to proceed with those ideas. However, as new Block Grant Counties were named, there were conditions that were put on them so that they cannot enjoy some of the same luxuries that the original Counties were afforded. It is disappointing and would be nice to have the State give the Counties the ability to come up with their ideas and submit for approval before adding stipulations, but it does not happen that way. Our three systems, along with Housing, would need to develop a unique system and in order to be applicable and useful to all of our services across the board, there would only be a couple categories shared by all systems. Housing needs would be an example of an area of great need but we run into zoning laws. We can be moving in a direction but then something else with put a stop to the idea, which is unfortunate.

Jan Taper, Washington County Behavioral Health and Developmental Services then asked for any dialogue, ideas or thoughts from those in attendance.

Jason Bercini stated:

We are always open to communication. If you have questions or comments please approach any of us at our respective offices throughout the year. We are open to your ideas, new concepts, and program suggestions.

Jan Taper, Washington County Behavioral Health and Developmental Services then asked why those in attendance had come to the hearing today.

Barry Niccolai then stated that he attended to support the Block Grant, and see what is on the horizon.

Mr. Bercini thanked those in attendance and asked for any further questions or comments. There being none, the hearing ended at 2:15 PM.

Human Services Block Grant Public Hearing

June 23, 2016

6:00 PM

Washington County Human Services (HS) held a Public Hearing regarding the FY 16/17 Plan and a recap of the FY 15/16 Plan.

Individuals in Attendance:

Tim Kimmel, Washington Co. Human Services, Director

Jason Bercini, Washington Co. Human Services, Fiscal Manager, and Moderator of this Hearing

Kimberly Rogers, Washington Co. Children & Youth Services, Executive Director

Jennifer Johnson, Washington Co. Human Services, Homeless Services Coordinator

Janice M. Taper, Washington County Behavioral Health and Developmental Services, Administrator

Erich Curnaw, Washington Drug and Alcohol Commission, Director of Clinical & Case Management Services

Ann Gaydos, Centerville Clinics Inc., Director

Toni Contestabile, Centerville Clinics Inc., Clinical Casework Supervisor

Jim Gleason, Washington County NAMI, President

Jason Bercini, Human Services Department, introduced himself, gave a brief welcome and asked that those in attendance introduce themselves.

Jason stated that the purpose of this hearing is to provide an overview of the Human Services Block Grant initiative for 2016/2017, and to give a recap of the services that had been offered for the past 2015/2016 year.

Over the past year, excess funds from the Block Grant were able to be used to supplement or pay for the following programs:

- \$13,600 was moved to Catholic Charities to cover the cost of counseling for adults who otherwise cannot afford those counseling services.
- Almost \$7,000 was moved to the family shelter in Washington enabling them to keep them operating throughout the entire fiscal year.
- \$9,000 went to SW Pa. Domestic Violence Services to meet their financial demands for the fiscal year.
- Almost \$72,000 went to match state funds, dollar for dollar, for emergency housing support.

We have entered into a lease agreement and opened up a Charleroi satellite office opened during FY 2015/2016. This site will be utilized by Washington Drug and Alcohol Commission, Washington County Behavioral Health and Developmental Services, and Washington County Children and Youth Services to allow easier access to services for those individuals living in this area of Washington County.

For the upcoming New Year we plan a service expansion to include:

- An expansion of the Charleroi site with plans to hire at least a part time staff position to expand the hours in this location.
- Seeking to increase the number of individuals who serve on our Advisory Board. Applications are available here today if anyone has an interest.
- Reduce costs, make it easier to provide and expand those services throughout the County.

Mr. Bercini then asked for comments or questions from those in attendance.

Jan Taper, Washington Behavioral Health and Developmental Services, stated the majority of the individuals present are involved with the BHDS program and that she had reviewed with them, during her Advisory Board and Provider Meeting, the plans and goals for BHDS. She asked the audience if they had any questions or new business for her.

Jim Gleason, Washington County NAMI, stated that he had discussed with Jan one possible initiative, a roommate matching service for individuals in the Mental Health (MH) System. He explained the difficulties his Daughter (who is in the MH system and lives on her own) has in finding roommates and her dealing with the cost of housing and limited resources. He went on to describe the positive effects that such a program would offer, to include:

- Reducing living expenses.
- Increasing socialization
- Lessening pressures on the current BHDS Housing program

Ann Gaydos, Centerville Clinics Inc., agreed that there are limited opportunities for socialization for those individuals in those programs. They live alone, don't go places etc. She went on to describe how a companion would help both individuals in the MH system succeed in treatment.

Tim Kimmel, Washington Co. Human Services, mentioned the difficulties matching would entail. He asked those assembled what would the response be for those roommates who did not get along?

Jan Taper, Washington Behavioral Health and Developmental Services, stated that there were many solutions to interpersonal conflicts and that there would be policies in place to resolve these conflicts. She stated that MH Case Management would be occurring and that conflict resolution skills could be taught. There would be a list of viable individuals to choose from if a replacement was needed.

Jim Gleason, Washington County NAMI, stated that by having these individuals living together that this would have a tangential effect on reducing transportation costs as well.

Jan Taper, Washington Behavioral Health and Developmental Services, mentioned that this process is still being developed, and they hope to spend more time to analyze the issues before anything is rolled out.

Tim Kimmel, Washington Co. Human Services, asked is this single housing? The response was yes. He then indicated that this would be a big project a major shift.

Jan Taper, Washington Behavioral Health and Developmental Services, stated in some of their residential programs and they learn skills now, but that usually they learn in groups with several other people. When they graduate they are by themselves and would have to learn how to be on their own, things take on a different flavor. They are less confident as they don't have all the prior supports. This project would be applicable in many situations. She went on to state that finding people to participate would be the challenge, but once the word got out things would improve.

Jim Gleason, Washington County NAMI, This program would also allow these individuals to afford much bigger houses and increase their standards of living. Currently most live in essentially public housing.

Jan Taper, Washington Behavioral Health and Developmental Services, This would allow these people living in other arrangements an opportunity to move into a more personal residential setting as

well. Personal Care Homes could move down to two people, although the OHMSTEAD Act may be an issue as there were many restrictions involved in housing.

Kimberly Rogers, Washington Co. Children & Youth Services then started to discuss the various services that the CYS program had improved. She mentioned that the portion of the services provided by the Block Grant were only a portion of her budget, not her entire budget. She indicated that housing is a struggle for all the Human Service programs. She knows first-hand what a struggle it is to keep families together. She stated that although CYS receives less Block Grant Funding due to the nature of their funding streams, that nonetheless CYS had used grant dollars to improve their crisis response and in-home and MST services. She stated that this money was used to help families keep their kids and could be used for anything from finding housing to make transportation opportunities to appropriate truancy services. Improving programs such as Justice Works, an evidence based practice, was also mentioned.

Ann Gaydos, Centerville Clinics Inc., had a question about when the County spent a lot of money training a group of people with the PCIT (Parent Child Interaction Therapy) that it was really difficult to get people hooked up to this as it is a weekly thing, a commitment thing. She stated that it is a good program that really does work but it hard to get families to comply with it. She asked if there was a way for CYS could enforce attendance?

Kimberly Rogers, Washington Co. Children & Youth Services clarified that you can't force the parents to go to it or to attend. That even with Court orders you can't enforce as there were no consequences to the parents, only to the children. She stated that there were a lot on underutilized services. She described how these issues; transportation, parent buy-in (especially to big time investments of 10-13 weeks) were the common problems. There are a lot of services in our County that aren't fully utilized across the board. PCIT is one, PPP is another. Figuring out what is the breakdown with our families is the issue. Is it the transportation, the time involvement, what? Getting feedback from our families is important to determine these things.

Tim Kimmel, Washington Co. Human Services, agreed that these are across the board. He stated that families tend to want an immediate fix and that if it is a long term investment that they tend to not be interested. He went on to describe a discussion from his Advisory Board where they discussed the same issues.

Ann Gaydos, Centerville Clinics Inc., reiterated that she wished that the Courts could order the parents to comply. She agreed that everyone seemed to want the quick fix and lamented that in other areas the Court can force compliance and wished that they could do so here in these areas discussed. It would make their children's lives better.

Kimberly Rogers, Washington Co. Children & Youth Services again stated that there are no consequences to the parents. She described the effects that ASPA regulations, which come into play in some circumstances, which have specific guidelines that if there was no compliance would enable the children to be separated and put up for adoption. She went on to describe how current CYS adoption numbers are on the rise, mostly due to drug and alcohol problems such as the current heroin epidemic, relapses, etc. She stated that by Federal Law CYS is mandated to find permanent, forever, homes for children. She describes how CYS will attempt to place children with their parents first (by modifying parental behaviors etc.), then they go to adoption, and finally are place with families.

Erich Curnaw, Washington Drug and Alcohol Commission described how opiates are particularly problematic and they create a long road to recovery for people who are addicted to opiates. He described how D&A along with their treatment providers are looking for different approaches to deal with these situations. Hopefully these new approaches will produce different outcomes. They (D&A) hope to bring the addiction numbers back down. When they are involved with those individuals who are addicted

and also involved in the CYS system and who are up against the termination of their parental rights, that's it's a roll of the dice whether they will be able to recover enough to take care of a child. He stated that in many cases that it is not possible. The window is too small and the journey too arduous to be completed in that short amount of time. He asked those assembled to imagine being a parent, going through their own treatment while simultaneously trying to work through the CYS system as well. Eric went on to describe how the current status quo treatments have many hurdles and that D&A was trying many different approaches to lower these numbers.

Kimberly Rogers, Washington Co. Children & Youth Services stated that unfortunately children cannot afford to wait on their parents to complete treatment programs; that they need forever homes now.

Erich Curnaw, Washington Drug and Alcohol Commission stated that these crises mentioned above impact all Human Services. Those problems involved in addiction and with this opioid epidemic need to be worked out by people with a higher pay grade than those assembled, at the highest levels. Opiate issues impact all Human Service Programs.

Jason Bercini, Washington Co. Human Services, again asked those assembled to look over the plan and that this was not a one night opportunity to give feedback and input. If anyone had any questions or comments to add, please contact anyone on the board throughout the year. He again asked if anyone present had further questions to which no one responded. He thanked those who chose to attend.

This hearing then ended at 6:25 PM.

Following is written testimony received by the Department of Human Services.

Testimony is offered by Ms. Van Fossan, Supervisors of Special Services, McGuffey School District.

Ms. Van Fossan has been involved in education for over 20 years. She holds a Bachelor of Science Degree in Special Education from The Ohio State University. Ms. Van Fossan earned a Masters Degree in Educational Leadership from George Mason University and a Masters in Secondary Education from The University of Alabama.

Ms. Van Fossan has her Superintendent Letter of Eligibility from Edinboro University and has attended four professional development programs at Harvard's Graduate School of Education including the Institute on UDL. She is currently enrolled in the Certificate in Advanced Education Leadership Program at Harvard's Graduate School of Education.

Ms. Van Fossan taught middle school and high school special education in Columbus Public Schools in Columbus, Ohio. She subsequently lived in South America where she worked on sustainable developmental government projects. Upon her return to the United States, she was a senior staff member at the largest residential treatment center in Virginia. Her most recent position in administration is at McGuffey School District in Claysville, PA where she has held the position of Supervisor of Special Services for 12 years.

Ms. Van Fossan has been involved with and chaired a number of nonprofit boards and committees throughout her career. Currently, she is an active member with the following: the PA Office of Vocational Rehabilitation Service Office of Greene, Fayette and Washington Counties

in which she is the Chair, the Perkins Committee at Western Area Career and Technical Center, the Transitional Employment Consultants, and MHY Family Services.

Testimony

The National Institute of Mental Health estimates that one in ten children and adolescents in the US suffer from mental illness severe enough to require treatment (1). Public schools are increasingly faced with school violence, suicide and increased levels of high-risk student behaviors. The media constantly covers stories of school violence and brings conversations to the foreground about the lack of recognition and adequate and appropriate mental health services to students with mental health issues. Society teaches the lesson that when systems of support are not in place for students with mental health needs, bad things can happen. The human and economic toll of inadequately addressing mental health problems is significant. Inadequate and untreated mental health issues lead to higher rates of school violence, juvenile incarcerations, increased school dropout rates, family dysfunction, drug abuse, and low employment rates.

Parents and family members are often the first to notice changes in a child, but sometimes parents find it hard to talk about their concerns. Perhaps, this occurs because of the stigma that often accompanies mental health disorders or because parents simply do not know what services are available or how to access them. School districts are often the next to recognize a change in a child's behavior. School staff may recommend parents seek treatment early in order to help them cope with the challenges they face. Most school districts, including McGuffey, strive to work collaboratively with community mental health agencies to provide a seamless system of support for these students and their families. That seamless system is possible only when systems are invested in the process and communicate effectively and openly with each other.

In general, school districts in our region work closely together as many of the students in greatest need are transient in nature. As school districts, we meet monthly for training and collaboration. The mental health needs of students has been a long standing topic at these collaborative meetings. McGuffey School District, in collaboration with multiple other school districts, agreed on the need for a greater focus on the mental health needs of students. To address this need and facilitate collaboration and discussion, McGuffey School District hosted an Unconference of Mental Health Services in Public Schools. At best, we hoped for 30 to 40 participants. On June 8th we hosted over 80 participants representing a variety stakeholders including magistrates, private mental health providers, Washington and Greene County officials, Value Behavior Health representatives (managed care company), base services units (3), RTF providers, DAS providers, partial providers, advocacy organizations (2), media (newspaper), legislative staff and school officials from most school districts in Washington County.

We understand letters of support have been requested from school district superintendents via county contract base service units for Mrs. Tapper. While the Washington County Block Grant proposal outlines a continuation of services funded, our concerns have focused around access and quality. For this reason, it is important to consider information provided from local district principals and guidance staff, as they deal with the day to day effectiveness of the systems.

Prior to drawing conclusion regarding mental health services and needs, local principals and guidance counselors provided information through a survey.

Below are results of the survey completed by building principals and guidance counselors in Washington County which guided the Unconference sessions at McGuffey School District:

-94.45% of respondents indicated students had unmet mental health needs.

-100% of survey respondents felt it was necessary that the school be informed when a student has been hospitalized for psychiatric reasons and any discharge recommendations coming from that hospitalization.

-77.8% of respondents had utilized the county mobile crisis team or county crisis center, but only 16.65% felt they had consistently been provided with communication on the status of the student once assessed. We found this disturbing as these students are returning to our buildings. In addition only 19.45% felt the recommendations from the mobile crisis team or crisis center were appropriate.

- Only 33.3% of the respondents felt there was sufficient communication between outside mental health service providers that serve students in schools and the schools these students attend.

-Although services are provided directly to students, 63% of respondents felt there was insufficient collaboration with school staff on supporting students receiving mental health services in schools.

As a school district, we have made efforts to collaborate with Washington County officials. One thing that was striking during our meetings and ongoing communications is the different definitions and terms utilized when discussing the mental health needs of children in our respective areas. McGuffey School District employs a wide variety of evidence based practices to meet the needs of children and families in our public school districts. I think we would all agree that children do not turn off their "emotions" and the need for support is evident when they walk through our school doors. School districts know from experience that this vulnerable group of students often have family units that struggle. For these students, school plays a key role in providing consistency and facilitating access to outpatient and in-home services. As highlighted in research regarding mental health treatment, successful outcomes are often limited because once services are identified, there is inadequate follow-through for a variety of reasons. As school districts, we respect parents' choice not to follow through with services. However, we often find parents do want services, but barriers such as access, transportation, lack of care coordination, and family work schedules interfere. As schools, we have systems and supports in place to assist these families, but we need support from our county and local mental health providers.

A primary concern of McGuffey School District is to ensure quality county funded mental health services are being provided to children and families to best meet their unique needs. In order to best meet student needs, it is critical to open the provider network. This will allow us to partner with a provider that is able to take not only state Medicaid insurance, but also private insurance.

Our current base service unit, Washington Communities, has been unable to consistently provide a highly qualified therapist. We have met with County leadership on two different occasions to discuss these concerns. Our hope is the county will partner with community stakeholders, including school districts, to design innovative mental health services as done in other counties with similar needs. When it comes to mental health issues, prevention and early intervention are key in reducing the number of senseless deaths from violent crimes and drug overdoses. Additionally, the economy can only be vibrant, when there is an educated and engaged workforce.

1. During structured interviews with county funded service providers, it was revealed that many staff do not have professional licensure and/or certifications to provide therapeutic and counseling services. In fact, we were told most did not have "professional" licensure. School districts require appropriate licensure and/or certification prior to employment.

2. During structured interviews, we were surprised that the county funded base service unit working with students did not have any therapists trained in trauma informed care. In fact, we were told they were going to start by training two therapist at the agency as they currently had none trained. When McGuffey School District recently hired our social worker, we specifically focused questions on essential research based interventions that all children deserve. As school districts, under ESSA, we are required to provide research based interventions. It would not make sense to provide an intervention in reading that would provide little or no results. When it comes to mental health services, we feel students deserve evidenced based interventions. During two different meetings, we were assured that Washington Communities would only be hiring licensed therapists moving forward. It was also stated they would assist currently non- licensed staff to obtain licensure. However, at our last meeting on June 14, 2016 it was said that they were not going to pursue licensure for the staff currently assigned to the district. I asked if she was unable to be licensed, and was told they were not pursuing licensing again.

3. On June 14, 2016 Perri Greco, from Washington County BHDS, outlined the services that should be provided by the ESAP/SAP liaison. I would encourage the county to partner with their student assistance contractors and school districts to develop a framework for ESAP/SAP (student assistance program) that provides clarity of purpose, helps build a commitment to data, accountability, and performance, and provides a structure for evaluation as what was outlined is not being delivered. A consideration, Annie E. Casey Foundation's Making Connections initiative brought together representatives of schools, health and human service agencies, workforce and employment programs, city and county governments, neighborhood residents, United Ways, and local philanthropies to agree on results and to track whether and how new policies, programs, and practices were having the desired effects. Lecturer in social medicine at Harvard University and a senior fellow at the Center for the Study of Social Policy Lisbeth B. Schorr said, the "results focus turned out to be a formidable force for change, informing decisions to expand strategies or change course, and bringing attention to what it would take to achieve ambitious, long-term goals."

Given the advantages, limitations, and medium-term potential of the above measures, our hope is that the broader community proceeds forward with both alacrity and caution, and with equal parts optimism and humility.

We are requesting that McGuffey School District be permitted to have a mental health contractor that is able to meet the following needs in the school district:

1. Conduct intakes within the district instead of an offsite location.
2. Provide licensed mental health therapists. We believe the current practice discriminates against students living in low income families and/or students with disabilities who often have Medicaid Insurance. These students have been provided with unlicensed staff while their middle and upper class peers, who have private insurance, are afforded licensed and credentialed providers through Highmark, Aetna, etc.
3. Psychiatric evaluations and medication management within the schools.

We know this level of service is possible as Central Greene School District worked with Greene County and Value Behavioral Health in order to garner one provider to deliver high quality services to children and families who are covered by Medicaid and private health insurance. This program also allows for psychiatric evaluations and medication management within the schools. It is also our understanding that this type of program would not increase expenditure of county dollars, but rather assist in diverting the number of inpatient hospitalizations and high costs associated with residential placements.

Moving forward, increased communication is needed between all stakeholders. For example, the county's work on youth transitions was never shared with the public school districts' special education administration which serves all school age students with disabilities that are transitioning. It would be beneficial for the county and stakeholders to collaborate together by forming focused workgroups to address these concerns. We understand many will come to the table with a strong set of values, but divergent opinions should be considered without fear of reprisals.

As public school administrators, we certainly have a strong grasp of the budgetary realities that face our county. However, we do know that it is imperative to reorganize priorities, optimize already identified effective services, and look to other funding sources, such as grants. As we move forward, I am hopeful that we can break down the silos and develop a quality comprehensive system of mental health supports to better serve children and families. Moreover, all systems play a vital role in educating our communities on the importance of early identification, treatment and understanding of individuals with mental health diagnoses. As one of my Harvard professors, Dr. David Rose, teaches, "all means all" referring to the important work of meeting the needs of ALL children. If all truly means all, communication among all agencies is necessary and all agencies must intentionally join forces to provide effective coordination of care for all children. Failure to do so may unnecessarily lead to repeated hospitalizations and residential treatment stays, lost time in providing services to children and families, and many other unfortunate tragedies. Based on the information we encourage the

county to consider expanding services so that there is equal access to high quality mental health services for ALL children and families.

I hope Washington County will take time to reflect on this important information and join McGuffey School District in reducing barriers to student success.

PART III: MINIMUM EXPENDITURE LEVEL
(Applicable only to Block Grant Counties)

For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights:

Washington County Behavioral Health and Developmental Services was quite fortunate to have the financial support of the Washington County Commissioners during the Budget Impasse of 2015/2016, such that all of the services identified in last year's plan continued to operate as usual. These services include the following:

- A. Services available to all ages: Adults, Children/Adolescents, and Transition Age Youth (Age 18-26)
 - Base Service Unit
 - Case Management
 - Crisis/Emergency
 - Hospital Liaison
 - Housing & Residential Services/Funds
 - Partial Hospital
 - Wellness & Advocacy Services
- B. Services available to Children /Adolescents Only (Under age 18 though some services may be approved to age 21)
 - Behavioral Health Rehabilitation Services (BHRS)
 - Family Support Services (FSS)
 - Parent Advocate
 - Parent-Child Interaction Therapy (PCIT)
 - Residential Treatment Facilities (RTF)
 - Student Assistance Programs (SAP)

C. Services available to Transition Age Youth & Adults Only

- Assertive Community Treatment (ACT)
- Drop-In Centers
- Forensic Case Management & Mental Health Court Programs
- Forensic Liaison
- Mobile Medication Program
- Peer Mentor & Certified Peer Specialists
- Psychiatric & Psychosocial Rehabilitation

We believe that maintaining such a vast array of services and supports in the midst of uncertainty and absence of funds was quite an accomplishment. In fact, the only detrimental effect to have occurred is reflected through our inability to implement two of the initiatives previously identified in the Recovery Oriented System Transformation Priorities. The following highlights provide a brief profile of other notable endeavors throughout the year:

Healthy Transitions

Through our SAMHSA Healthy Transitions Grant collaborative with the Pennsylvania Department of Human Services, we have expanded the services currently in place at our Common Ground Teen Center for those aged 18-26 who would typically have aged out of the programming. Also through the grant, we have conducted a number of focus groups and developed a comprehensive needs assessment. The information gained through these will be utilized in future planning efforts.

Healthy Transitions TACC

Through the SAMHSA Healthy Transitions funding, SPHS Care Center has hired a Care Coordinator who will be working with up to 30 youth/young adults to ensure that all of their needs are addressed and care is well coordinated, minimizing the risk that they will fall through the cracks.

Behavioral Health-Works

BHDS began its implementation of the Behavioral Health-Works (BH-Works) Screening Tool as part of the SAMHSA, Now Is the Time: Healthy Transitions Grant. The SPHS Primary Care Center in Monessen began to utilize this BH-Works software to screen our target population of Transition Age Youth/Young Adults (16-25) to detect suicidality, abuse, depression, trauma, bullying, psychosis, and other serious conditions and then refer individuals to our Behavioral Health System when applicable. Due to barriers, we are now exploring a pilot to instead utilize BH Works in schools.

Mental Health Awareness Event

On Friday, May 20, 2016 we held a Mental Health Awareness Conference at the Doubletree Hotel. This conference was provided partly through the Healthy Transitions Grant and partly through Southwood Hospital. This event was open to community members, families, and professionals. There was also a presentation by the Real Talk Performers from the Academy for Adolescent Health. The performance was titled "Through My Eyes". An agency fair was included at this event and CEU's were available through the University Of Pittsburgh School Of Social Work.

Cognitive Behavior Therapy (CBT) Training

Washington County has also worked with WPIC to coordinate CBT training for Transition Age Youth/Young Adults; this took place on September 9, 2015.

Dialectical Behavior Therapy (DBT) Training

Through the SAMHSA Healthy Transitions Grant, we offered 4.5 day training on Dialectical Behavior Therapy for qualified providers. We had approximately 40 provider participants attend the series conducted by Dr. Safdar Chaudhary and his staff.

Trauma-Informed Care Training

The Substance Abuse Mental Health Service Administration (SAMHSA), National Center for Trauma-Informed Care approved our application for training and technical assistance to assist our system and its cross system partners (Children and Youth Services, Drug and Alcohol Commission, Aging Services, etc.) to achieve greater competence in this area. This one-day training was held on June 2, 2016 at the Doubletree Hotel and was very well received by its participants.

Kidsfest

A Kidsfest was held on March 19, 2016 at the Washington Crown Center sponsored by the Observer Reporter Publishing Company. We provided children's Mental Health Awareness activity books that were quite a hit as well as candy, bubbles, and "Awareness" bracelets. Additionally, we had brochures and booklets detailing all of the providers and services for children and adolescents. At the event, we also were able to have 28 youth ages 16-25 complete our Needs Assessment and in return they received a \$5 Subway gift card. Over 200 children, adolescents, and transition age youth visited our table.

Permanency Round Tables

Washington County BHDS participated in the Permanency Round Tables with Children and Youth to develop a permanent plan for youth that can be implemented over the next 6 months. The process helps to identify and address systemic barriers to our joint involved youth so they can achieve permanency.

Can Do Program

Washington County BHDS contracted with SPHS to assume operations of the Can Do Program formerly operated by Try Again Homes, Inc. The program is a Transitional Housing Program which serves young adults with a Mental Health Disorder who meet the HUD guidelines for Homelessness. In preparation, SPHS completed environmental renovations and enhanced programmatic structure as well.

Children's Programs

Last summer, the county was able to fund three (3) children's programs that were designed to meet the needs of children who were not eligible to attend the summer STAP programs. These programs were held at the Ringgold Elementary School and were well received by both the children and their families. Once again, this summer, SPHS will be offering their Summer Enhancement Program. The program will be offered at Ringgold Elementary School South, which provides more room for the children as well as outdoor access to the enclosed play yard. The theme this year is "Working from the Inside Out". The goals of the program are to offer

opportunities for our youth to engage in a variety of structured social, peer, developmental and therapeutic activities.

Community Integration Rally

The CASSP Coordinator, along with the Adult MH Director for Quality Planning and Development, participated in a “Community Integration” Rally hosted by a local school district to benefit community members of all ages.

New BHRS Provider

We are in the process of adding a new BHRS Provider, Western PA Psych Care (WPPC) out of Beaver County to fill a gap in service. They will not be locating an office in our county at this time, but will be able to staff the Burgettstown and surrounding areas that seem to be the most difficult areas for the current providers to staff. WPPC also has an office in Bridgeville and will be serving the Peters Township and Canonsburg areas from that office.

Disaster Crisis Outreach Referral Team (DCORT)

The Washington County DCORT has continued to establish successful collaboration with the Red Cross, schools and colleges and other groups as well as provide valuable interventions in response to a variety of events such as fires, deaths, etc. On May 10, 2016, Washington County along with Fayette and Greene Counties sponsored the Advanced Skills Training to work with the community in the wake of violent events. The training was presented by Steve Crimando of Behavioral Science Application.

Re-Entry Conference and Community Resource/Job Fair

BHDS participated in this recent event providing a brief presentation and resource table to educate attendees on the opportunities available for offenders as they attempt to integrate back into society. An additional conference is scheduled soon for the Mon Valley region of the county.

Art Show

AMI, Inc. hosted the 7th Annual Art Show on May 6, 2016. It was co-sponsored by Washington County BHDS and held at the George Washington Hotel. The event included art work and poetry created by individuals from the local community with mental health diagnosis. The event was quite a success with approximately 200 participants.

Community Awareness Days

In October of 2015 and again in April 2016, BHDS participated in Community Awareness Days at the Washington Crown Center from 10:00am to 9:00pm providing educational materials and resource information. We also conducted screening for mood and anxiety disorders.

Consumer Family Satisfaction Team

In December of 2015, The Administrator and the Adult Mental Health Program Director for Quality, Planning and Development participated in a meeting between the CFST and provider representatives from both the Adult and Child/Adolescent Systems to develop strategies to increase survey numbers. Since that time, survey totals have substantially increased. The CFST also sponsored a “Game-O-Rama”; on May 7, 2016 from 1:00pm to 5:00pm, offering a day of fun for children and their families who receive Mental Health Services through Value Behavioral

Health. There was activities and food for the children and families. The CFST surveyed the parents/guardians regarding their satisfaction of the services their child received.

Mental Health Awareness Fair

The BHDS Mental Health Awareness Fair was held on May 25, 2016, from 10:00am to 5:00pm at the Washington Crown Center. The theme was “Overcoming Barriers on the Path to Wellness” and activities included a photo booth, caricature artist, reiki healing, and art therapy. Topics included the following: “Digging in Dirt” Teresa Gleason, Family Member and Advocate, “Diet, Nutrition and Wellness” Shirley Senay, RN, Director of Health Services, Arc Human Services, “Yoga and Relaxation” Kate Olson, Lakeview Yoga, “Overcoming Obstacles” Brandon Rumbaugh, Retired Marine, “Co-Occurring Disorders and Recovery” Holly Martin, Chief Operating Officer, Greenbriar Treatment Center, “Healthy Relationships and Bullying” Alexandra Brooks, Community Education Specialist, Domestic Violence Services of Southwestern Pennsylvania, “Active Minds” Alicia Budz, Washington and Jefferson College, “Making Sense of Alphabet Soup; Supporting LGBTQAI Individuals” Dr. Mary Jo Podgurski, RNC, EdD Director, Washington Health System Teen Outreach.

Senior Expo

The County participated in a Senior Expo on September 17th, providing Outreach and Education regarding Behavioral Health Services to seniors. Additionally, we participated in a Community Behavioral Health Education event sponsored by the Mon Valley Hospital, providing resource information to interested attendees.

Autism Directory

A draft of the Washington County Autism Directory, which was developed in response to our Autism Workgroup, has finally been completed and will be submitted to the members of the workgroup for review and modification/additions. The focus will now be provider training needs.

Service Expansion and Enhancement

In January 2016, we worked with Southwest Behavioral Health Management (SBHM) to submit to the Office of Mental Health and Substance Abuse Services (OMHSAS) a HealthChoices Reinvestment Plan to assist one of our providers, Wesley Spectrum Services. The plan involves relocation to a new facility to allow for the Mental Health Outpatient Service to have a distinct space from Wesley’s Drug and Alcohol Program. There will also be an enhancement of services designed to allow for much needed specialized services and treatment for individuals of all ages (3 and up) with Mental Health Diagnoses and concurrent Autism Spectrum Disorders. The plan was quickly approved and we are working with the provider to move forward.

NIATx

During the past several months, two Washington County providers, Centerville Clinics, Inc. and Washington Communities Human Services, Inc., were able to participate in an initiative sponsored by Southwest Behavioral Health Management (SBHM) designed to increase quality and efficiency. In doing so, they contracted with a corporation, NIATx, which is an international corporation that serves people facing the challenge of addiction and mental health by making improvements to the cost effectiveness of the care delivery system. They have developed a set of change practices specifically designed to reduce no shows and build organizational revenue. NIATx worked with each of the providers as well as several other providers from the Southwest

Six and Northwest Three. Each program was able to identify a goal and a strategy to pilot. Both of our designated agencies collected baseline and post intervention data to determine the effectiveness of the strategy. Both agencies were pleased and encouraged by the results and intend to continue utilization and measurement.

b) Strengths and Needs:

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

- **Strengths:** Washington County BHDS offers a large variety of services which are available to older adults including treatment and other supportive services. In fact, age alone does not preclude any individual from accessing service. We offer a number of mobile services that are available to individuals in his/her own home/environment making it easier for older adults who meet the service criteria but no longer drive. These include Blended Case Management, Mobile Medication, Assertive Community Treatment, Mobile Housing Support Team, Mental Health Supportive Housing, Mobile Psych Rehabilitation as well as Peer Mentors and Certified Peer Specialists. Washington County BHDS has also been able to offer a Certified Older Adult Peer Specialist and will be training two more individuals in the near future. Additionally, we are fortunate to have a working relationship with our county's Aging Services for linkage and referrals.
- **Needs:** Although we do have the relationship with Aging Services as indicated above, there is room for improvement in regard to coordination of care when individuals need to receive both Mental Health and Aging Services. Additionally, although we do offer many Mobile Services, these are not necessarily specialized and some older adults isolate at home because they lack transportation to and from community opportunities (clubs, churches, etc.) Perhaps the most prominent challenge, though not necessarily a frequent one, is when older adults with significant mental illness, living in structured Mental Health Residential Programs, (LTSR, Enhanced Personal Care Home) develop increased medical needs that require around the clock and/or skilled long term nursing. When such a situation occurs, our system has at times experienced difficulty in finding a facility that will accept the individual. Also, we have found that many other older adults, who do not need more intensive medical care, simply do not want to live alone. We have only one EPCH at this time and are often unable to appeal to standard PCH operators who are reluctant to accept individuals with Mental Health diagnoses.

• **Adults (ages 18 and above)**

- **Strengths:** As indicated in last year's plan, Washington County BHDS offers a full continuum of services within a community based system of care.
- **Needs:** Although we have taken a step forward through the SAMHSA technical assistance grant to provide a full day of training in Trauma-Informed Care, much more work is needed, as funds allow. Another area of need continues to be individuals of all ages with concurrent Mental Health diagnoses and Autism Spectrum Disorders. More information regarding this target group is included in the "Other" section below. Employment also continues to be a challenge. Although we have a provider who offers the EBP of Supportive Employment, referrals are not abundant and of those received, only a percentage of individuals fully engage

in the service sufficiently to obtain and maintain employment. As such, additional exploration is warranted. We recognize that well-coordinated care is crucial to recovery. As such, additional efforts to improve care coordination within our system and across systems (i.e. Physical and Behavioral Health), warrants additional efforts. Finally, transportation continues presents an ongoing concern that we have explored on numerous occasions, unfortunately without a solution.

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

- **Strengths:** Washington County BHDS has had the privilege to participate, as a partner to the Commonwealth, in the SAMHSA, Now is the Time: Healthy Transitions Grant. Several services and events were referenced in the Program Highlights section above. In addition to those items referenced, we have developed the framework of a website as part of a larger Social Marketing Plan, conducted numerous focus groups and needs assessments, developed a Stakeholder Advisory group, modified the Community Support Plan (CSP) process for use with Transition Age Youth and Young Adults and provided numerous trainings and Outreach opportunities. Additionally, we have developed a Peer Mentor Service for this population and have worked with our providers of Supportive Employment to specialize efforts for this age group.
- **Needs:** From a review of the focus groups and needs assessments, we know that we need to explore and potentially develop additional housing opportunities and also create a model by which this population can learn Adult Daily Living Skills. Finally, we know that we need to develop a specialized treatment model for First Episode Psychosis (FEP) and have already begun to explore the Cognitive Enhancement Therapy Program.

- **Children (under 18)**

- **Strengths:** Washington County Child and Adolescent Services support the belief that every individual and family has the ability to learn and grow. We support a philosophy that focuses on personal strengths, building hope, and offering choices. Our system is based on the CASSP principles and we offer a comprehensive system of care for children and adolescents at risk of developing serious emotional challenges and/or substance abuse. During the school year, 2015-2016, our CASSP Coordinator went to all 14 of our school districts Student Assistance Teams to discuss the SAMHSA Healthy Transitions grant we received, detailing the services we are now offering as well as making referrals to the CASSP. Our CASSP Coordinator is very active on various committees and provides extensive outreach to the community. We make every attempt to support the children, youth and families we serve by offering programs to enhance the family's strength. We offer Family Support Services which can include in or out of home respite. We also assist with funding for activities such as sport registrations and other community activities so the child is integrated in the community with typical peers. In addition, each summer we offer a Summer Enhancement Program for children and adolescents that is designed to be a therapeutic experience and provides the youth ages 6 to 17 (in separate age appropriate programs), the opportunity to engage in a variety of structured social, peer, developmental and therapeutic activities. "Homework" is provided to the child and

on the last day of camp, family day, the parents/guardians and child/youth put their “homework” together enjoying a day of positive interaction with each other. At the end of family day, each child/family is given a “gift” to make something together. The outcomes have been very positive with high parental participation.

- **Needs:** A modification is needed to the BHRS program in order to have a greater ability to meet the individualized needs of the family and offer not just BSC, MT, and TSS. We would like to see a brief treatment model developed that is delivered by one person that meets all the child's needs so that the services are seamless and the child doesn't fall in between the cracks with multiple agencies. Additionally, we would like to see the expansion of CRRs for children and adolescents so that fewer children must go to RTFs at a young age due to abuse and trauma.

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

Strengths: Washington County was one of the five Mayview Counties that participated actively in the planning and eventual closure of our state hospital, as such; we do not presently utilize a state hospital. However, through the planning, we developed and/or expanded many services which would prove valuable including Crisis Services, Mental Health Court initiatives, Assertive Community Treatment Team, Certified Peer Specialist and Peer Mentors, Mobile Housing Supports and Housing Subsidies and Contingency Funds as well as a second Enhanced Personal Care Home, which later successfully transitioned to site based Permanent Supportive Housing. Through our wealth of services, creativity and determination, Washington County BHDS has met the inherent challenges of such a paradigm shift and continues to enhance the quality of life for our discharges and diversions with very few serious incidents.

Needs: Unfortunately, the significant loss of funds promised though the closure has limited our ability to expand existing services or explore new initiatives. Additionally, training, which is a crucial component to enhance staff competence in treating serious complex individuals, has been significantly limited through our office and at the provider level as well in order to meet guidelines. Additionally, at times we have considered the development of a program such as EAC, however it is questionable whether we would truly sufficient numbers to support and maintain the program.

- **Co-occurring Mental Health/Substance Abuse**

Strengths: Many years ago, collaboration was developed with the Mental Illness Substance Abuse (MISA) pilot of which Washington County was a chosen participant. Since that time we have attempted to address the needs of individuals with “Co-Occurring Mental Disorders” based upon the CCISC model (Comprehensive Continuous Integrated System of Care) developed by Dr. Kenneth Mirkoff and Dr. Christine Kline. In furtherance of this endeavor, we continue to require that all providers offer COD training to its staff including Motivational Interviewing which is one of the methods proven to be successful in helping individuals to come to terms with their ambivalence towards change.

Needs: Although our system continues to be motivated to serve individuals from this target group, challenges based upon regulatory standards and requirements prevent the existence of true “Co-Occurring” service delivery such that we have now been forced to ask one of our pilot providers to separate its licensed Mental Health Outpatient Services from its licensed Drug and Alcohol Treatment. We will nevertheless attempt to deliver person-centered service, albeit, through a fragmented system of care.

- **Justice-involved individuals**

Strengths: In 2008, while preparing for the closure of Mayview State Hospital, we developed a number of services designed to assist individuals with mental illness who become involved in the justice system. While Washington County BHDS had already begun to assist individuals in the correctional facility by providing time for both a psychiatrist and a psychiatric nurse to see inmates in need. We have since moved beyond by creating a fairly comprehensive Mental Health Court Program. The program which we continue to maintain at present, consists of both an 18 month Mental Health Court Program for those with serious mental illness who have been charged with lower level, non-violent offenses and a 90 day Diversionary Program at the District Justice level. Additionally, two positions were created, a Forensic Liaison to the correctional facility and a Forensic Case Manager. We also designated a number of beds at our Crisis Stabilization and Diversion Unit for individuals referred through the justice system. These services have been proven to be successful in reducing recidivism. Current collaboration continues with Adult Probation as well as the Public Defender and District Attorney for Pre-trial Services.

Needs: Although the services are generally functioning effectively, coordination and collaboration can be strengthened to increase positive outcomes. Additionally, because many offenders with Mental Illness also have Co-Occurring Substance Abuse issues; we must strengthen our collaboration with the local SCA and continue to increase skill in serving those with complex needs. We have also found that a prominent barrier for individuals released from the correctional facility is affordable housing. With housing stock in the county already at a premium due to the presence of the gas and oil industry occupying many rental properties, individuals released are faced with a formidable task, even with our assistance. As such we might improve this transition into the community through an effort to explore the development of increased housing options.

- **Veterans:**

Strengths: The Washington system of care is highly motivated to serve Veterans as evident by our training efforts. In fact, one of our primary Outpatient Clinics has staff trained and certified in Military Therapy. Additionally, though not directly linked to BHDS, a Veteran’s Court exists within Washington County and when appropriate, we may be called upon to assist Veterans with Mental Illness. Also, although the Veterans Administration can provide Mental Health Services, at times our system may provide services that are not offered in the V.A. or for which they do not qualify. On such occasions, we have worked creatively to collaborate with the local V.A. to provide solutions.

Needs: Although, we have had limited success in the outreach efforts to Veterans, it may be more beneficial to target such efforts to assist and educate the families of Veterans. We also recognize the value of working to strengthen our relationship with the V.A. and to

explore a role in the Veteran's Court, assisting the V.A. and the Justice System with assessments, identification and planning for those who meet criteria.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
Strengths: We are quite fortunate to have within our county the great expertise of Dr. Mary Jo Podgurski. She is an excellent resource because of her knack for services with our LGBTQAI youth both in and out of school and at the Teen Center, but she is also a dynamic trainer. We have utilized her talent to provide trainings to system providers and to speak at our recent Mental Health Awareness Event. We are also fortunate to have a local chapter of PERSAD in our county. A number of our providers have developed a process of referral and linkage, beneficial to those we serve.
Needs: With the ever increasing population of those identified as LGBTQAI, additional training is warranted, not only for basic respect and awareness, but also to assist the Mental Health Treatment Providers in becoming truly competent to provide comprehensive services and supports which are cultural appropriate.
- **Racial/Ethnic/Linguistic minorities**
Strengths: Washington County has sponsored training in cultural competence for its provider system and most providers have developed a basic awareness of the needs.
Needs: There is a prominent and ongoing need for training beyond basic awareness. Few providers and clinicians possess the tools to effectively serve the populations of diverse race and ethnicity. In terms of linguistic competency, few even understand what the term means operationally. As such much training is needed before our system truly reaches a point of competence. Training, however, is not the only element lacking. It's apparent that few racial and ethnic minorities seek services, even with increasing numbers within our county. As such we must begin to work towards identification of effective outreach strategies that will increase the likelihood that minorities will accept assistance when indicated and establish a process to access those in need.
- **Other, Individuals with Mental Illness and Concurrent Autism Spectrum Disorders**
Strengths: A previous area identified by the Autism Workgroup created by BHDS is the need for a user friendly directory of Autism Services and supports provided both in and outside the county for any age groups. A draft has been developed and is being prepared for distribution. Another strength is evidenced through the approved HealthChoices Reinvestment Plan developed by BHDS in conjunction with Southwest Behavioral Health Management as stated in the highlights section above.
Needs: Washington County understands that the expansion and specialization of one provider could not completely meet the needs of the rapidly increasing population. As such, we had identified training as a priority in last year's block grant plan. Although, we have access to an exceptional trainer, Dr. Larry Sutton, formerly of the Bureau of Autism Services, with whom we have collaborated, the uncertainty posed by the lengthy budget impasse prohibited us from moving forward with our identified initiative. However, at the present, we are again this year identifying this as a priority and are hopeful that we can move forward in the coming months.

*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) Recovery-Oriented Systems Transformation:

Based upon the needs identified above, Washington County BHDS has chosen the following five priorities for Recovery-Oriented Systems Transformation:

- **Priority 1: Concurrent Mental Illness and Autism Spectrum Disorders**

This is an area that was identified in last year's HSBG Plan but which was not completed because of uncertainty associated with Budget Impasse. It was not until January 2016 when we felt sufficiently comfortable to submit a Reinvestment Plan. At that time our provider began to move forward to expand Outpatient Service with the enhancement of specialty service geared specifically towards those with Mental Illness and Autism Spectrum Disorder. Currently, we are working closely with the provider while they locate an appropriate site. We were not able to implement the other component of this priority (training) from last year's plan. As such, we have decided to include this as a priority again this year.

Timeline:

Project 1: Service Enhancement

July 1, 2016- Coordinate with provider to visit potential site(s).

October 1, 2016- Acquire site & begin environmental modifications.

December 1, 2016- Confirm with provider preparations for relocation.

January 1, 2017- Relocation occurs.

March 1, 2017- Service Enhancements should be in place.

Project 2: Training

August 1, 2016- Collaborate with Dr. Larry Sutton, formerly of the Bureau of Autism Services for the Western Region, to develop a training plan for all providers within our Mental Health System and submit final budget for internal approval.

September 30, 2016- Develop contract with Dr. Sutton and choose dates for training and also, develop flyers and registration.

October 1, 2016- November 30, 2016- Conduct trainings for Mental Health Provider System.

Resources:

The Reinvestment Funds for the enhanced services in the amount of \$311,746 are already approved and identified. Resources for the provider system training will be approximately \$7,000 for 2 full day or 4 half day sessions.

Tracking of Priorities:

A monthly log will be maintained to track the progress and/or the barriers for each of the priorities listed above.

- **Priority 2: Safe Affordable Housing**

Also, due to last year's Budget Impasse, we were not able to comfortably designate the funds necessary for the initiative. As such, we would like to dedicate the efforts to expand safe affordable housing options but for specified target populations. Specifically, we intend to work with one of our housing providers to develop a computerized matching

system for our Transition Age Youth/Young Adults who wish to share an apartment with a peer. We also hope to develop a fairweather lodge for our forensic population with significant mental illness. Eligible individuals include those involved Pre-trial Services who are in need of a stable residence and those who are eligible for release from the Washington County Correctional Facility with no viable housing options.

Timeline:

Project 1: Computerized Matching System

July 1, 2016- Receive provider proposal for computerized matching system and develop contract.

August 1, 2016- Conduct initial planning session.

September 1, 2016- Develop a contract with provider & begin implementation.

Project 2: Fairweather Lodge

August 1, 2016- Conduct initial planning session.

September 1, 2016- Approach the Washington County Redevelopment Authority to explore the possibility of acquiring existing property for the fairweather lodge.

October 1, 2016- Collaboration with Southwest Behavioral Health Management to develop a Reinvestment Plan for start-up costs.

January 1, 2017- Upon approval and acquisition of a physical site, we will engage a consultant through the Western Region for Technical Assistance.

February 1, 2017- Develop and circulate RFP.

March 31, 2017- Award RFP to identified provider and begin implementation including site modification and purchase of furnishes and other fixed assets.

April 1, 2017- Develop business plan for lodge employment and create consumer advisory panel.

June 1, 2017- Develop policy and procedures and begin recruitment of members.

June 30, 2017- Begin occupancy and employment through identified business.

Resources:

\$5,000 will be dedicated from Base or Healthy Transitions Grant funds for the computerized matching system. Up to \$350,000 in cash and/or real property may be needed for start-up funds from Reinvestment and/or property acquired through the Redevelopment Authority.

Tracking of Priorities:

A monthly log will be maintained to track the progress and/or the barriers for each of the priorities listed above.

- **Priority 3: Older Adult Services**

This priority will be devoted to the development of outreach for older adults and their families and the provision of specialized treatment, services and supports for those with

serious mental illness. This may include those with Concurrent Dementia, Alzheimer's, and/or other medical complexities.

Timeline:

December 1, 2016- Develop workgroup to include individuals from the BHDS Mental Health System, the Washington County Aging Service and SPSH Area Agency on Aging to begin planning.

February 1, 2017- Implement outreach efforts to both older adults and family members and include these stakeholder groups in the planning process.

April 1, 2017- Finalize outline for the needed services and supports.

May 1, 2017- Develop and submit budget for implementation of new services and supports to begin on July 1, 2017.

June 1, 2017- Develop Aging and Behavioral Health Letters of Agreement and contract for services.

Resources:

Minimal resources are needed for the 2016/2017 fiscal year, however, \$200 will be identified for supplies and meeting refreshments.

Tracking of Priorities:

A monthly log will be maintained to track the progress and/or the barriers for each of the priorities listed above.

- **Priority 4: Outreach to Racial/Ethnic/ and Other Minorities**

Washington County BHDS recognizes the need for outreach to those in Racial and Ethnic Minority Groups as well as those from the LGBTQAI population. However, BHDS lacks the information and resources to attack the problem alone. As such, we would like to partner with other professionals and community agencies for a collaborative project.

Timeline:

July 1, 2016- Contact potential partners such as Dr. Mary Jo Podgurski, LeMoyne Center etc. to begin collaborative planning.

September 1, 2016- Gather information, data, and resources to develop a plan.

October 1, 2016 - June 2017- Implementation of outreach efforts based upon plan to be determined.

Resources:

Although, this is largely unknown as a clear design of the project will be developed with other partners, however, it is estimated that up to \$10,000 may be needed depending upon the design of implementation.

Tracking of Priorities:

A monthly log will be maintained to track the progress and/or the barriers for each of the priorities listed above.

- **Priority 5: Coordination of Care**

BHDS fully acknowledges that the quality of service delivery would be maximized by improvements in coordination of care within our system and across multiple systems including Physical Health and Behavioral Health. As such the Quality Management Committee will develop a workgroup dedicated to gathering information, exploring resources and models, and developing standard protocols and processes for effective Coordination of Care.

Timeline:

July 1, 2016- Development of work group.

October 1, 2016- Identify existing practice and determine models to explore.

January 1, 2017- Draft policies and procedures.

February 1, 2017 – June 30, 2017- Pilot the new design, gathering information and identifying modifications needed.

Resources:

Minimal resources will be needed other than supplies and/or refreshments up to \$200.

Tracking of Priorities:

A monthly log will be maintained to track the progress and/or the barriers for each of the priorities listed above.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	111	TMACT	County MCO & Consultant AHCI	Annually	Y	Y	One provider conducts self-assessments The other is still learning
Supportive Housing	Y	132	SAMHSA Tool Kit	Agency	Annually	Y	Self-Trained	N/A
Supported Employment	Y	126	SAMHSA Tool Kit	Agency	Annually	Y	Y	N/A
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	740	None at this time	N/A	N/A	Y it was initially	Some	County requests report of fidelity
Illness Management/ Recovery	Y	35	SAMHSA Tool Kit	Agency Self Assess	Annually	Y	Some	N/A
Medication Management (MedTEAM)	N	N/A	N/A	N/A	N/A	N	N	N/A
Therapeutic Foster Care	N	N/A	N/A	N/A	N/A	N/A	N/A	We utilize a similar model; CRR Host Home
Multisystemic Therapy	Y	40	Unknown	Unknown	Unknown	Y	Some	N/A
Functional Family Therapy	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	Y	50	Unknown	Unknown	Unknown	Unknown	Some	N/A

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

To access SAMHSA's EBP toolkits:

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

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	873	
Family Satisfaction Team	Yes	128	
Compeer	No		
Fairweather Lodge	No		We are exploring development.
MA Funded Certified Peer Specialist	Yes	37	
Other Funded Certified Peer Specialist	Yes	3	
Dialectical Behavioral Therapy	Yes	280	
Mobile Services/In Home Meds	No		We provide mobile med services but not the model indicated.
Wellness Recovery Action Plan (WRAP)	Yes	105	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	98	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	215	
Consumer Operated Services	Yes	617	One agency provides multiple consumer operated services.
Parent Child Interaction Therapy	Yes	46	
Sanctuary	No	Unknown	Not in county- on occasion a youth may attend a specialized residential program.
Trauma Focused Cognitive Behavioral Therapy	Yes	50	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	20	
Other (Specify)			

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

INTELLECTUAL DISABILITY SERVICES

ODP in partnership with the county programs is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' team.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

Washington County currently supports 601 individuals through their ID system. Washington County provides a wide array of services for those enrolled. Types of services available include employment related services, adult training related services, in-home and community based supports, person directed supports, residential services, supports coordination, adaptations, and others as permitted under the waiver. We are fortunate to have providers in every area of service, and always welcome new providers. Regardless of a person's funding source, or lack of funding, everyone is given the opportunity to develop a plan that will build on their present and future. Services and supports are not only available to those with waiver funding. Alternate resources are to be explored ranging from natural supports, grants, local support, base funds, private pay, OVR, the education system, and many more. The role of Washington County is to ensure that SC's and providers look "outside of the box" and really plan for the person's life utilizing the services and supports that are available to everyone, without regard to diagnosis, initially. That is an everyday life, utilizing what everyone has access to on a daily basis. Once all of those other routes are explored is when it comes time to look at what an ID provider can offer to support an individual with needs that may not be able to be met outside of the "system". Choice of willing and qualified providers is a must. With work we hope that the use of "systemic" providers will continue to diminish as we expand our relationships with those outside of the system to be a true community collaboration so that someone with an ID diagnosis comes to be seen as just another person who needs some assistance.

**Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17***</i>	<i>Percent of total Individuals Served</i>
Supported Employment	0	0	0	0
Pre-Vocational	2	.01%	2	.01%
Adult Training Facility	3	.02%	1	.01%
Base Funded Supports Coordination	165	100%	165	100%
Residential (6400)/unlicensed	2	.01%	2	.01%
Life sharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	0	0%	0	0%

*****Washington County BHDS is not projecting an increase in numbers served in the above categories. As needs arise per individual those situations will be looked at and base funds may be used as deemed appropriate. The reason for the drop under Adult Training Facility is that 2 of the 3 individuals have been able to become waiver participants.**

Supported Employment: With Governor Wolfe’s proclamation of Pennsylvania being an “Employment First” state, this further justifies Washington County’s stance on how important employment truly is for those with, and without disabilities. Washington County currently supports 601 individuals with an intellectual disability diagnosis. Of those, 42 are currently employed. One item we are focusing on is increasing Supports Coordinator’s strength in truly recognizing employment within the ISP. Another, area we are working on consistency for is in the naming of “job types” so that there is an easier way to track not only how many are employed, but also in what job areas the employment occurs in most. Within our County we have many options available that address, or assist with employment. There is a continuum of supports offered. Some of the Adult Training Facilities are now offering specific services for those who want to volunteer in the community doing things such as delivering Meals on Wheels, reading to patients in nursing homes, assisting in craft development for day cares, volunteering at the PA Trolley Museum, etc. This will also help them potentially find the type of work that they would like to pursue. Our pre-vocational sites are taking a long and hard look at who should be getting Supported Employment or other types of services. They are focusing on true vocational skill building, as opposed to the way that workshops have operated for years. We also offer Transitional Employment within our County. There has been success getting training

opportunities in this area at places such as hotels and the City of Washington. Several agencies offer Supported Employment as well. There are other agencies looking to come in to the County to expand on Supported Employment opportunities for those in our County. Supported Employment agencies are doing a better job reaching out to local School Districts, OVR, and a wide array of employers in the area. One of the providers has had such good working relationships with companies that they are not always having to “find” a job for a person, as they have partnerships built that they can offer someone an immediate opening if it is something the person is interested in. We also have individuals who are simply employed, and not needing any supportive services on the job for them to succeed which is really the ultimate goal! Washington County has had a small Employment Workgroup for a couple of years. We will be expanding that workgroup (brainstorming and planning) over the next year. It currently includes the IM4Q, one provider agency, our QM representative and myself. We recently added another SE provider and an SC from another SCO agency. We will now be doing outreach to individuals, schools, OVR, families, and non-employment focused providers. Our IM4Q has added a tear sheet for their interviews regarding employment which has been very valuable. The IM4Q consideration for fiscal year 2015-2016 have increased in relation to employment interests. There is also a survey being developed for many parties involved to partake in as a way to truly explore what are seen as limitations to employment. We are beginning to work with SWIC through AHEDD regarding education on benefits and other items that sometimes scare individuals and families away from employment. We will be looking to host at least one or more trainings over the next fiscal year in regard to personalizing employment rather than just filling a spot in the paper. We will also be taking a look at self-employment and how that may be an unseen resource. Another focus will be on technology as this is also an underutilized resource to help people become successfully employed. Something as simple as an iPad app that will tell you step by step directions can replace a staff having to be with an individual at all times, which allows for more of an everyday life. Employment will be a major focus of our Quality Management Committee as well. Any resources that are out there for technology and employment are welcomed. We also welcome new providers with open arms as there can never be enough opportunities for choice and success for the individuals that we support.

Supports Coordination: Washington County has been increasing the amount of Technical Assistance provided to SCO’s over the past couple of months and will continue to do so throughout the next fiscal year. A major focus will be utilizing the Community of Practice tools to be able to truly get the whole team involved. Training is also being provided to SC’s on facilitation of a meeting. The HCQU is also a resource that can be utilized to learn how to be a team facilitator. For Natural Supports, we are looking at a self-advocacy group assisting in development of a natural resource database that SC’s will be able to access to share with families, and potentially could be on the Washington County website for access. SC’s will also be working with individuals and families to determine their desire to be natural supports for one another, whether that be through carpooling, caregiving/companion services, advocacy related tasks, job searching, etc. The AE reports regularly to the SCO’s on their PUNS reports and has a cumulative report to see what types of services are needed per person, and in total. When the PUNS is developed/updated and a waiver slot become available the top persons in need are looked at. An additional questionnaire has been developed which the SC’s will be using over the next fiscal year. This questionnaire goes through the needs/desires of each individual to further substantiate their need for services. The key will be that we do not want SC’s to become dependent on a “waiver slot” to meet someone’s needs so training will occur with them on

natural supports, grants, requesting an increase in PFDS budget exception, requesting base funds if available, etc. that are other options to meet needs. There will also be a focus on planning throughout life, being proactive, and avoiding having to quickly react due to lack of pre-planning and resources. Trainings have occurred, and will continue to occur on ISP development. The AE will provide technical assistance to SCO's, SC Supervisors, and SC's on any frequently seen issues. Weekly meetings are held with AE staff and SCO Supervisors. Monthly meetings are held with both SCO units as well. The AE also works closely with the SC's on OBRA referrals. As new ideas, ODP trainings, etc. are distributed those will be addressed as well. A checklist will be utilized as a reminder of all of the things that should be included in an outcome, how to ensure addressed needs are being looked at, and other items within the ISP. Email and electronic tracking of issues will also be utilized so that it is easy for all to see when someone may be unclear on something and need a little extra help. The AE ISP Reviewers will have this responsibility as well, and will include the AE ID Director on such issues, emails. The SC's will be trained and well versed on the 6100's and revised service definitions as well so that they are ensuring true, personalized, non-segregated community opportunities are being offered. While employment is briefly reviewed at each ISP, the AE will reinforce with the SC's that it is to be a true conversation at least annually, but more often as appropriate, about what someone's goal is as far as work and really planning for that goal. Our primary goal is to provide as much technical assistance throughout the next year as needed to ensure the SC's have the proper tools, knowledge, and support to enable the individuals to truly lead an everyday life within their community. The focus will be to get the SC to forget that the person has a disability and just help them to plan like they would for themselves.

Lifesharing Options: Lifesharing within Washington County has been, and still remains very limited. The AE will meet with Lifesharing Providers within the County to discuss their concerns and issues to assist them. Lifesharing will be added as a QM focus and a Lifesharing workgroup started. Lifesharing Providers will present to the SCO's and AE staff on their programs, the benefits of the program, and who may be appropriate to look at for this service as we initially try to expand it within our County. This will enable the SC's to have a true conversation with individuals and their teams when they offer this as a choice. Some of the barriers that have been expressed to me are the limited number of families that have shown interest, the challenge of people truly knowing what it is all about, the length of time it may take for someone to be ready to transition in to this type of service, the "back-up plan" for when a family living provider goes on vacation or is ill, and the rate not being substantial enough for some families to see it as a viable option for 24/7 care. If ODP could share some success stories that we can then share with our individuals, perhaps focus an SC training on Lifesharing, look at the appropriateness of the rate, and provide any technical assistance needed to potential new Lifesharing providers. This option is one that gives people more than a home, it gives them a family, so it is crucial to maintain as an option to Washington County individuals.

Cross Systems Communications and Training: Washington County has a monthly Provider meeting which consists of Providers in both the ID and MH models. This is a crucial piece to enable providers to utilize one another as resources in order to join and work together for the best interest of those individuals with dual diagnosis. Washington County will host trainings on dual diagnosis, various medical issues, and other topics that arise as a need in supporting individuals with multiple needs. We will also continue to utilize outreach to expand the opportunities to current providers to work with others who have an expertise in areas regarding

needs that may be outside of their immediate knowledge base, or that they can use improvement on. We are lucky in our County to work very closely with the other “systems” in the County in order to share ideas and resources that we can then share with providers.

Washington County will be forming a subcommittee from our Quality Management Committee to work with local school districts. The first step will be to invite the School Education Liaisons to a meeting for general discussion on how our systems can benefit one another, overlap, and improve transition services. Also, one of the difficulties over the years is that many individuals do not do intake for ID Services until they are graduating/have graduated. This then can delay their services. It also affects the services and supports that would have been available throughout their earlier lives. One of QM focuses will be to get information out earlier to people regarding ID services. A major focus will need to be working with the School Districts to have them disseminate brochures, have Washington County come to IEP’s at earlier ages, and to increase general outreach. It is key to plan for all stages of life and for that to be as successful as possible it needs to start as early as possible. We will share with the school districts all of the benefits of getting this early start and engage them in how they feel this can best occur.

Washington County had a close working relationship with CYS, AAA, and the MH system within our County. One of the things we have done, and will continue to do, is have weekly meetings that all applicable parties sit down to the table to work on more intense cases to see how all of our pieces fit. We continue to participate with DDTT supports. Through DDTT both the ID Director and MH Director for the counties attend the meetings and work very closely together on each case. Any child enrolled in CYS has CYS become a part of their ID service team as well, as applicable. The Area Agency on Aging is an invaluable resource. We work to “build bridges” for those individuals that are aging in the ID service delivery world to ensure they have access to all services needed through both support systems. Washington County will ensure that the other systems have our information and brochures and that we have as much information about their services and supports as possible in order best share resources.

Emergency Supports:

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

Washington County utilized SPHS as a 24-hour emergency crisis line. SPHS has the appropriate contacts if they receive a call that needs addressed beyond their assistance. If that is the case, they will then contact the appropriate person who will work on emergency placement. The initial response would be to see what is needed to keep them in place, for at least short term, so that a plan can be worked on that will give the person the best chance at success. Depending on the nature of the emergency, other options may be hospitalization (if warranted), diversion units, personal care homes, DOM Care, Homeless shelters, a Respite bed in a license Community Home. We will be working with agencies over the next fiscal year to try to develop a respite/diversion home for emergency residential needs while a more long-term solution can be found. Washington County will be gathering information from the state of WV to learn more about their Respite Home program. Once that information is obtained we will then

break that down to see how a version of that may be able to be adapted to our county, or in conjunction with other local counties. In talking with those who have worked in the system in WV it seems to be a very effective means of providing emergency care while a long-term plan can be developed by the team.

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

24-hour Emergency Response Plan

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

Crisis Intervention

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

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

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

Emergency Services

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

Community Hospital Liaison

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

- A.** Provide initial opportunities for engagement.
- B.** Provide information, referral services, and linkage to individuals and their families with severe and persistent mental illness and/or I/DD who would be transitioning from inpatient hospitalization to community services.
- C.** Complete all required paperwork and referrals for individuals transitioning from inpatient hospitalization to community services.
- D.** Conduct daily visits to inpatient hospitalization programs to track new admissions, monitor progress of identified patients, plan for discharge, attend Treatment Team

Meetings, and provide liaison services to those programs. Conduct face-to-face interviews with individuals referred by self, family, physicians, hospitals, social service agencies, and appropriate referral sources.

- E. Establish and maintain linkage agreements with inpatient hospitalization programs, as well as, all county Base Service Units and all necessary community based mental health services, ensuring continuity of care, and therefore, decreasing the lack of follow-up with mental health outpatient treatment and services, as well as, readmission to inpatient treatment.
- F. Ensure that the appropriate appointment(s) are scheduled within one-week post discharge.
- G. Provide a 30-day follow-up to consumers and families to ensure continued recovery.

Administrative Funding: With ODP partnership with the PA Family Network to provide support and training in the community, Washington County is very excited to learn as much as possible about what they can provide and to whom. Once that information is obtained we will reach out with those resources to as many people as possible/appropriate. Person Centered Thinking is what leads to ensuring someone has an “Everyday Life.” All parts of the team, starting with the individual, are crucial in making that happen. Any trainings that are available to all parts of the team will be utilized as able. We will both explore the possibility of having them come to our area, as well as sharing the information on available trainings that are distributed for others to have the ability to attend.

Washington County utilized base funds to help to support a Self-Advocacy Group, as well as a Peer Mentoring program. Both of these services will continue. The Self-Advocacy Group currently meets at least monthly, and does smaller activities in between. There are currently 4 Peer Mentors as well. Washington County will be working closely with the agency leading these services. They currently are focusing on relationships with legislators, in addition to other projects. We will be looking to expand their role in ways that they will do outreach support about self-advocacy. We will also be working with them to begin to create a natural resource directory that will be available in both print and electronic format to all. Washington County will also be working to establish a parent support group. One of the ways this will occur is by SC’s talking to families regarding their interest in this. If they are interested an authorization will be signed so that there information can be share with other interested families.

Washington County recently had the HCQU come out and present to the ID Provider Group. They reviewed all available supports and services that they have. The SCO’s were a part of that presentation also. All parties that can make referrals, participate in trainings, etc. now have the information they need to fully benefit from the wide array of supports the HCQU offers. The HCQU will continue to come to our quarterly ID Provider meetings. They will present at each meeting, as well as distributing materials. There presentations throughout the next year will all focus on Risk Management and resources available in relation to that. The HCQU will serve on our QM Committee. They will participate in our quarterly meetings. When there are “cases” that really stand out as being at risk they will look more closely at them and make recommendations. Some of those recommendations may include referral for CTA, creating a new guide for a

procedure, recommending a training(s) for the Providers involved, recommending a self-advocacy training, and any other HCQU applicable item that may pertain. If they see a trend they will recommend to the AE any trainings that they feel would be beneficial to providers as a whole. The HCQU also provides the AE with a monthly report on how many providers have received their trainings, how many CTA's are in process, and other key data. Washington County will review that data and provide outreach as necessary. The HCQU is also very helpful in sharing what works best in other counties and/or for other individuals so that we can all learn and benefit from one another.

Washington County is fortunate to continue their working relationship with Chatham University for our IM4Q services. The IM4Q team this past year has added a tear sheet to their interviews in relation to employment. The data will be gathered from the tear sheet to assist in the development of QM goals toward employment for the FY 16-17. IM4Q representatives service on our QM Council and Employment Workgroup. At the QM Council they present quarterly reports on considerations that they have been seeing that can guide our path/focus to enhance the services and supports to continue to be person centered. The considerations are looked at as each one comes in to enhance the lives of the applicable individual, however they will also be looked at for trends that we can then put in to action through QM goals, implementing good practices, and trainings offered. IM4Q also employs 2 of our individuals that received services. The individuals are interviewers and have done a fabulous job!

Washington County is always looking for trainings that can benefit providers in any way. Some of the key issues are in relation to those with higher level of care needs. Some of the ways that Washington County is/will be addressing these areas are by offering ASL training, offering various Mental Health topic trainings through our Mental Health partners within our County, AE staff joining the individual's team with higher level of needs and supporting that team through the planning process, and providing technical assistance in any area that is a need. We are also focusing on those who "specialize" in those areas to share that knowledge with others outside of their agencies so we can all have the best information possible to support the individuals within our County. The HCQU is frequently referred to providers who are struggling with behavioral health and or physical needs of an individual. Interpreter services are available through outside resources and those are shared with providers as needed. OBRA services are utilized as appropriate for those in Nursing Facilities due to aging and/or physical health needs that also have an ID diagnosis. As always, the more trainings ODP can offer in each of these areas is always an invaluable resource to all it is offered to.

Washington County BHDS puts risk management as a top priority. Part of our Quality Management Committee and process focuses on risk management. We have several risk management tools that we have to utilize as appropriate, such as questionnaires and planning tools. The key is to locate and identify those that may be at risk in advance to e babel to pre-plan. There is also a partnership with the HCQU in which they will provider supports through CTA, training, and other resources for those in risk. Crisis planning is available through the County contracted Crisis unit. Team meetings/ISP's are to be developed with appropriate information and planning to try to limit risk and to plan for what to do in the event of an emergency or increased need. The AE joins teams as appropriate to work with the individual, family, providers, and other members of the team to problem solve and assist with any current

issues and to identify and address any future risk. A team approach is utilized to make sure needs are met and that being proactive is put before being reactive.

Washington County will reach out to the County Housing Coordinator to increase education on ID services available to individuals living within their housing, and also to ensure that the AE/SC's/Providers are aware of all of the resources that the County Housing program has available. This is more key than ever in the focus on an everyday life. People have the ability to get supports needed in their own home to make many housing choices a possibility that may not have been in the past. Also, several agencies within our county are HUD housing providers for community home settings.

Washington County will obtain copies of all providers Emergency Preparedness Plan for review. The HCQU has excellent online resources for Emergency Preparedness that will be shared with all providers as well. Washington County will ensure that each agency has their own unique emergency preparedness plan that will work for them to meet the ultimate goals. Coordination with the County Emergency Management Team will occur as appropriate. Washington County will ensure that each agency has their own unique emergency preparedness plan that will work for them to meet the ultimate goals. Technical Assistance will be provided to any providers that request it, or that upon review of their plans may need extra assistance. Washington County also has a Disaster Crisis team.

Participant Directed Services (PDS): Our County has been fortunate in a large growth of individuals utilizing Agency with Choice. At this time there are 82 individuals directing their own services through this service option, which is about 22% of our Waiver individuals. As individuals succeed and success stories are shared families and individuals are sharing those with others and the word is spreading. There is a network of families/individuals within AWC, that along with SC's, have really been able to show the success of person directed services. There have been some challenges. The challenges have been primarily in the areas of staffing, follow-through on the part of some of the Managing Employers, and a true understanding by SC's of what this way of service provision is truly all about. All of these challenges have been improving. More SC's are making referrals to AWC. Staffing in this service delivery model is easier due to the wage ranges and the high use of utilizing friends/family/acquaintances. Pathways of SW PA, Inc. who serves as our AWC provider in this area also does a great job of working with the managing employers if there are issues. As for VF/EA, we currently have 6 individuals enrolled in this service delivery system. The biggest challenge in this way of delivery is finding individuals and families who truly want the full responsibility of becoming an employer, and all that goes with that. SC's continue to provide it as a viable option and will continue to do so. Washington County will ensure the SC's have a proper understanding of both PDS delivery models so that individuals and families truly understand the options. Washington County remains a strong supporter of training. Any providers, including VF/AE self-employers, are welcome to any trainings that we offer. We will also help them, and their provider agencies, to locate other trainings as requested. I believe that it would be beneficial if ODP published some success stories utilizing PDS, especially VF/AE, from across the state to truly show how the service delivery model can be used to get the most benefit.

Community for All: At this time all individuals, and their families if involved, are strongly committed to remaining where they are residing. This will continue to be an area of discussion

with the individuals in this category, with options being presented to them and education on those options as appropriate and applicable. The individuals' needs and wants are reviewed on an on-going basis with a minimum of an annual monitoring.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

If an individual or Family is homeless or facing eviction in Washington County they have the options: Currently, there are five shelters and one HUD funded Safe Haven in Washington County to assist individuals and families with emergency shelter, to prevent them from the immediate threat of homelessness or not having a permanent residence of their own. HAP in addition to, the Emergency Solutions Grant, provides funding to support several shelters in the continuum:

Family Shelter

The Family Shelter provides up to 60 days of emergency housing to families who don't have a permanent legal residence of their own or are in need of temporary shelter because of a crisis situation. The Family Shelter provides families with a stable and structured living arrangement so they can assess their homeless situation and begin to make decisions regarding their future. Case management services are provided to help families identify and utilize a variety of community services and resources that are necessary to address their needs and improve their situation. Various life skills programs are also provided to help the families learn the skills necessary to become better prepared for independent living. During their stay at the Family Shelter, guest families receive support and guidance, are linked with community-based services and receive assistance in securing permanent housing.

Domestic Violence Services of Southwestern PA

Women and children who are fleeing domestic violence are able to find safety from abuse at the DVSSP emergency shelter. While in the shelter women and children receive case management for up to 30 days. The most important function of DVSSP is to provide safe, confidential shelter and support services to women and children who are victims of domestic violence. The Washington County Shelter has a 15-bed (plus cribs) capacity. All DVSSP services are free of charge and offered without regard to race, color, age, sex, religious creed, ancestry, national origin, handicap or disability, marital status, or sexual orientation.

In addition to safe, temporary shelter, Domestic Violence Services of Southwestern PA offers a number of support services including 24-hour hotline; 24-hour transportation and intake; information and referrals; accompaniment; general advocacy; in-house group and individual

counseling; individual empowerment counseling for non-residents; an extensive legal advocacy program; a structured program for child residents; community support groups for women who have been in abusive relationships; food, clothing and personal care items; and an intensive community education and training component that works to both increase public awareness of domestic violence and offer wide-scale prevention programs.

Bridge Housing

Washington County supports the FRESH START program, for victims of Domestic Violence through the Bridge Housing Component. The FRESH START Program provides up to 24 months of bridge housing to women and women with children. FRESH START is a 12-unit, scattered-site TH project specifically for victims of domestic violence with or without children. Battered women are frequently unable to secure employment because they have, typically, been denied access to training that would enable them to develop marketable skills in the workforce. Among the obstacles battered women face when leaving a violent home are long waiting lists for public housing, the uncertainty of public assistance and the challenge of achieving job readiness. Without decent housing, educational opportunities, employment options and supportive services, victims of abuse are often forced to make choices that are not in the best interests of their families. Services provided through the FRESH START transitional housing project include: case management, life skills training, a structured children's program, a variety of workshops including parenting skills workshops, support groups, information and referrals, advocacy, and empowerment counseling.

The FRESH START transitional housing project's role in Washington County's Continuum of Care is to address the needs of a special population within our area's homeless individuals and families: victims of domestic violence and their children who are violated both by the crime of domestic violence and its frequent result, the loss of their homes. The Fresh Start transitional housing project strives to provide participants with a secure and supportive living situation as they work toward independent living. Once accepted into the Fresh Start project, the participant works with the full-time Transitional Housing Coordinator/Case Manager to assess her family's needs and develop a service plan that will address them. It is the belief of the Fresh Start project that most victims of domestic violence need the opportunity to make their own decisions and plans and to have control over those decisions and plans. Fresh Start staff will assist the participants in making appropriate service plans, not make the plans for them. Battered women are encouraged to be responsible for identifying the services they need to achieve self-sufficiency. Fresh Start staff is responsible for providing the information needed for these women to develop appropriate plans and intervening on their behalf when systems are not responding adequately or whenever Fresh Start participants are failing to meet their own goals. Fresh Start participants meet at least weekly with the staff to closely monitor their level of achievement with all aspects of their service plans.

Case Management and Rental Assistance

HAP rental assistance is utilized to prevent homelessness for individuals and families in Washington County. Community Action Southwest (CAS) caseworkers will work with clients to locate and/or retain safe affordable permanent housing and will provide budget counseling and direction to establishing a workable monthly budget. To be eligible for rental Assistance the clients must be homeless or near homeless, have income at or below 200% of the federal poverty guidelines, have sufficient income to sustain themselves in the future, have a written agreement with a landlord willing to rent to them, received all the Title IV-A /ESA assistance and agree to participate in comprehensive case management and monthly budgeting program for the duration of services.

Additionally, CAS will incorporate mandated referrals to the Community Action WORKS program in order for clients to be eligible for HAP. The WORKS program addresses the cycle of poverty through programming that resolves barriers to self-sufficiency, addressing adult education, employability, skills development, housing and asset development, while creating opportunities and providing support for economic independence.

Eligibility for assistance through HAP will also be contingent on the following: unemployed or underemployed clients must attend an individual session or at least one weekly class focused on Job development. The Job Development sessions and classes detail career options, help clients develop resumes and through case management link their skills and interests with local employers. Client receiving disability income and/or those who are unable to properly budget their incomes must attend an individual session or at least one weekly class focused on financial literacy..

By providing case management, the caseworker will assess individual needs, work with clients to resolve the current housing crisis and develop a goal plan to avoid future housing crises. The HAP caseworker will partner with the client to locate to retain or retain safe affordable housing, identify and remove any barriers to housing placement and provide long-range support and guidance to ensure self-sufficiency.

Through HAP, case management, clients will address self-sufficiency barriers in areas such as life skills, financial management, job readiness skills and education, with the goal of helping them to resolve their housing crisis and avoid future crises. Budget assessment and direction in establishing a working budget will be provided to individuals seeking housing assistance.

Bridge Housing: During the 2016-2017 Fiscal Year, Washington County will fund the Domestic Violence Services of Southwestern Pennsylvania in the Bridge Housing Component in the amount of \$15,372.

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.

Case Management: During the 2016-2017 Fiscal Year, Washington County will fund one program under the case management component in the amount of \$37,222.

The Washington County Department of Human Services will provide a full time case manager to provide county-wide 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.

Rental Assistance: During the 2016-2017 Fiscal Year, Washington County will fund Community Action Southwest under the Rental Assistance Program component in the amount of \$45,900.

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.

Emergency Shelter: During the 2016-2017 Fiscal Year, Washington County will fund a family shelter and a domestic violence shelter in the amount of \$103,557.

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.

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.

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.

Describe the current status of the county's Homeless Management Information System implementation.

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 HMIS software through the PA 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

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county.

Washington County Children and Youth Social Service Agency remains committed to the preservation of families, timely reunification and child permanency. For the past three years, we have successfully reduced the number of children in placement through the implementation of the services provided under the HSBG. Additional funding in the Needs Based Plan and Budget and Special Grants Initiative, however, was necessary for purchased in-home service delivery to families and children, as the number of child abuse investigations received by the Agency continued to increase.

Effective December 31, 2014, the child welfare field experienced a monumental and profound change in practice due to the implementation of over twenty newly enacted laws that directly impacted child welfare. These newly enacted laws continue to have a direct impact on our Agency.

As a result, WCCYS experienced an increased number of child abuse investigations and need for additional in-home services. The number of emergency responses at night and on weekends rose by 55%; the number of families accepted for services equally increased, taxing the Ongoing Department; and the number of children in placement started to increase in the last two months, now at 318. There are currently over 400 children adjudicated dependent.

The highest number of children in placement since FY 12/13 was 335. Out of the 318 children currently in care, approximately 60% of these children were placed in kinship care. Programs like Family Team Conferencing and Family Group Decision Making have assisted the Agency with this success.

The HSBG for WCCYS is an opportunity for families to obtain the services they need, not in isolation with WCCYS, but with the collaboration of all departments. 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. Programs like MST, Promising Practice, ATP, Housing has aided in the preservation of families.

To answer a consistent question about each program listed below, WCCYS does not anticipate an under-spending of any program. This is the reason that additional funding has been requested through the NBPB and SGI. Each program provided a level of reasonable efforts to preserve the family before placement was considered as an option. WCCYS believes it is these programs that have helped increase preservation and reunification of families.

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

	Outcomes
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children.
Child & Family Well-being	<ol style="list-style-type: none"> 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	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
<p>Safety: 1. Children are safely maintained in their own home whenever possible and appropriate.</p>	<p>This will be measured with internal data collection and quarterly reports from providers.</p> <p>This will also be measured through the Quality Service Review which was conducted in 2014, and is scheduled for 2017 and 2019.</p>	<p>All identified programs in the Block Grant</p>
<p>Permanency: 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children</p>	<p>This will be measured with internal data collection and quarterly reports from providers.</p> <p>This will also be measured through the Quality Service Review (QSR).</p> <p>Additionally, an intensive internal review was conducted over the course of 10 months through the Public Catalyst Leadership Fellows program. This program afforded 16 Agency staff the opportunity to focus on placement stability for those children in out of home care.</p> <p>Additional data will be collected in conjunction with Casey Family Programs via Permanency Roundtables.</p>	<p>MST, FGDM, Alternatives to Truancy “Why Try” and Dependent Promising Practice</p>

<p>Child and Family Well-being:</p> <p>1. Families have enhanced capacity to provide for their children’s needs.</p>	<p>This will be measured with internal data collection and quarterly reports from providers.</p> <p>This will also be measured through the QSR.</p> <p>The Leadership Fellows program will provide proposed solutions to enhance the capacity for families to meet their children’s needs. The Fellows gathered data and conducted surveys of kin and foster families regarding services available to children and the accessibility of these services.</p>	<p>MST, FGDM, Alternatives to Truancy “Why Try” and Dependent Promising Practice</p>
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For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Multi-Systemic Therapy (MST)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or

activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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 CYC 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.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

WCCYS has established that there is a need for continued MST services. In the HSBG, additional monies were reallocated to MST to assist children with crisis services until funding was provided through BHDS, Value Behavioral Health. The HSBG will continue to provide monies for MST services while the SGI will provide additional monies to serve the increase in referrals and numbers of day that need to be covered. WCCYS has requested an additional \$105,000 in SGI for MST in FY16/17. Another expansion is projected to occur due to the utilization of MST by Juvenile Probation in lieu of child placement. The SGI should be adequate to fund the expansion.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Children 10-18 years with out of control behaviors and at risk of placement	Children 10-18 years with out of control behaviors and at risk of placement.
# of Referrals	15	15
# Successfully completing program	8	8
Cost per year	\$10,000	\$10,000
Per Diem Cost/Program	\$70	\$70

funded amount		
Name of provider	Adelphoi Village	Adelphoi Village

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
 Yes x No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Family Group Decision Making (FGDM)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

FGDM conferences are now provided as an option for every family accepted for services. The Agency has an identified Family Conferencing CWIII to conduct FGDM conferences and a contracted provider. The HSBG is utilized for the program and additional funding provided through the SGI. WCCYS receives additional funding through the Special Grants Initiative,

as there is an established need demonstrated for this model. The additional amount in SGI is \$50,000.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	All Families Accepted for Service	All Families Accepted for Service
# of Referrals	64	64
# Successfully completing program	53	53
Cost per year	\$150,000	\$150,000
Per Diem Cost/Program funded amount	\$2,800 for successful conference; \$800 successful referral; \$250 for unsuccessful referral	\$2,800 for successful conference; \$800 successful referral; \$250 for unsuccessful referral
Name of provider	Justice Works and WCCYS	Justice Works and WCCYS

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
 Yes x No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Pennsylvania Promising Practices Dependent (PaPP Dpnt) – Justice Works Youth Care (STOPP and Just Care)
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Please indicate the status of this program:

Status	Enter X			
	N	New	Continuing	Expanding
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y		X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

WCCYS is provided additional funding for JWYC through Needs Based Budget in the amount of \$200,000. This funding will be used in conjunction with the HSBG funding to ensure that all families in need are provided crisis services.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of 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	STOPP \$80	STOPP \$80

funded amount	Just Care \$70	Just Care \$70
Name of provider	Justice Works Youth Care	Justice Works Youth Care

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Not Applicable.

Program Name:	Housing Initiative
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

WCCYS utilized the Housing Initiative funds to assist families with payment of utility shut-off notices, security deposits, rent payments, furniture, beds, and mattresses to preserve children in their homes with their families.

For FY15/16, the Agency again requests to utilize Housing Initiative funds to implement measures to preserve families when housing is a barrier. The Agency is also requesting to receive funding for apartment style living with transitional youth. This is designed to assist with the reduction of transitional youth entering congregate care or adult shelters.

The natural gas industry and hydraulic fracturing is active in Washington County and has resulted in a lack of affordable housing for families with limited incomes who now must compete with gas industry workers who are also seeking housing. This has resulted in homelessness for families. Washington County CYS identifies a need for families experiencing homelessness to prevent their children from entering placement. The majority of these families do not immediately qualify for public housing or HUD funding and cannot find or afford private housing. The Agency plans to contract with Southwestern PA Human Services (SPHS) for an emergency housing program in order to mitigate the homelessness of families and prevent the placement of children. To qualify for the emergency housing, the family must have an open case with the Agency, and their children must be in placement or at risk of removal. In collaboration with SPHS, the Agency will develop the rules and regulations of the program. The family must adhere to these in order to maintain their eligibility in the program. Initially, if the family does not have any income, the family will not have to pay any rent until they have been there for 3 months. Services will be put into place during this time to ensure they obtain employment, and once they have been there for three months, they will begin paying rent to SPHS in the form of 25% of the total monthly rent, then 50% of the total rent, and so forth, until the family is paying the entirety of the monthly rent. While in this housing program, the family is required to work with services.

SPHS will secure scattered apartment sites around Washington County and hold the lease with the landlord. The Agency and SPHS will then identify those families who meet the criteria for placement into the apartment. If the family is identified as eligible for this housing program, SPHS and the Agency will develop an agreement for the family to sign, which will outline the family's rights and responsibilities while in the apartment. The family can remain in the apartment for up to twelve months with financial support while the Agency and service providers assist them with becoming self-sufficient and maintaining the apartment on their own.

In order to remain eligible for the program, the family will be required to work with service providers in order to secure employment, maintain medical and mental health appointments for themselves and their children, maintain sobriety, and any other issues that may arise. The goal of services offered to the family will be to get them on the road to self-sufficiency, leading to the termination of Agency involvement. The family must continue to be cooperative with the Agency and SPHS and allow access into the apartment. A Supervisor would be assigned to verify progress being made by the family and to track the outcomes of self-sufficiency, preservation of families, and timely reunification.

During the time that the family is in the apartment, SPHS will charge the family rent based upon a sliding fee scale and their income, as listed above. The goal at the end of the twelve months includes the family paying the entire amount of the rent. Once the family has become self-sufficient in this apartment and shown that they can maintain the cost of the apartment, SPHS will turn the lease over to the family so that they can continue to reside there.

Current fair market value of a two bedroom apartment, including utilities, in Washington County is \$770/month. SPHS anticipates 4 leased apartments in FY15/16 for a total of

\$36,960. SPHS will continually identify apartments to lease as families take over the current apartments.

Washington County CY5 has identified the following outcomes for Family Housing:

1. Preservation of families
2. To prevent the placement of children under 18 years due to family homelessness
3. To promote the reunification of children with their family when housing is the barrier

The Agency will measure the service outcomes on a monthly basis through the internal collection of data by the Resource Coordinator Program Specialist and Foster Care Supervisor. The FC Supervisor will be charged with completing monthly progress reports in CAPS and provide reports to his/her direct supervisor for review. Additionally, the service provider will measure outcomes and provide quarterly reports to Administration for review.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

The entirety of this money is utilized in the HSBG. When this is completely utilized, an additional \$75,000 has been requested for housing in the SGI of the NBPB for FY 16-17. WCCYS has seen a challenge of assisting families with locating housing due to the influx of out of state employees who can afford higher rental rates. This has adversely affected families who are in need of housing, therefore, these monies have been utilized to pay for rent and utilities in an attempt to preserve the family and to implement an emergency housing program to prevent placement and preserve families.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	All Families Where Homelessness is a Barrier	All Families Where Homelessness is a Barrier
# of Referrals	41	41
# Successfully completing program	Not applicable	Not applicable
Cost per year	\$10,000	\$10,000
Per Diem Cost/Program funded amount	Not applicable	Not applicable
Name of provider	SPHS	SPHS

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Truancy (Alternatives to Truancy) Why Try through Justice Works Youth Care
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

“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.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

The Agency has requested an additional \$106,000 in funding for Why Try through the SGI of the NBPB to be used in conjunction with the HSBG funding. In November of 2015, WCCYS and the Court held an Educational Summit in which 300 people were present. Historically, when community training is conducted, referrals to the Agency increase after the training. Administration believes through outreach and training with private and public school officials and administrators, children will be referred for truancy at an earlier stage. This will result in an increased need for truancy prevention services. As a result, increased utilization of this program is projected.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	6 yrs. old(enrolled in 1st grade) - 16yrs old with truancy	6 yrs. old(enrolled in 1st grade) - 16yrs old 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

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Washington County JOBS Program
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	X	New	Continuing	Expanding
			X	

- Research indicates that youth who have been successfully employed and have good relationships with employers and co-workers are at a lower risk to re-offend. The JOBS Program provides structure, curriculum, vocational skills, job readiness skills and practical training to all youth referred to the program. The JOBS Program strives to instill pro-social behaviors through the development of competencies that help the youth more appropriately manage themselves and their environment.

Program Description

- The JOBS Program operates out of the Washington County Airport located at 205A Airport Road, Washington, PA 15301. The youth in the program are adjudicated delinquent or informally under the supervision of the Washington County Juvenile Probation Office. The youth are referred to the program based on their assessed need to acquire job-related skills.
- Program aims to assist participants to learn and build skills essential to obtaining and sustaining employment. The program consists of three phases: education, practical skills development, and employment.
 - Various services are available to participants, including resume building, assessments, and career counseling to encourage youth to pursue the career path best suited for their individual goals and interests.
 - During Phase I, education, the participant's potential career interests are assessed while the youth increases his/her familiarity with the job application process, and interview skills.
 - During Phase II, Participants receive classroom instruction and hands-on skills practice in vocational areas such as Carpentry, Plumbing, Auto Mechanics, Auto Detailing, Fire Safety, Landscaping and Construction.
 - During Phase III, Participants will work on community based projects with the Jobs Program, as well as work with the Community Based Manager to assist them in finding employment.
- The program requires collaboration with local career service agencies and employers willing to work with participants to teach the skills essential to success.
- By building competency, the program's main objective is to equip youth with the necessary skills to identify areas of interest, search for and maintain employment, to

encourage long-term positive ties to local communities and society, and to prevent future contact with the justice system.

Target Population

- Adjudicated and non-adjudicated youth that have come in to contact with the Juvenile Justice system. Ideally these youth would be in the Low to Moderate risk range according to the Youth Level of Service/Case Management Inventory assessment (YLS/CMI), however, the program is also equipped to work with High risk youth.
- Ages 15-21 (target ages 16-18)
 - Youth who are under the supervision of Washington County Probation prior to their 18th birthday are able to continue in the program up to the age of if they remain under supervision.
- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Delinquent youth ages 15-20 years	Delinquent youth ages 15-20 years
# of Referrals	50	75
# Successfully completing program	25	55
Cost per year	\$250,000	\$250,000
Per Diem Cost/Program funded amount	0	0
Name of provider	WCJPO	WCJPO

***The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?
 Yes No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We experienced underspending due to staff on military leave and staff turn-over. Our budgeted amount for staff salary and benefits is \$217,502.00 and due to these absences from the program, we only spent approximately \$171,790.00. The difference in these amounts represents the approximate amount of underspending. The program is now fully staffed and we anticipate being fully staffed for the upcoming year.

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 14 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, as well as funding from the PA Department of Human Services and HealthChoices. 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 support 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 to the local hospitals. 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.

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
- Overdose Survivors and
- Veterans

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. Due to Medicaid expansion, the SCA no longer enforces its benefits and limitation policy. The waiting period for an individual to actually become HealthChoices eligible is a very short amount time, therefore, the SCA is using fewer dollars to gap fund individuals.

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.

In order to address the opioid/overdose epidemic, the SCA has instituted a 24/7 call line for the professional to call in order to access a supervisor employed the SCA. The Supervisor will triage the situation and make a determination of whether or not to deploy the on-call worker to the scene. The purpose of the on-call worker is to engage the client and encourage the client to seek treatment services. We want to close the gap for an overdose victim. Once the reversal has taken place, the SCA wants to assure that the individual has a true intervention.

Coordination with the County Human Services System:

The SCA is an independent 501 c3 non-profit entity. Though the SCA is not a County Government entity, it is an integral part of the overall human services delivery system within Washington County. The SCA 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, trauma, criminal history, or an intellectual and developmental disability to name a few.

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:

1. 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 turn 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 legally prescribed

narcotics, drive an increase in the use of heroin on a daily basis. 75% of individuals seeking services for a heroin addiction began with a legitimate prescription—tooth extraction, car accident, or injury on the job to name a few.

2. Overdose Deaths

In 2014, County Coroner investigated 36 overdose deaths. This number is a significant decrease from 2013 of 58 overdose deaths. In 2015 there were 73 deaths by accidental overdose. 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.

Ironically, the age range for overdose resulting in death is changing. Nationally, from 1999 through 2011, adults aged 55-64 experienced the greatest increase in the opioid-analgesic (pain medication) poisoning death rate. The age group 45–54 has had the highest opioid-analgesic poisoning death rate, the sharpest increase in rates over the past decade was seen for persons aged 55–64. This demographic directly correlates to patients who are receiving medical attention for chronic pain. We are seeing this same phenomenon within our own county— a perfect bell curve has begun to evidence itself, where the average age of an overdose resulting in death is now between the ages of 35 and 54. Over prescribing continues and doctors are increasingly killing their own patients.

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. Currently Pennsylvania ranks 14th in drug overdose mortality ranks nationally. In November 2014, the PA legislature enacted Act 139 allowing for the third part prescribing of Naloxone as well as a “Good Samaritan” piece that offers individuals who call to get help for someone experiencing an overdose some amnesty from criminal prosecution. Too many lives in our county are being lost as a result of the fear of prosecution. In an effort to prevent overdose deaths the SCA will continue to carry out the following initiatives and track the outcomes.

- The SCA has initiated a hospital 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, preferably at the hospital prior to discharge. 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 those with substance-use disorders who otherwise may never have had the opportunity to experience drug and alcohol treatment. These professional positions were covered through HealthChoices reinvestment

plans that have depleted and moving forward into the new fiscal year, these positions and the initial days of treatment will have to be covered with SCA base funds.

- The SCA is a hub for training and distribution of Naloxone. The SCA has developed policy and procedures regarding the purchase and distribution of Naloxone. The SCA is working in collaboration with the District Attorney to get Naloxone into the hands of first responders—to include: Police, firemen, and EMS. The SCA will hold public forums on overdose prevention and educate the public on Act 139. The SCA has trained over 600 people in the use of Narcan and has distributed over 400 Narcan kits. The SCA has now engaged the faith-based community as well as civic club organizations. This effort creates an awareness of addiction and works to reduce stigma that is so often associated with a substance use disorder.
- The SCA has created a 24/7 toll-free access number for professionals to call. This call line connects directly with an SCA supervisor who triages the situation and determines if the on-call worker needs to be dispatched to the scene. This toll free number is being rolled out in phases and will include faith-based leaders/clergy, hospital ED staff, and first responders.
- The SCA has several mobile case managers and Certified Recovery Specialists designated to specific populations: Children and Youth Services, Adolescents referred through the Student Assistance Program, Hospital, Jail, Housing, and specialty courts.
- The SCA has partnered with the Washington County Office of Public Safety to look at real time data related to overdose calls received at the 911 call center. Together we are plotting the map in order to know where to deploy our resources.

3. Criminal Justice Referrals

WDAC has seen a growing trend over the last two years. Data from fiscal year 2014/2015 will show that 43% 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. At this time, we partner with the County and receive PCCD funding for Intermediate punishment program that is held within our Restrictive Treatment Court (AKA Drug Court). 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. It would be very helpful if the DHS Block Grant funds would sustain more case management services. Ideally the ratio for client to case manager should be 25-1. Currently we are operating at a ratio of 40-1. Funding is an issue when it comes to properly staffing the specialty courts.

- The SCA is in dialogue with the Washington County Correctional Facility, Probation, the District Attorney, and the County Court of Common Plea 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 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.
- By July 1, 2016, a full-time case manager will be dedicated to the Washington County Correctional Facility. A contractual agreement will be established between WCCF and WDAC to provide case management services on-sight. This CM will be an employee of WDAC but will be housed at the WCCF. The CM will develop pre-release/re-entry protocol in collaboration with the WCCF staff and conduct research and provide evidenced-based programs guiding to overdose prevention and long term recovery ultimately reducing recidivism.
- The SCA will help the WCCF coordinate Vivitrol services for those who are being released and want to voluntarily participate.
- The SCA has coordinated the release of 102 individuals from jail directly to treatment during the FY 2015-1016. We have begun to gather statistics in regard to who has completed the full-continuum of care and who has not. Since the inception of the program, 175 individuals have been released to long-term treatment.

Target Populations

Older Adults (ages 55 and over)	84
Adults (ages 18-55)	1047
Transitional Age Youth (ages 18-26)	418
Adolescents (under 18)	130
Individuals with co-occurring disorder (any age)	794
Criminal Justice	675
Women with children	167

The above referenced table indicates the target populations that were screened by the SCA. There were a total of 1,679 individuals screened at or referred to the SCA from July 1, 2015 to June 15, 2016. This number is actually a little less compared to last fiscal year. As an SCA, we are providing more services at various intercept points, so I am perplexed as to why the number has gone down. It is my guess that more individuals now have private insurance or PA Medicaid (HealthChoices); therefore clients do not need the assistance of the SCA. 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 DHS target populations. Ideally, the target populations defined by DHS would be extracted from the data system in a non-duplicative manner. Currently the data system has some overlap with the Adult and Transitional Youth population categories. The SCA is deploying a new software/data system, effective July 1, 2016 and we have already built the fields necessary to capture the data that the block grant requires.

Overview of Target Populations/Services

Adolescents:

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 subcontracts with 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. The SCA will be providing direct education and prevention services to the LEADER program in the new fiscal year.

Transitional Youth: The SCA has a memorandum of understanding with Washington County Behavioral health and Developmental Services (BHDS) confirming our commitment to work together to improve outcomes for Transitional Age Youth and Young Adults in Washington County. BHDS has been awarded a SAMSHA grant, "Now is the Time: Healthy Transitions in PA: Improving Life Trajectories for Youth and Young Adults with, or at risk for, Serious Mental Health Conditions." Many of these young people have substance-use disorders and our two offices remain committed to develop a strategy to address the needs of Transitional Youth and engage our local drug and alcohol providers to develop treatment/education that would address transition related needs. The SCA will add this specific categorical to our data system for 2016-2017, in order to track this population. Currently "Transitional Youth" are included in the overall general age breakouts.

Adults and Older Adults: the SCA tracks both of these populations by age. Adults are considered 18-59 years of age and Older Adults are age 60 and above. Many individuals who are in these two populations also fall within one or more of the other sub-

populations. We have treatment providers in place to address the needs of Adults. The SCA holds contracts with providers in order to serve all residents of Washington County to include the populations 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.

Co-Occurring Population: 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, over 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: 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. The case manager assigned to these clients is partially funded by Washington County Behavioral Health and Developmental Services (BHDS). The other half of RTP is the Restrictive Intermediate Punishment Program. The treatment costs and the salary and benefits of the case manager is covered by a county PCCD grant.

The SCA provides two full time mobile case managers to provide assessment and case coordination services to the Office of Adult Probation, Washington County Correctional Facility (MA Pilot), and the newly established Diversion Program. These outreach mobile services increases the referrals for drug and alcohol services and the SCA utilizes base funds for treatment costs if the 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.

Veterans: As a directive from DDAP, veterans are now a priority population for the SCA. The SCA will work with this clientele to help them understand their individual veteran's benefits as well as assist them with navigating the system in order to assure access to

drug and alcohol treatment. Access to treatment in a timely fashion can be a challenge and the SCA will utilize base dollars, if necessary, in order to allow the Veteran to receive treatment services in a more expedient fashion.

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. All staff both at the SCA at the treatment provider must receive training on cultural competency. Policies and Procedures must reflect cultural competency.

During the 2016-17 fiscal year the SCA will anticipate fund the following services:

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. It is projected that 92 clients will be served.

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 in-patient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week. It is projected that 13 clients will be served.

Outpatient/Intensive 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 of 5 hours per week; IOP is 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 hours). It is projected that 66 clients will be served.

Medicated 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. It is projected that 25 clients will be served.

Case Management Services: The function of Case Management is to provide screening, assessment, and case coordination. Screening includes evaluating the individual's need for a referral to emergent care including: detoxification, prenatal, perinatal, and psychiatric services. Assessment includes a level of care assessment and placement determination. Through case coordination, the Single County Authority (SCA) ensures that the individual's treatment and non-treatment needs are addressed. The SCA is responsible for ensuring that individuals have access to available drug and alcohol treatment and treatment related services, which is facilitated through the case management system. It is projected that 500 clients will be served.

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 DHS funds have been utilized to finance this service

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. The SCA now employs four Certified Recovery Specialists (CRS). 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. It is projected that 175 people will be served through this service.

Washington County has a very strong recovery community. There are fifteen $\frac{3}{4}$ way houses and over 35 12- step fellowship meetings per week and 3 faith-based recovery support groups per week. Many individuals who come to Washington County for long term treatment get connected to the community and end up residing here permanently. WDAC Certified Recovery Specialists are currently developing a support group for those who have lost loved-ones due to an overdose.

WDAC has been instrumental in the development of a Recovery Community Organization (RCO). It is the goal to have these organizations throughout the county. The RCO's purpose is to take the positive energy of its members and deploy action within the community to make a difference and provide solutions to this horrific epidemic. The SCA receives many phone calls from the general public asking how they can help and we look to them to explore the idea of an RCO in their respective community.

It is the SCA's mission to develop a Recovery drop-in Center. Individuals who come back to the community following treatment will have the opportunity to find respite, recovery services, 12-step fellowship, and recreation opportunities. The recovery center will reinforce long-term recovery.

Barriers:

The SCA wants to provide true interventions for those with a Substance Use Disorder (SUD); particularly an overdose survivor. The SCA has placed case managers strategically, the SCA now has on-call staff, and the SCA now provides a true intervention; however there are a few problems. Ideally the OD survivor presents in the emergency department; ideally the ED staff have been trained and know how to make a referral to the SCA; ideally the OD occurs between 8:30AM-4:30PM Monday-Friday; Ideally there is a treatment bed available immediately and if the bed is available, the OD

survivor has transportation to get there. When we do make the connection there is very little time to given, if any, to coordinate treatment services; particularly to a detox level of care. The intervention we provide only leads to road blocks that are out of the SCA's control. Ideally, it would be advantageous for the SCA to utilize DHS funds for some of the non-treatment needs of clients—Treatment is essential and so is Recovery. Recovery cannot occur without all the ancillary services. Again, the system tends to fall short when it comes to a full spectrum approach.

With the institution of Medicaid Expansion, many of the clients who have a substance use disorders are becoming eligible for HealthChoices almost immediately. Traditionally, the Act 152 and BHSI were always expended by the second quarter of the fiscal year. Two years ago, the SCA requested \$75,000 in additional block grant funds in order to fill the expenditures for clients who met criteria for the funding. While treatment costs have seemingly been reduced for the SCA, other costs seem to be evidencing. The SCA has moved to a targeted case management approach—not only providing services at every access point, but then follow-up as this client works through the continuum of care—ALL levels of care. The CM now provides true case coordination of services. In years past, we could only fund a short stay in treatment—we were under treating the SUD client because of the lack of funding; the case manager only had time to screen, assess, refer and authorize the 14 day inpatient stay. The SCA is now able to provide services that pertain to the non-treatment needs, the very realities that create individuals from staying clean. It has been my hope that the Block Grant process would allow for some flexibility and while it has to a degree, there are still many stipulations that keeps us from moving forward to have a truly integrated system of care. The human services delivery system has made great strides and I look forward to future coordinated efforts both at the state level as well as the local level.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

Adult Services: Please provide the following:

Program Name: Outpatient Counseling Services

Description of Services: Provides mental health services to low income individuals, couples, families and groups in Washington County. The services include counseling for depression, anxiety, anger management, marital counseling and divorce, eating disorders and blended family adjustment.

Service Category: Counseling

Planned Expenditures: \$13,600

Allowable Adult Service Categories:

Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; **Home-Delivered Meals**; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

Aging Services: Please provide the following:

Program Name: Congregate Meals Program

Description of Services: Provides meals for independent adults age sixty years or older.

Service Category: Congregate Meals

Planned Expenditures: \$13,000

Program Name: Home Delivered Meals Program

Description of Services: Provides meals for frail adults age sixty years or older receiving Care Management who are unable to obtain a meal in the community.

Service Category: Home Delivered Meals

Planned Expenditures: \$16,000

Program Name: Care Management Program

Description of Services: Provides activities designed to keep older residents home and independent.

Service Category: Care Management

Planned Expenditures: \$3,000

Program Name: Transportation Program

Description of Services: Provides transportation service as part of a shared ride program for medical appointments and to senior community centers for adults age sixty years or older.

Service Category: Transportation

Planned Expenditures: \$1,800

Allowable Aging Service Categories:

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; **Home-Delivered Meals**; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

Children and Youth Services: Please provide the following:

Program Name/ Description: Washington County Children and Youth Services for the provision of Counseling, Protective Services, Homemaker and Information and Referral services.

Description of 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.

Service Category: Counseling/Intervention

Planned Expenditures: \$43,448

Program Name/ Description: Washington County Children and Youth Services for the provision of Counseling, Protective Services, Homemaker and Information and Referral services.

Description of Services: 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.

Service Category: Protective Services

Planned Expenditures: \$24,331

Program Name/ Description: Washington County Children and Youth Services for the provision of Counseling, Protective Services, Homemaker and Information and Referral services.

Description of Services: Homemaker Services include educational programs focused on nutrition, budgeting, health and hygiene, laundry techniques and parenting skills.

Approximately 35 clients will be served.

Service Category: Homemaker

Planned Expenditures: \$5,214

Program Name/ Description: Washington County Children and Youth Services for the provision of Counseling, Protective Services, Homemaker and Information and Referral services.

Description of Services: Information and Referral includes in-house evaluation of family's needs and referral interagency or to another agency as appropriate

Service Category: Information & Referral

Planned Expenditures: \$16,510

Allowable Children and Youth Service Categories:

Adoption Service; Counseling/Intervention; **Child Care**; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

Generic Services: Please provide the following:

Program Name: Veterans Transportation Program

Description of Services: Provides veterans transportation to and from veteran hospitals in Pittsburgh.

Service Category: Transportation

Which client populations are served?: Veterans in the Adult and Aging Populations

Planned Expenditures: \$28,800

Allowable Generic Service Categories:

Adult Day Care; Adult Placement; Centralized **Information & Referral**; Chore; Counseling; Employment; Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

Specialized Services: Please provide the following:

Program Name: Food Bank Volunteer Recruitment and Training

Description of Services: Train volunteers to ensure compliance with State and USDA regulations so they can assist with the packaging, delivery and distribution of food to consumers.

Planned Expenditures: \$7,500

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

During the 2016-2017 Fiscal Year, there are two initiatives that will 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 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, community organizations and stakeholders to ensure that planning efforts are well coordinated and to promote and facilitate agency collaboration. Planned Human Services expenditures are for salary, benefits and other miscellaneous costs associated with this initiative.

The second initiative will be to have the Human Services Department host a follow up summit for all Washington County providers to discuss the improvements and changes to the human services delivery system as a result of being a part of the block grant. These include the opening of our regional office, securing additional funding for emergency housing and supporting Drug and Alcohol. The expanded advisory committee will be introduced to the community and asked to lead breakout sessions. Providers will be encouraged to provide insight and solutions to current roadblocks to delivery during those sessions.

Note: Please refer to Appendix C -2, Planned Expenditures for reporting instructions.

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	Estimated Individuals: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	29		210,000		0	
Administrative Management	2,537		475,000		0	
Administrator's Office			873,349		0	
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	100		116,000		0	
Community Residential Services	60		2,109,014		239,986	
Community Services	342		221,184		0	
Consumer-Driven Services	337		224,000		0	
Emergency Services	3		154,000		0	
Facility Based Vocational Rehabilitation	0		0			
Facility Based Mental Health Services	4		8,000		0	
Family Support Services	12		43,050		0	
Housing Support Services	352		1,146,000		0	
Mental Health Crisis Intervention	166		70,000		0	
Other	0					
Outpatient	249		239,000		0	
Partial Hospitalization	41		148,000		0	
Peer Support Services	7		5,000		0	
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	13		82,000		0	
Social Rehabilitation Services	389		425,756		0	
Target Case Management	184		198,500		0	
Transitional and Community Integration	1,762		812,000		0	
TOTAL MENTAL HEALTH SERVICES	6,587	7,559,853	7,559,853	0	239,986	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			424,825			
Case Management	165		125,760			
Community-Based Services	4		295,523		28,223	
Community Residential Services	4		210,500			
Other	0		0			
TOTAL INTELLECTUAL DISABILITIES SERVICES	173	1,042,108	1,056,608	0	28,223	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	30		15,372			
Case Management	150		37,222			
Rental Assistance	188		45,900			
Emergency Shelter	252		103,557			
Other Housing Supports						
Administration			22,450			
TOTAL HOMELESS ASSISTANCE SERVICES	620	224,501	224,501		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	79		150,000		10,000	
Promising Practice	275		629,750		70,250	
Alternatives to Truancy	15		22,500		2,500	
Housing	41		8,500		1,500	
TOTAL CWSG SERVICES	410	810,750	810,750		84,250	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	500		45,000			
Inpatient Hospital						
Inpatient Non-Hospital	92		216,442			
Medication Assisted Therapy	25		24,467			
Other Intervention						
Outpatient/Intensive Outpatient	66		80,000			
Partial Hospitalization	13		41,500			
Prevention						
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	696	452,409	407,409	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	37		13,600			
Aging Services	403		33,800			
Children and Youth Services	120		89,503			
Generic Services	125		28,800			
Specialized Services	600		7,500			
Interagency Coordination			10,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,285	219,003	183,203		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			66,300			
GRAND TOTAL	9,771	10,308,624	10,308,624	0	352,459	0

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT) – Adult Day Care

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

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

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual 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 individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Child Welfare Special Grants (Services relevant to HSBG only)

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 out of placement to living on their own.

Alternatives to Truancy

Activity or service designed to reduce the number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advancement 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 implemented 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 2016-17, the CCYA may select any EBP (including, but not limited to 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.gov/topics/>.

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 individuals in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted individuals 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 of 5 hours per week.

Intensive Outpatient

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

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least 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. This does not include traditional 12 step programs.

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 DHS.

Aging

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

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption service, counseling/intervention, day care, day treatment, emergency placement, foster family care (except room & board), homemaker, information & referral, life skills education, protective and service planning.

Generic Services

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

Specialized Services

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