APPENDIX A

LOCAL/REGIONAL OLMSTEAD PLAN IMPLEMENTATION TEMPLATE

I. OLMSTEAD PLANNING PROCESS:

Washington County Behavioral Health and Developmental Services (BHDS) utilizes a number of methods for evaluating the needs of our service system, both for the purpose of creating our annual Mental Health Plan component of the Human Services Block Grant which was submitted earlier this year and for the development of our Olmstead Plan. One of the key resources which we draw upon is our Mental Health Department's Quality Management Committee (QMC). The committee is comprised of a variety of stakeholders including providers, consumers, family members as well as other stakeholders such as our Behavioral Health Managed Care Organization (BH MCO) and cross systems representatives. A number of these representatives are also members of our County's Community Support Program (CSP). In developing our Olmstead plan, we pulled information reviewed during the Mental Health Planning Process and also called together an Ad Hoc meeting of the QMC on October 26, 2016 to finalize the content of the Olmstead Plan (identified herein) which is designed to effectively support those we serve in a recovery-oriented and non-institutional, community based system of care.

II. SERVICES TO BE DEVELOPED:

In December 2008, after much planning and development, Washington County, along with the four other counties within the Mayview Region Service Area, closed its state hospital. This monumental event evidenced a significant paradigm shift away from institutional care to a system designed in accordance with "A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults". During this time, Washington County began to develop the infrastructure necessary to ensure appropriate supports for both the individuals (adults) discharged from Mayview State Hospital and those we would divert going forward of any age group and from any type of institutional facility. Despite funding cuts over time, we have demonstrated a commitment to continue the vast majority of these services. Currently, we provide many services in addition to traditional treatment and case management which allow individuals to experience success in the community. These services include the following types:

a) Prevention and Early Intervention Services and Supports

- Washington County provides centralized Crisis Intervention Services 24 hours a day via telephone, mobile, and walk-in services throughout the county. Additionally, an eight bed Stabilization and Diversion Unit is available to those in need. Currently, Washington County expects to serve 350 individuals annually through these services. The majority of these individuals are adults, though on a rare occasion, the provider may receive a call regarding a child or adolescent and they provide the appropriate assistance.
- For our youth there is a twenty-three-hour Crisis Stabilization Unit available through one of our HealthChoices funded inpatient providers designed to allow youth the opportunity for assistance while avoiding unnecessary hospitalization. Unfortunately, it is yet to be actively utilized in part because more children and adolescents tend to present as requiring acute inpatient care with a greater length of stay then 24 hours. However, we believe that there is a higher number who would benefit from this program. As such, the BHDS Child and

Adolescent Director utilizes every possible opportunity to increase stakeholder awareness including outreach events, forums and workgroups. Hopefully in time this will increase utilization.

- Though not a service per say, we utilize a process of Incident Management whereby providers must submit Early Warning and Critical Incident Reports requiring the identification of follow up actions to remediate the situation and/or prevent future occurrences. Additionally, both person level and aggregate incident data is collected through the Mayview Regional Service Area Plan (MRSAP) web based system developed by Allegheny HealthChoices. A Root Cause Analysis is utilized for sentinel events to identify both provider and system level variables which may contribute to relapse and other aversive conditions. The MRSAP database is utilized to capture data for adults, children and adolescents (age 16 – 25). RCAs are typically performed for adults age 18 above, but they may be completed for children and adolescents if deemed appropriate by the BHDS office.
- Through our Now is the Time: Healthy Transitions partnership with the Commonwealth, we continually seek opportunities for early intervention with our youth and young adults (age 16 – 25) through outreach and education to schools, colleges and community groups as well as the public at large. To this end, we have conducted a number of Mental Health First Aid Trainings. We also have utilized the Behavioral Health-Works (BH-Works) web based screening tool for utilization with our 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. To date we have screened only about 25 individuals but hope to reach at least 50 in the coming year.
- The Inpatient Liaison service, contracted through one our Base Service Units (BSUs), provides another opportunity for early intervention by identification and linkage of individuals who present in need of support at one of the Inpatient Behavioral Health Units (BHUs). Funded through the MH dollars designated within our HSBG, we expect to serve over 1000 individuals of any age annually through this service.

*At this time, we are not planning to develop any additional prevention or early intervention services.

b) Non-institutional housing options, with a focus on independent and shared living arrangements. Identify existing "Housing First" approaches and discuss plans to develop future approaches.

- Non-institutional housing options- In accordance with our previously approved Olmstead Plan, Washington County has developed and maintains adherence to our identified Personal Care Home Policy which reads as follows:
  "In an effort to provide the highest quality of care and supports to its consumers, Washington County MH/MR will continue to strive towards the provision of Integrated Housing Options when possible as an alternative to Personal Care Home (PCH) utilization. When a Personal Care Home placement is determined to be the true choice by the consumer and his/her team to be the most appropriate living arrangement, primary consideration will be given to smaller, homelike PCHs, which house less than 16 individuals. Exceptions to this standard shall only be considered if and when one of the following conditions are met. The consumer has expressed a prior familiarly with a larger home having more than 16 beds and refuses all other alternatives after having the opportunity to visit at least two smaller homes No other living arrangement is

available and/or appropriate and smaller PCHs within the consumer's geographical area of choice possess provisional licensure suggestive of health and/or safety concerns. When this occurs, consideration may be given, with consumer choice, to larger Personal Care Homes which possess full licensure." *This is applicable typically to adults age 18 and above.

- Additionally, Washington County BHDS actively works to assist all of our individuals to live in his/her own home, if that is one's choice. We fund two providers of specialized Mental Health Supportive Housing Services to provide Housing Case Management along with the availability of contingency funds, when necessary, and when possible. The service assists individuals in finding and keeping decent and affordable apartments and/or houses in their chosen community. Housing Case Managers assist individuals with leasing, landlord tenant negotiations and are trained to advocate for our individuals in the case of unfair housing practices. They also provide assistance with budgeting to ensure that individuals can pay rent and utilities. We expect to serve over 150 individuals annually thought this program. The service may be delivered not only to adults age 18 and up, but also to families that may include children and adolescents.
- The Housing First Model is embraced throughout our system. We firmly believe that if one's basic needs are met, one is more likely to engage and benefit from other recovery oriented treatment and supports. As indicated with greater detail in Section III, we collaborate with the Washington County Housing and Homeless Services by providing supportive services to those in HUD funded housing who wish to participate in services. Through our CRR Conversion Plan approved in 2014, we developed Permanent Supportive Housing apartments in an attractive campus-like environment on property owned by the Washington County Housing Authority. Those who reside at this site receive as much or as little of the same individualized services and supports that are available. The Permanent Supportive Housing apartments are currently occupied by adults age 18 and up.
- Because Washington BHDS utilizes no state hospital, it does maintain a small number of structured, licensed residential programs for those with a significant need for stabilization in a setting staffed 24 hours a day. These programs attempt to empower those served, and provide a recovery oriented, rehabilitative service for adults with a resiliency focused approaches for youth in moving forward into independent or shared permanent supportive housing options.
- One of our two remaining CRRs was developed specifically to meet the need of youth and young adults age 18-25, many of whom are able to discharge from Residential Treatment Facility (RTF) settings and/or have complex multi-system involvement. Additionally, efforts are devoted to minimize RTF utilization. Such efforts include attempts to increase utilization of Family Based Services. Washington County, like a number of other counties in the Western region, has been able to achieve an ongoing decrease in RTF utilization during the 2016 calendar year with only 26 served. In order to continue this trend, the BHDS Child/Adolescent Director actively participates in both local and regional BHRS workgroups with the intent that more effective utilization will prevent unnecessary RTF admissions. She also participates regularly in RTF summits.
- In order to ensure that these programs are non-institutional in nature, no single program funded by BHDS is permitted to have more than 16 beds. Unlike some of the other counties who have closed their state hospital, Washington County uses no Residential Treatment Facility for adults (RTFA-A) (age 18 and up) with serious mental illness or extended acute care facilities within our

county. Though our first preference is independent or shared supportive housing options, Washington County is still feeling the effects of the Shale Gas and Oil Industry.

- Through the utilization of Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Funds, designed to offset the effects of this industry. Washington County authorities have directed funding towards the renovation of the Trust Building, which includes the development of one-bedroom apartment units that may be utilized by those ages 18 and above. Additionally, during the coming year, Washington County plans to implement a matching service for shared housing, such that individuals who wish to share a house or apartment for the purpose of companionship and/or affordability, can have the opportunity to meet potential roommates identified through a computerized matching system. The matching system is based upon each individuals' responses to a detailed survey. The Housing Case Managers, previously referenced in this section, will assist the identified individuals with a "Meet and Greet" opportunity. There will be no funding necessary at this time since the service will be provided free of charge through Connect, Inc., one of our housing/homeless providers. The Shared Housing is currently utilized by those 18 and up but in the future, it may be an option for those age 16 only who are emancipated and eligible to hold a lease.
- Washington County BHDS would also like to develop a Fairweather Lodge type model of housing during the coming year, if possible, through HealthChoices Reinvestment funds. It is expected that this program would serve approximately 6-8 individuals annually age 18 and up.
  *It should be noted that families and children are also served through the Housing First approach. In fact, among the bullets listed above a number of the slots are currently occupied by families. Families are eligible for this service even if the individual in need of the behavioral health treatment is a child or adolescent.

c) Non-residential treatment services and community supports including mobile treatment options (examples: Outpatient and Mobile Outpatient Services, the full range of Crisis Intervention Services, including Mobile Outreach, Assertive Community Treatment Teams (ACT), Medication Management, Case Management, Psychiatric Rehabilitation Services, Community Services for youth and young adults including Multi Systemic Therapy and Functional Family Therapy, and services to develop and provide competitive employment opportunities).

Washington County BHDS offers a variety of supportive services through their MH base dollars designated within the Human Services Block Grant (HSBG) and through our HealthChoices Program to include the following:

- Crisis Intervention, Diversion and Stabilization as noted in Section II a) serves about 350 individuals annually.
- Blended Case Management- base funded though the MH dollars designated within our HSBG and HealthChoices Program expected to serve about 600 individuals annually from any age group.
- Mobile Medication Services- base funded though the MH dollars designated within our HSBG and HealthChoices Program, expected to serve approximately 50 individuals annually age 18 and up.

- Assertive Community Treatment Team- base funded though the MH dollars designated within our HSBG and HealthChoices Program expected to serve over 100 individuals annually age 18 and up.
- Psychiatric Rehabilitation Services, both Mobile and Site Based- base funded though the MH dollars designated within our HSBG and HealthChoices Program, expected to serve over 50 individuals annually, including adults and youth age 16 and 17 through the Healthy Transitions funds.
- Mobile Housing Support Team- developed during the Mayview closure, provides practical hands on assistance and skill building for individuals who reside independently, in order to help him/her maintain an apartment or house. This assistance may include grocery shopping, food preparation, laundry, housekeeping, and budgeting. This program has been truly instrumental in assisting individuals who have experienced previous struggles living independently. Base funded though the MH dollars designated within our HSBG, this program is expected to serve over 50 individuals annually age 18 and up.
- Permanent Supportive Housing- identified above, consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence Based Practice Tool kit. Base funded though the MH dollars designated within our HSBG and expected to serve over 50 individuals annually to include adults and families with children and adolescents.
- Behavioral Health Rehabilitation Services (BHRS) funded through HealthChoices program. We expect to serve a minimum of 50 individuals and families annually. This service designed to serve youth and young adults age 3 to age 21 as an alternative and potentially preventative method to RTF utilization.
- Family Based Services- Also an alternative and preventative service to RTF utilization base funded though the MH dollars designated within our HSBG and HealthChoices Program, and expected to serve over 1000 individuals annually including children, adolescents and the applicable adult family members.
- Multi-Systemic Therapy (MST) is provided for youth through our HealthChoices Program and serves approximately 43 individuals age 21 and under annually.
- Transition Age Care Coordination- This program uses the Community Support Plan (CSP) which had been originally developed through the Mayview closure, now modified to best meet the needs of our target group, in order to ensure that youth and young adults receive the appropriate person-centered, holistic supports that he/she desires. Additionally, through this service, the Transition Age Care Coordinator attempts to both engage the youth and to ensure accountability at the provider level to prevent our young adults from “falling through the cracks”. This service is funded through the Healthy Transitions Grant and is expected to serve 30 or more individuals annually age 16 – 25. Although, this position exists at a provider agency this program is supervised directly through the BHDS office.

d) Peer Support and peer-run services (examples: certified peer specialists, wellness and recovery programs, drop-in centers, warm lines, etc.)

- Peer Mentor Services- base funded expected to serve over 150 individuals with Transition Age Peer Mentors who serve youth and young adults age 16-25 though our Now is the Time: Healthy Transition grant.

- Certified Peers Specialists- base funded though the MH dollars designated within our HSBG and HealthChoices Program for adults, and youth age 16 and 17 who are funded through the Healthy Transitions Grant.
- Consumer Operated Drop in Centers- Washington County provides two standard Drop in Centers funded through MH dollars designated within the HSBG expected to serve over 150 individuals annually. Additionally, we provide one Drop in Center for teens age 14 – 18, and through our Healthy Transitions Grant funding, we have expanded Drop in Center hours for the Refresh Program with designated hours for youth and young adults age 18-25. These youth/young adult-oriented Drop in Centers are expected to serve over 75 individuals annually.

e) Supported Employment Services- The Evidenced Based Practice model of service delivery, following the Substance Abuse and Mental Health Services Administration (SAMSHA) Tool Kit, base funded though the MH dollars designated within our HSBG and expected to approximately 60 individuals annually age 16 – 25 and adults 25 and up.

In all the above services, providers are expected to ensure that services are delivered in a culturally competent manner in keeping with the principles of Trauma Informed Care. All staff should be trained in Crisis Prevention and Intervention, Motivational Interviewing, Co-occurring Disorders, as well as additional recovery-oriented and evidence based practice models to include Illness Management and Recovery (IMR), and wellness management activities such as the Wellness Recovery Action Plan (WRAP), when possible and appropriate as well as any new models which encourage and support resilience in those under the age of 18.

*No additional service development of this category is planned at this time because the current array of services appear to meet the needs of our population as indicated by both stakeholder input and as well as utilization and outcome data.

III. HOUSING IN INTEGRATED SETTINGS:

a) Complete a "housing inventory" of existing housing options available to individuals

- Scattered Site Supportive Housing- Individuals served in our system through supportive housing service residing in safe, affordable scattered site integrated housing though collaboration with landlords. This program typically serves about 150 individuals annually, which may include both adults and families with children.
- Site Based Permanent Supportive Housing Galleton Commons- 16 individuals reside at Galleton Commons with apartment sharing in most apartments but not to exceed 2-3 roommates per apartment.
- Section 8- Although no applications are currently being accepted at this time for the Section 8 Housing Choice Vouchers, the BHDS system provides housing support services to well over 100 or more individuals residing in Section 8 housing at present and may include individuals as well as families.
- Project Based Public Subsidized Housing- Provided through the Washington County Housing Authority at 10 different sites across the county with approximately 1,000 units. Applications are currently being accepted however, availability varies by municipality.
- Other Subsidized Housing- Privately administered, these sites provide over 550 units.

- Project Based and other Subsidized Housing may include families with children and/or adolescents.
- Senior Housing- Our seniors with mental illness are able to apply for housing at one of the eight facilities, totaling over 500 units provided through the Redevelopment Authority in Washington County.
- Housing through our Continuum of Care (CoC) - A number of housing opportunities have been available during the past year. Through our collaboration with Washington County Housing and Homeless Services, our LLA, those we serve are able to access a number of opportunities through the Continuum of Care (CoC) as follows:
    1. Fresh Start Program- Domestic Violence Shelter with 12 units
    2. Can Do Program- Transitional housing program for youth/young adults age 15-25, 7 beds
    3. Permanent Supportive Housing- 46 units (Currently 10 are occupied by families.)
    4. Safe Haven Shelter- 20 individuals
    5. Shelter Plus Care- 22 units
    6. Supportive Living- 7 units
    7. City Mission- 18 units
    8. Avis Arbor- Mission for Women- 13 units may include children
    9. The Family Shelter- currently serves 4 families

b) Discuss the progress made towards integration of housing services as described in Title II of the ADA. While there is always the opportunity for forward progress and room for improvement, Washington County's Mental Health Program has put forth consistent effort towards full integration of housing services in accordance with Title II of the ADA as exemplified throughout this entire document. We will continue to strive to promote the Evidence Based Practice Model of Permanent Supportive Housing whenever possible including opportunities for utilization of HealthChoices Reinvestment funds to provide Rental Subsidies so that individuals/families pay no more than 30% of their income towards rent/leasing costs monthly. Since the majority of individuals served through permanent supportive housing in Washington County are linked to the Mental Health Supportive Housing Program, scattered site housing integrated among other community members is the norm. Additionally, as is the case with evidenced based service delivery, all individuals may choose the services in which they will participate and have the right to decline any services offered. High utilization of "Day Programming" no longer exists as such individuals within our system have the same degree of choice as any other community member. Utilization of housing case managers, peer supports, psychiatric rehabilitation programs and supported employment assist those served in learning to access community resources and develop natural supports so that they are comfortable joining churches, clubs and civic organizations and obtaining competitive employment.

c) Describe the plans for Community Residential Rehabilitation (CRR) conversion.

Although our previous CRR Conversion Plan was genuinely quite successful, we do not have plans at present to undertake another conversion. The Mental Health Department within Washington County BHDS serves at least 5,000 adults and young adults annually through its base and HealthChoices Programs. Since we do not utilize a state hospital, we feel that that it is truly necessary to maintain the relatively small number of licensed beds that we have which includes our

two-eight bed CRRS, 15 beds of the beds at our one and only LTSR and a 12 bed Enhanced Personal Care Home. This represents less than 1% of our population serve who want and need the support of staff 24 hours a day to maintain safety.

d) Describe strategies used to maximize resources to meet the housing needs of individuals:

1. Identifying the Local Lead Agency (LLA) and any agreement with the LLA for referrals and supportive services arrangements.

As previously stated herein, we are fortunate to have access to our County's LLA since she is a fellow County employee directly imbedded in our Human Services Department overseeing the Housing and Homeless Services. Through a long-standing formal agreement, she works collaboratively with our system to ensure that individuals served by our system are considered for any housing opportunity within the CoC and accepts referral directly from our providers of housing support services knowing that our provider system offers a broad array of services for those individual who wish to utilize them. Unfortunately, our county system is such that she does not have immediate control in regards to either the Housing Authority or the Redevelopment Authority.

2.Describing existing partnerships with local Public Housing Authorities, Regional Housing Coordinators, Community, Housing, and Redevelopment Authorities, and Local Housing Options Teams including any specific referral and/or management Memorandums of Understandings or other agreements.

- Public Housing Authorities-Although BHDS has not been successful in obtaining a number of vouchers dedicated specifically for its consumers, we have been successful in developing a Memorandum of Understanding (MOU) with the Washington County Housing Authority, which provides advance notice when they will open the application process. This allows our providers of supportive housing services the opportunity to notify those in need, assisting them to be "first in line" to apply.
- Regional Housing Coordinator- Although we have had little interaction with the Regional Housing Coordinator recently, we are confident in our ability to access a wealth of information and technical assistance and would not hesitate to reach out when planning any new housing activities.
- Community-Through our close relationship with our local Community Action Agency (we contract with them to act as fiduciary for our Consumer/Family Satisfaction Team (C/FST), we are confident in guiding our housing support providers to collaborate with them when necessary to access their Rapid Re Housing Program. Additionally, it is notable that additional dollars have been directed from the Human Services Block Grant to the Rapid Re-House Program. Historically, the collaboration between Community Action Southwest and our provider system has been very successful in maximizing the support that can be utilized to help our population on a successful path.
- Redevelopment Authority- Many years ago, Washington County BHDS was able to access a physical site for one of its transitional housing with the assistance of the Redevelopment Authority. Since that time, however, no other viable opportunities have been presented. They are charged with managing our County's PHARE funds and we have applied previously for a variety of projects, but to no avail. The relationship is not hostile in any way, however, and we

do provide input into their annual plan. As such, we have hope that an opportunity will arrive for collaboration in the future.

- Local Housing Options Team (LHOT) -Additional benefits are achieved with the formal arrangement between our office and our LLA since she acts as our liaison to the LHOT. She is able to share any update which would be of benefit to our system and those we serve maximizing any benefits to be gained. Because she has worked within the Housing and Homeless System for many, many years her position on the team is valuable.

IV SPECIAL POPULATIONS:

Discuss how the following groups of individuals with serious mental illness and their specialized service needs are met:

a) Individuals with a dual diagnosis (mental health/intellectual disability)

For a number of years, Washington County BHDS has worked diligently to ensure that both its Mental Health (MH) and Intellectual Disability (ID) systems collaborate effectively when serving individuals dually diagnosed, beginning with the directors of each department internal to our office and trickling down through the system. Although this collaboration is most prominent for individuals with the highest level of need and risk who may present at times of a crises and/or during inpatient admissions, it is expected to occur for all individuals beginning with active communication at the provider level including case management and supports coordination as well as other services. Collaboration and communication occurs both informally and formally for disposition and treatment team meetings, residential staffing and ISPT meetings. Through this process, we have found that individuals receive the best possible quality of care and that we are able to minimize lengthy inpatient admissions and support individuals in settings of his/her choosing eliminating unnecessary, segregated living environments. During the past year, the development and implementation of a regional Dual Diagnosis Treatment Team (DDTT) funding through the HealthChoices Re Investment has also proved to beneficial in supporting individuals within this target group. In most instances, the information above applies to adults age 18 and up but in the case of Inter-Agency Service Planning Team (ISPT) meeting and staffing may include youth and adolescents.

b) Individuals with co-occurring disorders (mental health/substance use disorders)

Washington County had the distinct opportunity of participating in the "Mental Illness Substance Abuse (MISA) Pilots" awarded to a number of counties in the Commonwealth many years ago. The pilots were designed to create a more seamless system for those with Mental Illness and Substance Abuse. This effort brought forth service specialization in many areas (treatment, case management, and even residential with a MISA Halfway House), but most importantly, through an expansive movement to ensure that staff at all provider levels received training in the Core Competencies. Much later, we began to instead think of serving individuals with Co-Occurring Disorders (COD). In 2011, through an opportunity provided by Southwest Behavioral Health Management (SBHM), the HealthChoices Oversight entity for the Southwest Six and Northwest Three Counties, Washington County embarked upon a second round of system enhancement under the training and technical assistance of Dr. Kenneth Minkof and Dr. Christine Kline who developed the model for a Comprehensive Continuous Integrated System of

Care (CCISC). Under this model, developed initially to improve care for individuals with both Mental Health and Drug and Alcohol (D&A) Disorders, philosophy and practice evolved to utilization of a holistic model for all individuals with complex needs. During this time, we developed a Consensus Document signed by both the MH Administration and the local Drug and Alcohol Authority as well as their contracted providers. This situation typically applies to adults age 18 and above but may also potentially involve adolescents.

All of the above efforts toward a paradigm shift have placed Washington County in an ideal position to serve our individuals from this identified population. Recent movement away from providing integrated treatment in one or the other licensed MH or D&A Outpatient facilities has not deterred BHDS. Having two providers with both MH and D&A licenses has allowed for greater integration of care than would otherwise exist. Additionally, over time we have continued to chip away at communication barriers at all levels of service while still observing the differences between the two systems' confidentiality regulations in order to achieve the best possible collaboration and coordination for each individual. Collaboration occurs not only in a direct manner between our administrations and systems, but also in working with Value Behavioral Health Recovery Coordination program (formerly known as Complex Care Management), in order to ensure that those at the highest level of need and risk are given the attention that is indicated. Over all, the spirit of collaboration is such that the Mental Health Program within BHDS and the Washington Drug and Alcohol Authority participate actively in one another's awareness events and have even hosted joint events. This information typically applies to individuals age 18 and above but may also involve adolescents.

c) Individuals with both behavioral health and physical health needs

Washington County BHDS encourages and expects that all providers within its system will make every effort to collaborate and coordinate with those treating the physical health needs of our consumers. Although this occurs naturally and frequently when individuals participate in a residential program, and regularly with treatment programs such as the Mobile Medication Program, Value Behavioral Health requires that all credentialed providers reach out to the Primary Care Physician (PCP) and/or other Physical Health providers anytime that a new consumer completes a service intake, of course with the obtained consent of the individual served. Additionally, VBH, in working with all of the counties they cover, bring to the table the benefits of participation in a Physical Health/Behavioral Health (PH/BH) workgroup that crosses multiple counties and MCOs. Although we are confident in our efforts, BHDS has organized a Coordination of Care Workgroup as one its five Recovery Oriented System Transformation Priorities identified within the Humans Service Block Grant, MH Plan. While we are currently working on the basics of coordination within our system, we plan to proceed and eventually review coordination of care across systems. At this time, this information applies primarily to adults age 18 above. However, it can be applicable to children and adolescents.

d) Individuals with a traumatic brain injury

Although Washington County BHDS has hosted trainings on the topic of Traumatic Brain Injury (TBI) for both our office and our provider systems (MH and ID), we fully recognize that we have no true expertise in supporting adults with TBI. Fortunately, we have had only a few situations

requiring our attention over the years for individuals with a psychiatric diagnosis and TBI. When such a situation occurs, we avail ourselves of the information provided by VBH regarding the information, services and supports designed specifically for those with TBI. In the case of children and adolescents with TBI, services may include BHRS as well as ID waivers as applicable.

e) Individuals with criminal justice/juvenile justice history

For many years, Washington County BHDS has endeavored to collaborate with the Criminal Justice System to coordinate efforts and develop the necessary services and supports for those with MH diagnoses who offend. In doing so, we have developed a number of services to prevent unnecessary incarceration and reduce the trauma that our individuals may experience when they encounter law enforcement. The following exemplifies our efforts:

1. Weekly meetings which have occurred for over 9 years to staff youth who present with complexity and who cross the Child/Adolescent MH System, Children and Youth Services (CYS) and/or Juvenile Probation Office(JPO).
2. BHDS participation in the local Criminal Justice Advisory Board (CJAB)
3. Training with law enforcement to include the MH Procedures ACT, collaboration with delegates and crisis service, Mental Health First Aid and Mental Health First Aid for Public Safety, Suicide by Cop and more.
4. Collaboration with Adult Probation in 2008 to write our first Pennsylvania Commission on Crime and Delinquency (PCCD) Grant which created the MH Court Program which consisting of a 90-day diversionary program at the Magisterial District Justice level whereby an individual's charges are held in abeyance pending their completion of recommended treatment and adherence to behavioral expectations (curfew, absence of new charges, etc.). Also an 18-month program was simultaneously developed for the Court of Common Pleas for individuals who have been charged with non-violent offenses.
5. Development of a Forensic Case Manager position within a chosen provider agency to work closely with BHDS in serving all participants of the program identified above in collaboration with Adult Probation Office (APO) in order to maximize their likelihood of success.
6. Development of a Forensic Liaison position at the same provider agency to work within the Washington County Correctional Facility (WCCF) completing mental health assessments and working with those identified for release by linking them to services and assisting with reactivation of Medical Assistance (MA) when appropriate. This liaison also serves as our representative to the Drug and Alcohol Treatment Court.
7. Development of Forensic Crisis Services to collaborate with law enforcement when individuals present with potential MH symptoms and to include the dedication of two forensic beds to be utilized when needed at the crisis stabilization and diversion unit.
8. Collaboration with SCIs to plan for the release of individuals throughout the state in accordance with the list distributed to each county. This also includes linkage to service, supports and housing as necessary.
9. Facilitation of a Cross Systems Mapping Project provided through the Commonwealth's Center of Excellence for our system and all related systems in May of 2012.
10. Ongoing discussions regarding the development of a Crisis Intervention Team (CIT)

11. Providing a variety of other resources over time such as funding a case management position to the Drug and Alcohol Treatment Court, providing a number of hours weekly of psychiatric time and psychiatric nursing care at the WCCF for years until very recently, and providing for psychiatric medications (within our formulary) in the WCCF.
12. Participation in Re-entry Conferences.
13. Provision of a Forensic Peer Specialist on our Assertive Community Treatment (ACT) team, who also is an approved trainer for other Forensic CPSs.
14. Ongoing exploration of additional Pre-trial Services.

* Items 3 – 14 are currently applicable for adults age 18 and over: however, initial discussions have occurred regarding the development of forensic services for adolescents.

f) Individuals who are deaf or hearing impaired

Consistent with the Americans with Disabilities Act (ADA), Washington County BHDS dictates that all providers must follow the guidelines for acquiring interpreters regardless of the service type (outpatient, case management, residential, etc.). Additionally, when necessary BHDS will contract with providers who specialize in MH service provision for those who are deaf and/or hearing impaired including those in other counties in order to ensure the highest quality of care to those within the target population. Historically we have purchased special equipment and technology to ensure safety and ease of communication. Most recently, Washington County BHDS sponsored a training for its system (both MH and ID) in American Sign language. Also, following the technical assistance of Dr. Louise Montoya (sponsored by Southwest Behavioral Health Management), Washington County among the Southwest Six Counties submitted two Regional Reinvestment Plans, one for the development of a specialized outpatient clinic and the other for a Blended Case Manager specialized to serve those who are deaf or hearing impaired of any age.

g) Individuals who are experiencing homelessness

As previously stated, BHDS is fortunate to maintain a formal agreement with the Washington County Homeless and Housing Services, who participates in local LHOT activities, conducts outreach when appropriate and maintains all of the Housing and Urban Development (HUD) Grants, which provide housing opportunities for those with mental illness who are homeless. BHDS also works closely with the Safe Haven Shelter in order to link those who desire with services and supports. When a member of our system is at risk to become homeless we work preventatively and may fund rent or mortgage payments to advert an eviction. Of course, as identified in Section III, we provide the support services for the grants formerly known as Shelter Plus Care as well as the other applicable grants such as for the Fresh Start Program, the City Mission, etc. Many of the services identified herein may be available to both adults age 18 and above as well as families to include children and adolescents.

h) Older adults

Washington County BHDS recognizes this area as one which requires our attention as reflected by its inclusion in our Top Five Recovery Oriented System's Transformation Priorities found within the HSBG's MH Plan, which calls for the development of a workgroup to identify, with

greater specificity, the needs and challenges common to our aging population. Although the workgroup was scheduled to begin in the fall, due to time constraints we have not yet begun but will have our first meeting the third week in April. The workgroup will include the Washington County Department of Aging Services, Southwestern Pennsylvania (SWPA) Area Agency on Aging and providers from both the Behavioral Health and Intellectual Disability Systems. We will also include older adults and their family members to the extent that they wish to participate. The goals of the workgroup are to identify services, which are beneficial, as well as areas of gaps/needs. From that information, one or two priorities will be chosen for this calendar year. Currently, though we do have provisions in place, through an MOU developed between BHDS and the SPHS Area Agency on Aging for linkage and referral, the development of cross system trainings, which historically were held annually and for collaboration with Protective Services for Older adults. We also hold a contract with Washington County's Aging Department to provide outreach and education at least semi-annually via its Ombudsman who serves those in long term care facilities by providing information and linkage to services and supports and ensuring that those with MH diagnoses are aware of opportunities for alternative living arrangements.

i) Individuals who are medically fragile

First and foremost, we believe unilaterally that our mission is to attempt to support individuals in their own home or other chosen setting when possible despite the severity of medical conditions through collaboration with in home medical service and the Special Needs Units of individual's health plans when appropriate. This includes collaboration with rehabilitative medical care as well as palliative care such as in home Hospice. However, when individuals chose facility based care, our system will attempt to maintain supports (case management, peer support, etc.) when possible. When this is not possible, BHDS will ensure the appropriate transition of care through planning and coordination. This may apply to individuals of any age.

j) Individuals with limited English proficiency

Historically BHDS has encountered only a few situations when this has been an area of need; however, consistent with local gas and oil development and a corresponding influx of Hispanic presence, situations have occurred requiring the services of a translator in order to allow individuals to achieve appropriate and meaningful participation in Mental Health Services offered within our system. Because of our long standing focus on cultural competence, all of our providers have had training on more than one occasion, the most recent of which occurred less than a year ago at a provider meeting for executive directors. Nevertheless, we know that additional outreach is needed and we are hoping to collaborate with other community agencies particularly those who serve our youth. In fact, in the months ahead we are hoping to explore collaboration with other local agencies. This is applicable for all ages.

k) Transition age youth including young adults

For many years, we have attempted to meet the needs of our youth and young adults preparing to enter adulthood. Efforts included informal collaborative arrangements internal to our office and also efforts to develop housing and residential options to prevent homelessness and/or the need for other institution settings. In 2001, we worked collaboratively with the Washington

County Homeless and Housing Department to create a HUD Funded Transitional Housing Program called the Can Do Program (referenced in an earlier section of this plan) for this age range of 18-22 who are homeless and diagnosed with Co-occurring MH and Substance Use diagnoses. Over time, we expanded the age range to include those up to 25 years of age. Additionally, as previously stated, herein the adult MH Department of this office collaborated with the Child/Adolescent Department to develop a Reinvestment Plan for a housing program for youth and young adults stepping down from Residential Treatment Facilities (RTFs), with other complex high need situations and/or those with cross system involvement to provide them with all of the tools and skills possible to increase their success not only in entering the adult system, but at times, of avoiding the necessity of becoming a long term participants in the MH system by maximizing resilience and utilization of recovery oriented supports in a temporary but homelike environment for the young adults. Though this was intended to be a site based supportive housing design, further review and guidance from OMHSAS prompted us to utilize the CRR model instead. Since that time, it has been a distinct pleasure to serve many youth and young adults as they develop self-confidence, increase natural supports, go to school become and employed and develop the skills necessary to "adult" to quote their language. This was just the beginning, however, because in 2014, we were approached by the Commonwealth, who requested that we partner with them, and two other counties in applications to the SAMHSA, Now is the Time: Healthy Transitions Grant.

In 2015, we were notified of the award and began an even more meaningful journey of outreach and education, early identification and effective evidence based and innovated services and supports. We are just entering year three of the grant but to date we have engaged in the following efforts:

1. Through our SAMHSA Healthy Transitions Grant collaborative with the Commonwealth, 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.
2. 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.
3. Healthy Transitions Transition Age Care Coordinator (TACC) - Through the SAMHSA Healthy Transitions funding, we have provided for the Transition Age Care Coordinator as identified previously herein.
4. 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.
5. Mental Health Awareness Event-Numerous events have been hosted by the BHDS office with the most successful event held in May of this year 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".

6. 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.
7. 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.
8. Development of the framework for a website as part of a larger Social Marketing Plan
9. Numerous educational events including multiple days of training in various modules of Mental Health First Aid.
10. Development of a Peer Mentor Service for this population
11. Supportive Employment to specialize efforts for this age group.
12. In the coming year we also hope to develop a TA Psych Rehab Program and also to train one of our Outpatient providers in Cognitive Enhancement Therapy which is identified as one method most successful in treating youth and young adults in a First Episode Psychosis.

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