

## Westmoreland County Behavioral Health and Developmental Services Needs Assessment Request Form (Adult; 18 years and older)

<b>Name:</b>		<b>Date of Request:</b>	
<b>Please provide contact information below:</b>			
<b>Email:</b>		<b>Phone:</b>	

The following information will assist in the implementation of the behavioral health needs assessment process including information gathering and planning. To best assist you and ensure that our efforts are focused in the right direction, please provide detailed information about your request.

**STEP ONE: What is the type of request; please provide information under ONE area to which your request applies.**

<p><b>A. <u>Request for program development/new program:</u></b> <i>Please provide specific information about the type behavioral health program you feel is needed in Westmoreland County.</i></p>
<p><b>B. <u>Request for specialized treatment/programming to meet a clinical need:</u></b> <i>(Requests are not to be utilized for individual consumer needs or crisis/emergency situations). Please provide specific information about the diagnostic and/or clinical need(s) that the specialized treatment or programming will meet/address.</i></p>
<p><b>C. <u>Request to expand or make adaptations to an existing behavioral health program:</u></b> <i>Please specify the program and/or service adaptations you wish to see.</i></p>
<p><b>D. <u>Request to have new or expansion of behavioral health program(s) in a specific geographic location(s):</u></b> <i>Please provide specific area/location for program development or expansion:</i></p>

**E. Request to improve or examine a current process within the behavioral health system:**

*Please provide specific information about the behavioral health process or procedure that you wish to improve/amend.*

❖ Please feel free to provide any other supporting information or additional documentation that may assist us to complete our review; examples may include: brochures, program/service description, data/reports, etc.

**STEP TWO:** Please provide as much additional information as possible to the following questions.

1. Why do you feel that your request is a current behavioral health need in our county?

2. Why do you feel that your request is currently a behavioral health need that is unmet in our county?

3. In your own words, what would you like to see as a result of your request and of this process?

**STEP THREE: SUBMIT REQUEST**

Your request can be sent by mail to: Westmoreland County BH/DS

Attn: Sara Stenger ~ 40 North Pennsylvania Ave., First Floor ~ Greensburg, Pa 15601

Fax: 724-830-3571 Attn: Sara Stenger OR Email: [stenges@westmoreland.swsix.com](mailto:stenges@westmoreland.swsix.com)

You will receive written notification upon receipt of your request; thank you for your submission. If you have any questions, please feel free to contact our office at 724-830-3617