

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Allegheny

- 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 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
<u>William McKean</u>	Date: <u>5-18-18</u>
<u>William McKean</u>	Date:
	Date:

PART I: COUNTY PLANNING PROCESS

Engaging critical stakeholder groups

The Allegheny County Department of Human Services' (DHS) leadership team is composed of the director, the executive deputy director for Integrated Program Services, and deputy directors and administrators from the offices within DHS: Children, Youth and Families (CYF), Behavioral Health (BH) (which includes the Single County Authority and Early Intervention), Intellectual Disabilities (ID), Community Relations, Administrative and Information Management Systems (AIMS), Data Analysis, Research and Evaluation (DARE) and the Area Agency on Aging (AAA). This leadership group reviewed consumer feedback, program performance, and reports to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. Information sources also included:

- The guidance and recommendations of DHS Advisory Boards and Councils (AAA Advisory Council, Drug and Alcohol Planning Council, Mental Health/ID Advisory Board, CYF Advisory Board, Children's Cabinet, Foster Parent Advisory Board, County Community Services Advisory Council, Housing Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, LGBTQ Community of Practice, and Systems Improvement Through Youth).
- The results of telephone and in-person surveys and focus group interviews of people who have utilized DHS services, as conducted by DARE's Client Experience Unit, Consumer Response Action Team of Allegheny County (CART) and Independent Monitoring for Quality (IM4Q)¹.
- Current information about community needs and service gaps, collected and shared by DHS, Allegheny Health Choices, Inc. (AHC), Community Care Behavioral Health (CCBH, the county's behavioral health Medicaid managed care organization), the Continuum of Care (CoC), and the Allegheny County Health Department (ACHD).
- Opportunities for partnership identified by community members and providers, as well as city, county, and other staff. Examples of these opportunities include partnerships with CareerLink and other aspects of the workforce system that are managed by Partner4Work, and accessing more of the housing available through the city and county housing authorities.

Using this information, DHS developed its plans for improving the health and well-being of the county's most vulnerable children, youth and adults using all available resources. The DHS director and several other leaders then presented these priorities to the Allegheny County Block Grant Advisory Board for feedback. The Advisory Board is composed of consumers of DHS services, family members, providers, representatives from other DHS Advisory Boards and Councils, and advocates. They provide guidance to DHS about using the Block Grant to integrate services and leverage other resources so that it can best serve the most vulnerable people in Allegheny County. At the Advisory Board's April 11, 2018 meeting (held at 5:30 p.m. at One Smithfield Street, downtown Pittsburgh), the Board provided the following comments and recommendations:

- Continue to invest in programming that helps children whose caregivers have opioid use disorder
- Continue to distribute and provide training around the use of Narcan, an emergency treatment of a known or suspected opioid overdose
- Continue to invest in peer supports as critical resources for people suffering from substance use disorder

DHS then sought the guidance of the public at two public meetings: one at the Father Ryan Arts Center, located in McKees Rocks and one at the DHS Human Service Building in downtown Pittsburgh. DHS invited the public to these meetings through public notices of the hearings DHS posted in the *Pittsburgh Post-Gazette* and the *Pittsburgh Courier*; through announcements on its web page, Facebook page, and LinkedIn page; and through DHS contracted

¹ <http://www.dhs.pa.gov/citizens/intellectualdisabilitiesservices/independentmonitoringforquality/>

agencies' announcements to participating adults, families and youth. At each of these meetings, the director of DHS explained the purpose of the Block Grant, what the Block Grant has allowed the state and counties like Allegheny County to accomplish over the years, how it could be used in the coming year to prevent and address human service needs, and how DHS is planning to address important needs; he then asked the attendees for feedback. Comments (including comments mailed or emailed outside of the public hearing) included:

- Integrate mental health and drug and alcohol programming to comprehensively serve people with co-occurring needs.
- Social rehabilitation programming plays a large part in the recovery process, especially for veterans.
- Continue to fund Turtle Creek Valley MH/MR- several consumers wrote in expressing how much they value the organization and how it helps them meet their mental health needs.

Serving residents in the least restrictive settings

DHS has participated in the County Human Services Block Grant since the year it was initiated because it has allowed Allegheny County to address the needs of vulnerable children, adults and families in integrated ways—serving more people with a full range of support and preventive services that address current issues and prevent them from becoming more complicated and that increase health and well-being within least-restrictive settings. During FY 18-19, Allegheny County will continue to use the flexibility of the Block Grant to integrate services so that, whether someone seeks one service only or needs additional services such as housing, food, treatment, or transportation, they can quickly receive the full range of needed support and assistance. The goal of service integration is to improve the lives of individuals and families and help them remain safely in their homes and with family members.

Key aims in FY 18-19

In response to the community needs identified during FY 17-18, DHS will focus on the following major initiatives in FY 18-19:

1. **Combatting the devastating effects of the opioid epidemic.** The opioid epidemic impacts every area of the human service system, exacerbating mental health issues, driving people to homelessness, jeopardizing the stability of families and safety of children, and threatening employment and income. Most importantly, the opioid epidemic has taken 737 lives in 2017². DHS is working across systems to implement a coordinated response to this epidemic, through a variety of partnerships and initiatives, that will improve and expand access to prevention, treatment and recovery services and help keep adults, children and families healthy and safe. Key to this work is making available lifesaving overdose-reversing drugs and working in communities to make sure that the people who need them have access. All the while, DHS continues to improve our understanding of the crisis by collecting, analyzing and reporting on overdose and service usage data.
2. **Increasing access to safe, affordable housing** for people, especially those with serious mental illness, suffering from substance use disorder and/or experiencing homelessness. Without meeting the basic need of having a place to live, people struggle to attend to things that are less immediately critical, like getting a job, treating a substance use disorder, pursuing personal goals or otherwise improving their quality of life. DHS will continue to work to reduce barriers to housing and address waitlist times.
3. **Investing in prevention** services to mitigate people from entering a higher level of care or experiencing a crisis (i.e. overdose, homelessness).

² <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

Data systems used for client count projections

DHS uses its data warehouse and enterprise financial system to monitor the quality and impact of its programs, manage contracts and spending, and inform its approach to further service integration. DHS continues to develop these databases; it has developed a set of dashboards for mental health services data and a “client view” application that allows service providers to quickly see the other services that clients have accessed and use this information to improve their service planning, coordination and referrals. For many of the programs funded by the Block Grant, this is the source of client count information. There are, however, programs that are not yet fully piloted or part of the new data system. For these programs, DHS must continue to aggregate client counts from provider reports. As all providers convert to the new system, client counts will become more accurate, because the system promotes greater adherence to definitions and eliminates duplication. The unduplicated count of clients served within a program area will therefore change as providers begin using the new system; when client counts change significantly between years, DHS will provide notations to indicate whether the change is due to providers’ use of a new system or reflective of a true change in the quantity of services provided.

PART II: PUBLIC HEARING NOTICE

DHS announced its Human Services Block Grant Public Hearings through two major Pittsburgh-area newspapers in advance of the hearings and through emails to DHS staff, contracted providers, consumers and family members of consumers. The announcement also was posted on the first page of the DHS website and promoted in social media.

The dates, times and locations of the public hearings were as follows:

- April 17, 2018 at 2 p.m., Human Services Building, Downtown Pittsburgh
- April 20, 2018 at 11 a.m., Father Ryan Arts Center, McKees Rocks

27 individuals attended the public hearings, including consumers, family members of consumers, members of advocacy groups, contracted providers, and staff. The director of DHS presented information about the issues identified by Allegheny County; asked the participants to discuss community needs and their ideas for addressing those needs; and facilitated a discussion with participants, collecting their comments and suggestions and using their input to develop the Block Grant plan. Several individuals who could not attend the hearings submitted written testimony.

Please see the attached notice of one of the advertisements in local newspapers and copies of sign-in sheets.

PART III: CROSS-COLLABORATION OF SERVICES

Employment

Key to helping people achieve self-sufficiency, independence and wellness to the maximum extent possible is connecting them to appropriate training and employment opportunities and supporting them so that they maintain employment. DHS, through its network of partners and provider agencies, informs, explains and connects eligible clients with human service needs to a wide range of employment resources and supports. DHS plans services collaboratively across categoricals, systems, funding streams and client populations, leveraging funds to link residents to existing opportunities and/or to generate new opportunities, where appropriate, in the following ways:

- **The Employment and Training Advisory Board (ETAB)**, an affiliate of the Homeless Advisory Board (HAB) for the Allegheny County Continuum of Care (CoC), is a group led by DHS staff that includes provider agencies and community stakeholders. The group’s purpose is to 1) promote housing stability and self-sufficiency by linking homeless services providers and the people they serve to employment and training resources and 2) work across sectors to overcome barriers to employment for those in housing crisis. ETAB’s bi-monthly meetings enable partners to share information and to collaborate on various initiatives. For the past two years, ETAB has organized a day-long forum that brings together homeless service providers and workforce staff from around the county.
- **DHS and Partner4Work**, the workforce development organization that connects funding, expertise and opportunities for employers, job seekers, agencies and policy makers to develop a thriving workforce in the Pittsburgh area, work closely together with the goal of helping people with human service needs gain employment. DHS and Partner4Work focus on coordinating human service and employment services, advocating for workforce development for people with human service needs, and building stronger referral networks and ways to share resources.

The following chart outlines DHS’s workforce initiatives and programming:

Table 1: DHS Workforce Initiatives and Programs

Program	Description	Annual # of Clients Served
Self-Sufficiency	Helps individuals at or below 125% of the Federal Poverty Level (FBL) meet employment goals	165
Team Hope	Provides workforce development, computer training, and help with managing finances for individuals at or below 125% of the FPL	100
Community College of Allegheny County (CCAC) Modern Office System Training (MOST)	Provides up-to-date, quality office technology training to unemployed and underemployed individuals at or below 125% of the FPL, to develop employment skills that will lead to self-sufficiency and career advancement	28

Jail Collaborative	Multiple training and employment services for individuals coming out of the Allegheny County Jail. Participants can attend job training programs that lead directly to jobs in fields that are open to people with criminal records, such as culinary arts, machining and masonry. The Jail Collaborative also supports job placement services at each of the three probation Community Resource Centers. Most recently, the Jail Collaborative has expanded job training opportunities through Training to Work, a Department of Labor-funded project in collaboration with Partner4Work. The Jail Collaborative and Partner4Work collaborated to design a project that would combine the workforce expertise of Partner4Work with the case management experience of the Jail Collaborative. Training to Work participants work with a case manager, an employment specialist, and a mentor, who assist them in completing credentialed job training programs and finding careers.	405
Supported Employment for people with Serious Mental Illness (SMI)	Supported employment services based upon individual choice, integrated with comprehensive mental health treatment and focused on employment as the ultimate goal.	571
Independent Living Employment Supports	Employment supports are offered at the 412 Youth Zone, with the goal of assisting youth in securing and obtaining gainful employment, while supporting them with individualized services, including job readiness training, career assessments, referrals to supports, and training on budgeting and entrepreneurship.	455
Intellectual Disability Waiver Employment Services	Supporting individuals with intellectual disabilities in finding and maintaining work	3,000 waiver eligible individuals

Housing:

DHS recognizes that homelessness is a complex problem and is usually intertwined with other individual and societal issues such as unemployment, lack of affordable housing, substance abuse, serious and persistent mental illness, intimate partner violence and poverty. Homelessness also contributes to severe negative outcomes for individuals, families and children, including hunger, inadequate medical care, social isolation, mental illness and school absenteeism. Most of the individuals who receive DHS services related to homelessness face multiple challenges and/or work with multiple service providers. A 2013 DHS analysis showed that 62% of clients in the homelessness system also had a mental health diagnosis, 47% struggled with substance abuse and 16% experienced domestic violence.

Using federal, state and local funds, DHS contracts with 27 nonprofit service entities operating nearly 96 distinct programs. These programs, along with other government and social services agencies, provide direct service to homeless consumers and comprise a Continuum of Care that includes outreach and prevention services, emergency shelters where people can stay for up to 60 days, transitional housing, and permanent supportive housing.

Beginning in 2014, DHS engaged staff across multiple program offices, as well as service providers, consumers and other community stakeholders, in a strategic planning process around housing and homeless services. The goal was to develop a three-year strategic plan to guide the delivery of services to individuals and families, served in all DHS programs, who are homeless or may be at risk for homelessness. Through the plan, DHS seeks to meet the needs of those experiencing, or at risk of, homelessness, through careful matching of responsive, high-quality services to

individual needs. To promote best quality of life for program participants and make the best use of scarce resources, DHS plans to focus on prevention, effective communication and collaboration facilitated by wise use of high-quality data from 2015-2018.

A project team within DHS oversees the implementation of the strategic plan's three key initiatives and reports progress updates to stakeholder groups. The strategic initiatives are:

- 1.) Coordinate, standardize and evaluate care across all DHS programs and providers serving individuals who are homeless by:
 - a. Developing and implementing standards of care for housing and homeless services, applicable to DHS and all contracted providers
 - b. Developing and implementing an objective screening tool to help in making appropriate referrals to providers within a "housing first" model that supports rapid rehousing; ensuring that all providers who may be the first contact for consumers as they enter the system use the screening tool.
 - c. Improving coordination of homeless services and supports available through DHS, regardless of how someone enters the system.

- 2.) Use creative and collaborative means to increase the number of affordable housing units available to DHS consumers, while supporting development of additional affordable housing units throughout the community by:
 - a. Positioning the region to receive additional resources and to make better use of currently available resources through HUD, PHFA tax credits, Section 811, etc., for affordable housing development
 - b. Planning collaboratively with housing authorities, community development corporations, etc.
 - c. Engaging additional partners as potential landlords
 - d. Securing additional designated Section 8 vouchers for DHS clients
 - e. Providing rent subsidies to individuals ready to move out of more intensive services such as group homes and permanent supportive housing
 - f. Improving the quality and use of affordable housing by pairing effective inspection programs with recruitment and engagement of additional private landlords and making data on available units readily accessible
 - g. Ensuring that consumers who no longer need permanent supported housing services can move into the community with less intensive supports, helping to optimize the use of available services

- 3.) Provide proactive housing assistance to prevent at-risk individuals from becoming homeless by:
 - a. Funding, piloting and evaluating approaches to identify those at risk and provide early assistance before housing becomes a crisis; adopting needed system changes identified from the pilot projects
 - b. Expanding the services designed to meet the housing needs of youth aging out of child welfare services
 - c. Making short-term case managers more widely available, including to those identified at-risk for homelessness
 - d. Identifying and addressing policies that may inadvertently promote homelessness, and increasing consumer and landlord awareness of relevant policies.
 - e. Engaging the broader community in identifying individuals at-risk for homelessness and referring them to needed services
 - f. Increasing programming that will help individuals to maintain safe, affordable housing

Key progress on the plan and strategic initiatives to date include:

- **Utilizing the Allegheny County Link** to connect people in need to available resources to maintain their independence and quality of life, including people who are homeless. Link services include information and referrals, homeless services coordination, eligibility screening, options counseling, applicational assistance and case management.
- **Section 811 Housing Initiative in Allegheny County** began taking referrals in 2016, with DHS serving as the Local Lead Agency. The program provides Project based and Tenant based Section 8 housing for people 18-61 with disabilities, have income at or below 30% of Area Median Income (AMI), and who are enrolled in Medicaid or who are eligible for Medicaid (but who are not yet enrolled). The program further prioritizes households for available housing options based on being institutionalized but able to live in community based permanent supportive housing, at-risk of institutionalization, or living in congregate care setting but ability to living in the community.
- **Streamlining access to housing resources through the Housing Portal-** in FY 16-17, DHS began building a housing portal, where providers can log on, fill out basic information about a client and see what types of housing their client is eligible for, including mental health residential, drug & alcohol recovery, deep rent subsidy, 811 and veterans.
- **Establishing the Housing Connector-** a collaboration of ACTION-Housing, Inc. and DHS, which was developed to make finding housing easier and more direct for individuals with varying disabilities. The Housing Connector helps people navigate the housing system, thereby enabling people with disabilities to make better connections to independent housing choices. In addition, the Housing Connector maps options for individuals, working with housing management companies and developers to identify appropriate housing solutions for people with disabilities, and, when units are not yet available, provides them with an estimated timeline, thus reducing uncertainty and the burden of the housing search process.
- **Housing Navigator Service**—in 2018, DHS is seeking to hire Housing Navigators, who will identify affordable housing and work with landlords to secure these units for low-income, service-involved clients, and will assist case managers and service coordinators working with DHS clients in need of affordable housing. As the “go-to” source of information and technical assistance for connecting low-income, service-involved clients to affordable housing units, the Navigators will build a network of landlords, educate and train case managers on how to help their clients find and secure housing, and provide targeted assistance for linking clients and housing. In addition to serving different target populations, the Housing Navigator is distinct from the Housing Connector (described above), in that the Navigator is a liaison between landlords and case managers, as well as a system resource for training.
- **Landlord Risk Mitigation Fund** was established in 2017 to facilitate the ongoing engagement and support of our network of landlords. The Fund provides a financial safety net incentive for landlords who agree to rent to DHS involved clients, by covering the costs of things like rental unit damage or lost rent.
- **The Deep Rental Subsidy Program** provides resources to support housing in the community for people living with a disability who are ready to transition out of group homes, CRR facilities, and other more intensive levels of service through DHS. In addition to rental assistance for community-based living, clients receive service supports to help ensure successful transitions.

MENTAL HEALTH SERVICES

Program Highlights:

The Block Grant has been crucial in allowing DHS to implement a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance—a system that is integrated with other services and supports that consumers need for their health and well-being. During FY 17-18, DHS continued to integrate these services by:

- **Implementing the Naloxone Initiative-** a train the trainer course on recognizing the signs of overdose and administering Naloxone for Community Treatment Teams (CTT), Blended Service Coordination providers, and Long Term Structured Residential (LTSR) programs. Participating organizations identify a minimum of two staff members to become trainers. If organizations utilize their trainers to train the rest of their staff, develop and implement policies, procedures and guidelines around Narcan use and distribution, and develop and implement an ongoing training and data collection plan, they receive bonus funds.
- **Training therapists in Trauma Informed Care.** Therapists working in Behavioral Health Rehabilitation Services (BHRS), Family-Based, Family Focused Solution Based, Outpatient, School-based Partial Hospitalization Program (PHP), and Residential Treatment Facility (RTF) services received training. In addition, therapists received clinical supervision/consultation from a local trauma expert.
- **Developing a pay for performance initiative for blended service coordination providers,** in collaboration with Allegheny HealthChoices Inc. (AHC) and Community Care Behavioral Health (CCBH), with the goal of improving access to services and improving the recruitment and retention of staff. Participating providers gain access to a shared learning collaborative and attend monthly meetings with one another during which they share innovative ideas and lessons learned. They use Continuous Quality Improvement (CQI) and Plan, Do, Study, Act (PDSA) processes to identify interventions and complete quality improvement projects, and they track their progress monthly using PDSA workbooks. If participating providers identify an intervention, report on implementation, and continually measure the impact of the intervention, they received bonus funds.
- **Collaborating across systems to identify and engage with youth** with behavioral health needs and learn from them about how we can better serve and support them. We will continue to learn more from youth and implement new initiatives targeted at best meeting their unique needs in the coming year.
- **Qualifying providers to deliver Student Assistance Program (SAP)** services to all high and middle schools as well as 70 elementary schools in Allegheny County through a competitive procurement process. Once qualified, providers must meet established standards of competency. School Districts interviewed and selected qualified providers to serve as their SAP provider in FY 17-18. Through this process, 43 school districts and 181 schools selected 11 providers. The Request for Qualifications (RFQ) remains open and providers can continue to apply to become qualified in FY 18-19.
- **Reducing mental health stigma in schools** by training, inspiring and equipping middle- and high-school youth to act against stigma toward youth with mental and/or substance use disorders through the Stand Together program, designed to reduce negative attitudes, beliefs and social distance between youth with these disorders and their peers. Stand Together is based upon a service learning model in which students are educated about an issue and then act to address the issue. Approximately 375 youth across 16 middle and high schools in Allegheny County participated in the program in school year 17-18. Of the 16 schools, 12 schools completed projects to present. On April 30, 2017, the National Association of Counties granted Allegheny County a 2017 Achievement Award for Stand Together due to its exceptional results and unique innovations.
- **Reducing barriers to housing for individuals and families with behavioral health needs who are homeless,** by providing access to behavioral health treatment and other supports through the Healthy Housing

Outreach (H2O) Program, funded by a SAMHSA grant. H2O is a collaborative effort between four providers, with DHS as the lead, that coordinate to provide outreach, engagement, screening, treatment and supports to individuals and families experiencing homelessness in locations where they live and are comfortable. The H2O Program became fully operational on January 31, 2017 and as of March 31, 2018, 166 clients have been enrolled.

- **Advancing the Community of Practice** among behavioral health providers serving children and families. The Community of Practice is a set of 26 providers, from behavioral health, early intervention, peer support and advocacy organizations, and other support services who have made it a priority to serve CYF-involved children, adolescents and their caregivers and biological, adoptive and foster families. These providers and DHS work together to solve problems and improve the service delivery system for this target population. During FY 17-18 the Community of Practice, with the support of a SAMHSA grant, developed a comprehensive implementation plan, including a logic model, to assess and develop a cross system business practice model. The business model will continue to move the work forward yielding future outcome data which will inform the Community of Practice in a concrete meaningful way.
- **Building the expertise of Area Agency on Aging (AAA) workers** (in-home care managers and other staff) in recognizing behavioral health issues in seniors and their family members, by placing a Behavioral Health Specialist within AAA offices. This specialist is a resource to the AAA social workers in other ways as well, providing training and assisting in problem solving. She has helped staff understand depression and other behavioral health issues, intervene at an early point, and strategize how to overcome seniors' resistance to services.
- **Planning a low-barrier shelter.** Providing a temporary low-barrier shelter during the winter months has proven to be an effective strategy for bringing inside a hard to engage, socially isolated, street homeless population. This population often has serious, chronic mental health and substance use problems and experience in the criminal justice system; they are often distrustful of institutions and hesitant to leave the streets or use traditional shelter beds. Creating a year-round, 24-hour, welcoming and safe facility (or facilities – male and female) to expand the winter shelter would be an important addition to the homeless system. A Low-Barrier Shelter would provide a space where experienced homeless outreach staff can build trusting relationships with chronically homeless people - assisting them with access to behavioral health and other support systems that will lead to safe housing arrangements. In 17-18, DHS identified a provider through a competitive procurement process and created a Planning Advisory Board to assist in planning and implementation of the shelter, slated to open in FY 18-19. The Advisory Board is focusing on identifying a location for the shelter, designing programming and service delivery, determining staffing and security, fundraising and determining data needs.
- **Improving the efficiency of the housing referral system for individuals with mental illness** by implementing an automated system in December 2017. The electronic process has enhanced communication between referral sources, residential providers, and DHS staff; has allowed for accurate matching of individuals' needs to the appropriate level of care; decreased the time from referral to admission by efficiently moving individuals through the system based on needs; increased reporting capability and data tracking; and allowed for real time management of the resources. In addition, DHS developed a dashboard to capture real time data in the following areas: delays in the overall process, vacant beds, capacity reports and length of stay. Both the electronic referral process and dashboard allow DHS staff to view updated individual information and informs the vacancy team, a group of DHS staff and outside stakeholders who review referrals and make decisions on placement. In addition, the new system can capture trends and help us identify service gaps and needs.
- **Expanding the capacity of family members and school teachers to support children and youth with mental illness** by adding a community and school-based behavioral health team to the Penn Hills School district in August 2017. Behavioral health teams are already in place at Woodland Hills, Sto Rox, Clairton, McKeesport, Penn Hills, Pittsburgh Public, and Westinghouse schools.

- **Increasing services for individuals coming out of state hospitals and the Torrance forensic system.** In FY 16-17, DHS selected two providers, through a competitive procurement process, to develop Long Term Structured Residences (LTSRs) to serve this target population. In January 2018, the RISE LTSR, provided by Merakey, accepted its first resident and, as of April 2018, the LTSR is at capacity with 8 residents. The second, 12-bed forensic LTSR is scheduled to open in Fall 2018. The additional housing options for individuals with a forensic history, including sex offenses, will create capacity for competency evaluations at Torrance State hospital.
- **Improving Supported Employment (SE) for adults with a serious mental illness.** In March 2018, DHS issued a RFP to provide SE services to adults with serious mental illness, in accordance with the federal Substance Abuse and Mental Health Services Administration (SAMHSA)’s evidence-based practices. SE helps adults with a serious mental illness find jobs that pay competitive wages in integrated settings in the community (i.e., with other people who do not necessarily have disabilities) and provides them with supports necessary to ensure their success in the workplace. The RFP closed in April 2018 and proposals are currently under review.

These initiatives are part of Allegheny County’s fuller integration of mental health, D&A, housing, employment and physical health services and DHS’ connections with other systems, including juvenile and criminal justice. They also reflect the success of its shift to using evidence-based services and supports that allow people to recover and live within the least restrictive settings.

CCBH, the county’s behavioral health managed care organization, has been a critical partner with DHS in designing these changes; DHS and CCBH work together to coordinate the system and ensure that it is driven by results and oriented toward recovery. AHCI also has played a critical role in promoting enhanced service quality and making Mental Health First Aid accessible to many populations.

Services available to priority populations: children, transition age youth, adults, older adults.

The four priority populations have access to a continuum of evidence-based mental health services made possible through the Block Grant, reinvestment funds, HealthChoices, foundation grants and county tax dollars. These services are outlined in Table 2, with a discussion of the strengths and needs of each priority population following the table.

Table 2: Mental Health Services available to the four priority populations

MH Service	Description	Priority populations	Funding sources
Early Intervention	Promotion of the social, emotional, developmental and physical wellness of children	Birth-3	Early Intervention
Emergency Crisis intervention	Resolving critical or dangerous problems	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

Treatment	<p>Alleviates symptoms and distress. Treatment includes the following and other services:</p> <ul style="list-style-type: none"> • Outpatient • Partial Hospitalization • Psychiatric Inpatient Hospitalization • Mobile Therapy • Assertive Community Treatment/Community Treatment Teams • Mobile Medications • Extended acute 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Rehabilitation	<ul style="list-style-type: none"> • BHRS for Children & Adolescents • Vocational, social and psychiatric rehabilitation for people in recovery, including: <ul style="list-style-type: none"> • Facility-Based Vocational Rehabilitation • Community Employment/Employment-Related Services • Psychiatric Rehabilitation 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Residential and Housing Support services	<p>These services help to ensure that individuals with mental health and/or substance use disorders can live in the least restrictive setting possible, and help to prevent their homelessness, hospitalization, incarceration, or psychiatric emergencies.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation (CRR) • MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing • Domiciliary Care • Permanent Supportive Housing (PSH) • Housing support services <p>Clinically-intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> • Residential Treatment Facilities for Children and Adolescents • Residential Treatment Facilities for Adults (RTFA) • Long-term Structured Residences (LTSR) 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

	<ul style="list-style-type: none"> Community-Based Extended Acute Care 		
Peer support & consumer-driven services	<p>The county supports peer mentors, warm line services, drop-in services and Certified Peer Specialists to improve recovery outcomes and community integration for people with mental health and co-occurring disorders.</p> <p>Common Ground is a software program designed by Pat Deegan to support shared decision making in the context of a psychiatric medication clinic. Its use is predicated on the establishment of peer-run Decision Support Centers (DSC) in the waiting area of mental health clinics. Allegheny County has a DSC with one provider.</p> <p>Through the Peer Support and Advocacy Network, Allegheny Family Network and Allegheny County Coalition for Recovery, Allegheny County residents experiencing mental illness personally or through family members can access a consumer- and family-operated system of support, socialization, education and advocacy.</p>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Service coordination	Service coordinators work with consumers so that they gain access to the services needed to achieve their plans. These services may include treatment, medical, social and other services. To increase access to services and supports that are important to least restrictive living and recovery, service coordinators advocate for and help adults, youth and families arrange for services.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Medication	The Behavioral Health Pharmacy Benefit Program is a payer-of-last-resort option for people who need BH medication. It provides limited psychiatric medications at no cost to eligible ³ individuals.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant
Training	DHS and its partner organizations provide extensive training for providers, consumers and community members. Training includes:	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

³ To be eligible, individuals must reside in Allegheny County, lack the income to pay for psychiatric medications, and not have prescription coverage through Medical Assistance or third party prescription coverage (e.g., Blue Cross/Blue Shield, PACE, or other private insurance).

	<ul style="list-style-type: none"> • Mental Health First Aid (MHFA), and Youth Mental Health First Aid (YMHA), which educates community members and non-professionals about the risk factors and warning signs of mental illness so that they can understand how to engage youth and adults in available supports and are aware of the impact of their actions on people with mental illness. • LGBTQI training (see special populations, below) • CIT for Police and Allegheny County Jail correctional officers • Hearing Distressing Voices Training is a three hour training that consists of participants experiencing hearing distressing voices in a group setting. The activity is followed by a debriefing session. The training program is structured and managed by a team of trained professionals. 		
Enrichment	Engages consumers in fulfilling and satisfying activities	Children, Transition-Age Youth, Adults, Older Adults	County

Strengths and Needs:

Older Adults (ages 60 and above)

Strengths:

- A network of highly-regarded Area Agency on Aging (AAA) services that serve many different communities
- AAA services are available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members
- DHS has improved the degree of integration of its aging and BH (Behavioral Health) services by hiring a Behavioral Health Specialist that is embedded in the AAA.

Needs:

- Affordable housing
- Earlier identification of mental health needs
- More access to treatment services that will travel to the seniors
- Better coordination between and more comprehensive care of the physical needs of people with mental illness. According to the World Health Organization, people with severe mental health issues, on average, tend to die 10-25 years earlier than the general population. The majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension.⁴

⁴ http://www.who.int/mental_health/management/info_sheet.pdf

In addition to the array of mental health services shown in Table 2, DHS will address the need for treatment and housing services for the geriatric population by:

- Rightsizing and enhancing its Geriatric LTSR Domiciliary Care Services, Mental Health Personal Care Home for seniors and In-Home Geriatric Program.
- Coordinating care with the 3 Community Health Choices (CHCs) providers that were implemented in Allegheny County in January 2018.
- Conducting case reviews with program offices (AAA and the Office of Behavioral Health) in complex cases.
- Continuing to embed a behavioral health specialist within AAA to train Options Program in-home workers to identify and serve the behavioral health needs of seniors. This Geriatric Behavioral Health Specialist, hired through the Block Grant to further integrate behavioral health and aging services, has developed a referral process, provided training to Care Coordination Transition Program coaches at AAA, implemented a tracking tool to monitor referrals, and increased her knowledge of AAA's work through her field visits and staff interaction.

Adults (ages 18 and above)

Strengths:

- Array of services that meet the needs of many specific populations
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN))
- An effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with behavioral health issues as well as their family members and friends, behavioral health professionals, and local government officials).
- Providers, peers, consumers and family members who are recovery-oriented
- Specialized forensic services for individuals transferring out of the State hospital system back into the community.
- A Certified Community Behavioral Health Clinic (CCBHC) in Allegheny County
- A robust crisis continuum of care which includes crisis residential services

Needs:

- Safe and appropriate housing for people with serious mental illness (the current waiting list for housing is 300 people, with the largest number of people waiting for a CRR apartment and 24/7 Supportive Housing)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, individuals with serious mental illness, people with co-occurring disorders, and people with sex offending behaviors who are not on the Megan's Law Registry
- Opportunities for employment and connection to natural supports and other important aspects of life
- Treatment programs for people with co-occurring mental health and substance use needs
- Turnover in the workforce, particularly in community based services and residential programs
- Training for frontline workers who do not get the opportunities they need to develop their skills and understanding and yet who most often interact with consumers
- Greater availability of psychiatrists

In addition to the array of mental health services shown in Table 2, DHS will address several needs for the adult population by:

- Expanding its capacity to provide safe, affordable and appropriate housing for people with serious and persistent mental illness or co-occurring disorders. In January 2018, DHS launched a new IT system that has improved the efficiency and effectiveness of the housing referral system for individuals with mental illness.
- A review is underway of sequential intercepts, as part of the national Stepping Up initiative. The review by an independent contractor selected by an RFP process will provide recommendations.
- Continuing its Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability.
- Strengthening Supported Employment (SE) (a SAMHSA evidence-based program), which has demonstrated that, with the right supports, people with mental illness can work successfully and be engaged in the community. In FY 18-19, DHS will select providers for SE services who will deliver vocational rehabilitation for adults with a serious mental illness (henceforth referred to as clients). The Successful Provider(s) will employ Employment Specialists and SE Supervisors who will help clients obtain competitive work in integrated settings and provide clients with supports to help them succeed in the workplace. Competitive jobs are part-time or full-time jobs that exist in the open labor market and pay at least minimum wage. They are jobs that anyone could have regardless of their disability status. The wage should not be less than the wage (and level of benefits) paid for the same work performed by people who do not have a mental illness.

Transition-age Youth (ages 16-25)

Strengths:

- Collaboration with youth-serving systems to provide coordinated efforts and continuity of care for transition age youth
- First Episode of Psychosis (FEP) education and support for youth and families.
- Motivation to strive for independence, including planning one's individual path to employment and self-sufficiency
- Peer and family support (for some of the youth)
- Youth and Family Support Partners

Needs:

- Knowledge of available services
- Identification and Implementation of Evidence Based Practices for this age group
- Age-appropriate housing and treatment
- Supported job skills training and independent living skills training
- Prevention, intervention and treatment services given higher risk of suicide

DHS will build upon these strengths and address these needs through the continuum of BH services shown in Table 2 as well as through a set of programs specifically designed to support the youth in making healthy, safe transitions to independence and health:

- DHS will improve the experience of youth receiving behavioral health services by:
 - Conducting a needs assessment that engages key stakeholders including DHS cross system programs, including Independent Living, Office of Children, Youth and Families (CYF), and Office of Intellectual Disability (OID).
 - Identifying gaps and opportunities in the current service system.
 - Creating a roadmap for improving access to services and expanding capacity to serve this group and implement the roadmap in FY 18-19.
- Continue to fund supported housing for transition-age youth who have a mental illness.

- LIFE (Living in Family Environments) Project. The LIFE Project team provides service coordination for people of any age, but is geared toward children and adolescents who require intensive behavioral health treatment. The LIFE team plans, implements and coordinates all services that meet child/family needs in the least restrictive setting possible.
- Assertive Community Treatment (ACT). The ACT team for transition-age youth includes a psychiatrist, nurse, therapist, case manager and vocational specialist, who jointly serve youth (ages 14 through 24) at high risk for hospitalization, incarceration, psychiatric emergency, or homelessness.
- Transition-Age Supported Housing and Mobile Transition-Age Youth Team. The Mobile Transition Aged Treatment Team is a four-member team which encompasses a therapist, service coordinator, psychiatric rehabilitation specialist and certified peer support. Services are geared toward young adults ages 18-24 with severe emotional disturbance who are transitioning out of the child welfare and juvenile justice systems. In FY 18-19, DHS will add an additional four-member Mobile Transition-Age Team.
- Community Residential Rehabilitation (CRR)/Host Home. Allegheny County DHS contracts for eight beds at CRR/Host Homes for youth with mental illness who can no longer live at home. The program provides the young people with therapeutic services in a residential, host-home setting.

Children (under 18)

Strengths:

- Participating in a Demonstration Project to address adolescents in crisis with the goal of reducing emergency room visits and providing service linkage in the community
- CYF Behavioral Specialist embedded in CYF regional offices for consultative support to CYF staff members.
- Integrated services for children with complex and multi-system needs
- Community and School-based Behavioral Health Teams, intensive and comprehensive mental health services targeted to schools with highest need, have expanded to more districts in the county.
- Qualified 12 SAP Providers through a competitive procurement process to provide school-based SAP services.

Needs:

- Workforce development in community based and residential programs
- Earlier identification of behavioral health conditions in children (prevention)
- Improved and expanded D&A services for children and youth
- Workforce development to provide services in infant and early childhood mental health

DHS will address children's behavioral health needs and build upon strengths through the services listed in Table 2 and through these initiatives:

- Opening a girls' RTF facility that will specialize in trauma services.
- Emphasis on infant and early childhood mental health through greater collaboration with Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Project LAUNCH promotes the wellness of young children, ages birth through eight, by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed by improving coordination across child-serving systems, building infrastructure, and increasing access to high-quality prevention and wellness promotion services for children and their families.
- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range from 1:1 to 4:1, depending upon each child's needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support. The

homes are staffed by highly-skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with clinical expertise in intellectual disabilities, developmental disabilities and child psychopathology.

- Shuman Center Project, which provides case management to children and adolescents with mental health issues who are being detained at Shuman Detention Center. Case management staff ensure that children and youth receive mental health treatment upon their release from detention, make direct linkages to their probation officer, and advocate for the services and assistance they need.
- Juvenile Justice Related Services Program (JJRS), which provides service coordination to youth involved in the juvenile justice system and their families. JJRS staff are vital links between the behavioral health and justice systems, ensuring that planning and services are coordinated, client-driven, family focused and least-restrictive.
- Child and Adolescent Service System Program (CASSP), which is the comprehensive system of care for children and adolescents who have or are at risk of developing serious emotional disturbances and/or substance use disorders, and their families.

The following services, funded through HealthChoices, will continue to be reimbursed by Block Grant funding for children who are not eligible for MA or other affordable health insurance:

- Partial Hospitalization Program (PHP). PHP is a non-residential, intensive mental health treatment program in a freestanding or special school-based program for 3-6 hours per day. The program is structured treatment and support services including group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As a child's mental health improves, the goal is for him/her to return to school and to more stable functioning within the family.
- Family-Based Mental Health Services. These comprehensive services are designed to assist families with caring for their children and adolescents at home. Services (available 24 hours a day, seven days a week) are provided by a team of mental health professionals in the family's home. They may include treatment for the child and other family members, case management, and family support services.
- Behavioral Health Rehabilitation Services (BHRS). These in-home services provide focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, BHRS aims to develop stability, improve the child's functioning in the family, at school and in the community, and help the child's mental health improve. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide BHRS.
- Family-Focused Solution-Based (FFSB) Treatment. FFSB services for children/adolescents aim to meet the treatment needs of children and adolescents with serious emotional disturbance and families involved with the child welfare and/or juvenile justice systems. This group of children/adolescents experiences child abuse and neglect or juvenile justice involvement, often as a result of untreated behavioral health conditions, many of which were associated with the abuse/neglect, combined with complex family systems issues. FFSB is delivered by a team of mental health professionals and BH workers, in the home, combining structural family therapy, cognitive behavioral therapy and conflict resolution approaches with families impacted by mental illness and/or co-occurring substance use disorders to help them address the challenges that resulted in CYF/JPO involvement.

DHS also continues to address the health, safety and mental health needs of children and adolescents in Allegheny County through the Title IV-E Waiver, which allows funds to be used for services that prevent placement and reduce the chances of children re-entering care.

Individuals transitioning out of state hospitals

Strengths:

- Specialized LTSR for individuals with a history of forensic involvement, including sex offenses.
- Peer Support Staff engagement with individuals in the state hospital system
- Community support planning process for individuals in state hospitals
- Full continuum of care for individuals needing residential supports

Needs:

- Increase in community-based alternatives to institutionalization

DHS will build on the strengths and address the needs of individuals transitioning out of state hospitals by continuing to support community-based alternatives for individuals discharged from state hospitals, services for people who previously would have been served in state mental health facilities or community inpatient facilities, and services for those who are being diverted from those levels of care. Community Hospital Integration Projects Program (CHIPP)-supported services include LTSRs, small specialized group homes, comprehensive MH personal care homes, crisis services, community-based Extended Acute Care (EAC), Community Treatment Team (CTT), employment services, service coordination, Residential Treatment Facility for Adults (RTFA), consumer-driven services, peer support, and transitional and community integration services. In FY 18-19, DHS will open an additional 12 bed LTSR with a focus on serving people who are exiting state hospitals and who may have sexually offending behaviors. DHS continues to pursue CHIPP opportunities for developing additional resources to support individuals discharged from state hospitals or who would have previously been served in a state hospital, including individuals in the Torrance Regional Forensic Center.

Co-occurring Mental Health/Substance Use Disorder

Strengths:

- Strong array of justice related services, built through consistent collaboration among DHS, courts and jail
- Peer support network
- Availability of the evidence-based Integrated Dual Disorder Treatment Team (IDDT) by one provider

Needs:

- Integrated, coordinated care for physical and behavioral health needs
- Housing for individuals with co-occurring disorders, including supportive housing
- A strong network of providers offering quality integrated dual disorder treatment

DHS will build on these strengths and address the needs of Allegheny County residents who have co-occurring disorders by continuing:

- An Assertive Community Treatment team that includes a D&A Specialist.

In addition, DHS, Community Care Behavioral Health and AHCI, in collaboration with Case Western Reserve University, are surveying and interviewing providers interested in delivering integrated dual disorder treatment. Case Western will provide, to a subset of the providers, technical assistance in developing these services.

Justice-involved individuals

Strengths:

- Mental health and substance use disorder services in the jail
- Competency to Stand Trial evaluations completed while in the Allegheny County Jail (by Pretrial Services Behavioral Assessment Unit)

- Benefits Counselor available at the jail to assist individuals who are being released with enrollment in Medicaid, SSI or SSDI or through the Marketplace. This initiative has made hundreds of people with BH issues eligible for insurance; a large subset have been able to access MA-funded treatment.
- Peer support for individuals who have been involved in the criminal justice system
- Increased resources allocated to identify persons for diversion services
- Robust reentry program for persons sentenced and returning to Allegheny County
- Hired an Assistant Deputy for Forensics

Needs:

- Housing, particularly for individuals with mental and co-occurring substance use disorders
- Integrated MH and substance use disorder services, both in the jail and in the community
- Greater availability of peer support
- Stronger connections to training and employment opportunities

Allegheny County DHS will address these needs and build upon the strengths of justice-involved individuals through:

- Justice Related Services, which provide specialized service coordination and advocacy for individuals involved in the criminal justice system who have serious mental illness or co-occurring mental and substance use disorders. JRS serves individuals through:
 - Mental Health Court, Drug Court, DUI Court and Veterans Court
 - A Diversion and Supports program that spans pre-arraignment through sentencing
 - An IMPACT program that provides BH evaluations or schedules evaluations of parents and guardians who come before dependency judges, providing the adults with support in reaching their treatment goals
 - Justice Related State Support services for people who have served their maximum state sentence at a State Correctional Institution or who will be paroled and have an approved home plan
- Diversion services, including diversion to the Central Recovery Center by CIT-trained officers.
- An outpatient-level treatment program based in the Allegheny County Jail, begun through a federal Justice Reinvestment grant and sustained by DHS.
- Working to implement a jail-based competency restoration program
- Expanding Medication Assisted Treatment services to incarcerated persons

In FY 17-18, the Block Grant funded an additional Benefits Counselor in the Allegheny County Jail to increase the number of individuals enrolled in Medicaid and SSI or SSDI and in treatment after release. The Block Grant Advisory Board recommended this hire, due to the success of the initiative.

DHS will also continue to be involved in the Allegheny County Jail Collaborative, a 17-year initiative of the county and courts that aims to reduce recidivism and improve the employment, health and housing outcomes of people in/leaving the jail. The Collaborative leadership is composed of the Director of DHS, the Warden of the Allegheny County Jail, the Director of the Allegheny County Health Department, the President and Administrative Judges of the Allegheny County Court of Common Pleas, and the chief of staff of the County Executive. The other members of the Collaborative include probation and pre-trial services, service providers, faith-based community organizations, formerly incarcerated individuals, families, and the community at large. The members work with DHS and other local government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

Veterans

Strengths:

- In-jail PTSD self-assessments, using a validated tool
- Availability of Seeking Safety, a treatment for PTSD and substance abuse, in the community
- Availability of peer support at the VA and with Veterans Leadership Program
- Veterans Court

Needs:

- Evidence-based treatment for PTSD and major depression
- Continued expansion of trauma-informed care
- Expansion of peer support services
- Services and supports for veterans with traumatic brain injury

DHS will continue to address the needs of veterans with mental health issues and build upon their strengths by:

- Providing Seeking Safety trauma treatment for veterans with PTSD
- Supporting veterans involved with Veterans Court who are not eligible for VA services. This includes collaboration with the Veterans Justice Outreach specialist of the VA, who determines Veteran status and VA eligibility. Local agencies offer VA-ineligible veterans trauma-specific services by staff trained in the Seeking Safety (trauma-specific) treatment model.

As part of Veteran's Court, by presenting a JRS treatment plan at the appropriate level of the criminal justice system – and if the court agrees – the veteran is given either bond or probation conditions to comply with treatment in lieu of incarceration.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers

Strengths:

- Availability of specialized mental health services in the community
- Sexual Orientation, Gender Identity and Expression (SOGIE) Related Education and Training
- DHS LGBTQA Champions Group (DHS and provider agency representatives)

Needs:

- Family counseling and support
- Self-harm and suicide prevention
- Culturally-accessible and competent mental health services
- Welcoming and affirming housing and placement options for LGBTQI individuals

DHS continues to work towards building its capacity to support staff and providers in their work with individuals who identify as LGBTQI through:

- Standards of Practice. DHS has developed and implemented SOGIE-related Standards of Practice for serving individuals and families, and these are available to DHS staff and the provider network. Standards of Practice are fundamental guidelines that help to ensure that staff are using best practices and honoring regulatory requirements in their work with the individuals they serve and with their colleagues.
- Education and Training. One way DHS addresses the needs of LGBTQI individuals with mental health issues and builds upon their strengths is by promoting staff's cultural responsiveness through education and training. DHS provides ongoing opportunities for training, education and case consultation related to sexual orientation,

gender identity and expression. DHS's full-time SOGIE project manager also provides case consultations to DHS staff, program providers and community members.

- Community of Practice. DHS will continue to address systemic barriers that impact its ability to competently serve LGBTQI individuals with mental health issues through the DHS LGBTQ Community of Practice. These meetings provide a public forum to discuss issues of concern for LGBTQI individuals across DHS-serving systems. Each Community of Practice meeting has a dedicated topic and includes an educational presentation, resource sharing and opportunities for small group discussion on specific issues. Meetings are held quarterly, and are open to all interested individuals and community stakeholders.

Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)

Strengths:

- Availability of neighborhood-based psychosocial support groups for immigrants, conducted in native languages
- Engagement through the DHS Immigrants and Internationals Advisory Council
- Improved coordination of services through the Immigrant Services and Connections program
- Emerging mental health services that are culturally and linguistically appropriate

Needs:

- Native language support groups
- Culturally-accessible and competent mental health services
- Supportive housing and life skills services

DHS will address the needs of Racial/Ethnic/Linguistic Minorities and build upon their strengths through:

- Immigrant Services and Connections (ISAC), which provides culturally- and linguistically-appropriate service coordination to Allegheny County's immigrants and refugees. ISAC aims to address the gaps in existing service provision to immigrants and refugees and promote their self-sufficiency and community empowerment by employing culturally-competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains. The program also strengthens interagency collaboration, enhances capacity across the human services network, and educates the provider community.
- Neighborhood-Based Psychosocial Groups for Immigrants and Refugees. These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces behavioral health concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence. The formal, traditional service system may not address these issues effectively; and refugees and immigrants face obstacles to accessing existing services. The project trains and mentors immigrant community facilitators who lead support groups in the members' languages.
- DHS's Immigrants and Internationals Advisory Council. The Advisory Council is a key source of information about the human services needs of immigrant and international county residents. It includes members of the immigrant and international communities, consumers of DHS services, and representatives of service provider agencies that work with the immigrant and international communities.

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

Yes No

The DHS Immigrants & Internationals Initiative provides DHS staff and staff of partner agencies with basic training and technical assistance in the areas of cultural competency, language access and working with immigrant-origin clients. Staff of the DHS-funded program Immigrant Services & Connections (ISAC) is also prepared to provide training in the same areas, as well as more advanced topics, to providers throughout the human services network.

Does the county currently have any suicide prevention initiatives?

Yes No

DHS, in collaboration with AHCI, supports Mental Health First Aid (MHFA) training for providers and other stakeholders throughout Allegheny County. In 2017, 1,852 individuals in Allegheny County received MHFA training. In the MHFA course, participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. MHFA stresses that, when helping a person going through a mental health crisis, it is important to look for signs of suicidal thoughts and behaviors, non-suicidal self-injury, or other harm. Participants learn about the warning signs associated with suicide. Several initiatives have sought to expand MHFA training to people in targeted areas of the county and to specific target populations such as youth service providers, law enforcement officers, members of religious organizations and veterans and their loved ones. In addition to MHFA training, DHS collaborates with law enforcement to train officers in Crisis Intervention Team curriculum, which includes a module specifically on suicide awareness and prevention. Further, a 90-minute presentation on Suicide Awareness and Prevention was developed and taught to Justice Related Services staff and participants at an Allegheny County Health Department Medical Reserve Corps-sponsored training.

Supportive Housing:

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
TSI PSH	Reinvestment	\$24	\$400,000		5	5	30		2009
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
TSI PSH	Reinvestment	\$251,352	\$268,946	67	70	592	454	14	2006
TSI TAY PSH	Reinvestment	\$32,397	\$34,665	10	10	74	467	1	2015
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
TSI PSH	Reinvestment	\$242,978	\$259,986	82	80	34	41	524.14	2006
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
TSI PSH Clearing House	Reinvestment	\$50,748	\$54,301	106	100			0.75	2006
TSI TAY PSH Clearing House	Reinvestment	\$16,916	\$18,100	12	10			0.25	2015
Notes:									

5. Housing Support Services for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Chartiers	State	\$68,320	\$65,348	12	10			1	1968
CHS	State	\$966,974	\$1,292,043	68	72			6	1998
L2 Community Support	State	\$109,249	\$109,249	11	11				
Family Services	State	\$431,818	\$410,902	114	110				
Jewish Residential Services	State	\$224,817	\$226,674	22	23				
Milestone	State	\$104,716	\$108,083	20	22			2	2003
Mercy	State	\$3,929,360	\$3,895,968	122	120			19	2003,2007
Residential Care Services	State	\$1,072,480	\$1,072,480	115	115			9	1992
TSI	Reinvestment	\$1,192,924	\$1,285,013	128	125			8	1991
TSI PSH	Reinvestment	519,148	555,488	187	190			9	2006
TSI TAY PSH	Reinvestment	206,533.58	220,712	30	30			3.25	2015
Turtle Creek Valley	State	\$793,258	\$643,998	51	47				
WPIC	State	\$2,021,215	\$2,021,215	177	177				
Fayette Resources	State	\$1,990,523	\$2,344,828	12	20			41	2007
RHD	State	\$989,197	\$1,091,247	9	12			17	
Invisions	State	\$271,065	\$271,065	1	1				
Passavant	State	\$480,813	\$480,813	11	11			12	
Family Links	State	\$1,500,930	\$1,533,342	6	7			9	
Jewish Children and Family Services	State	\$72,335	\$0	430	0			.7	2014
Mon Yough	State	\$180,515	\$182,661	144	145			3	2013
Bethlehem Haven	State	\$348,172	\$348,172	12	12				
H20	Federal	\$800,000	\$800,000	54	54			9	2017

Valley Medical	State	\$33,320	\$35,120	7	7				

6. Housing Contingency Funds for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
TSI PSH	Reinvestment	\$63,505	\$67,950	82	100			774.45	2006
TSI TAY PSH	Reinvestment	\$19,880	\$21,272	23	30			864.36	2015

Notes:

7. Other: Identify the Program for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge (FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other**.

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
Fairweather Lodge	MH Block Grant	\$22,174	\$10,000	4	0			2010

Notes:

Recovery-Oriented Systems Transformation:

DHS will continue to shift the mental health service delivery system toward community-based services and supports, using these five strategies:

- 1) Increase availability of evidence-based **supported employment services**
- 2) Continue development of **justice-related services**
- 3) Continue development of **housing** in accordance with the Housing as Home Plan
- 4) Focus on **special populations**, including persons who are Deaf, Deaf-Blind and Hard of Hearing; Veterans; and LGBTQI
- 5) Increase availability of **consumer-driven and peer support services**

The plan for transformation, built around these five strategies, is provided below.

<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
1. Supported employment services	Current and throughout FY 2018-19	\$1.7 million in Block Grant funds	Web-based database and Fidelity Scale
<p>DHS is committed to helping people with serious mental illness find and keep jobs through supported employment services. The plan for supported employment in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, supported employment providers have increased the percentage of program participants who are working from 22% to 44% in FY 16-17 with an average starting salary of \$9.48/hour. These individuals have an average job tenure of almost two years. DHS has refined and focused Supported Employment through a competitive procurement process. The successful provider(s) will be selected within FY 18-19.</p>			
2. Justice-related services (JRS)	Current and throughout FY 2018-19	\$8.5 million in Block Grant, private grant funding and CCBH funds	Jail Collaborative computer application; HSAO record system
<p>DHS has expanded Justice-Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record developed by the primary provider of Justice-Related Services, HSAO. Please see the Justice-Related Services page of the Allegheny County website for more information about JRS: http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx</p>			
3. BH Housing	Current and throughout FY 2018-19	\$65 million in Block Grant, CCBH and reinvestment funds	Internal tracking databases; and tracking of outcomes by Allegheny HealthChoices, Inc. (AHCI)
<p>The <i>Housing as Home</i> plan was developed to reduce the use of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts benefit consumers and their families by providing evidence-based practices in community recovery and resiliency services as an alternative to hospitalization. In FY 16-17, DHS implemented its Housing Connector project to help individuals navigate the housing system. Housing Connector serves as a central repository for information and assistance related to housing for people with disabilities. In FY 17-18, DHS</p>			

<p>continued to invest in housing for individuals with serious mental illness. In December 2017, DHS launched a new IT system that improved the efficiency and effectiveness of the housing referral system for individuals with mental illness.</p>			
<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
4. Special populations			
<i>LBGTQ</i>	Current and throughout FY 2018-19	\$150,000 in funding (includes grant funding and non-Block Grant funding to support activities including the development of Standards of Practice, case consultations, training of LBGTQ Champions, SOGIE 101 trainings and quarterly LBGTQ Community of Practice meetings)	Contract and licensing monitoring
<i>Persons with hoarding behaviors</i>	Current and throughout FY 2018-19	\$120,000 in Block Grant funding. Includes case management, clean-up services and Community of Practice meetings with community stakeholders and contracted providers	Annual monitoring
<i>Transition-age youth</i>	Current and throughout FY 2018-19	\$567,000 in Block Grant and CCBH funding. Improving and expanding services for TAY is an OBH Strategic Initiative.	Annual monitoring
<i>Children</i>	Current and throughout FY 2018-19	\$1.5 million in Block Grant and CCBH. Please see section on Children's MH for detailed description of strategy.	Annual monitoring
<i>Elderly – MH resources for in-home</i>	Current and throughout FY 2018-19	\$50,000 in Block Grant. Please see section on older adults for detailed description of strategy.	Annual monitoring
5. Consumer-driven services and peer support services	Current and ongoing throughout 2018-19	\$4.6 million in Block Grant, CCBH and reinvestment funds.	Annual monitoring
<p>DHS and CCBH provide a variety of consumer services including Certified Peer Specialists, Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, CPS Trainings, Peer Mentoring, monthly Consumer Support Program (CSP) meetings, Self-Directed Care, and Shared Decision-Making.</p>			

In addition to these priorities, a number of activities will support the development of DHS's Recovery-Oriented System of Care:

- **IRES Electronic Modernization.** DHS is responsible for the 302 Civil Commitment Process in Allegheny County. The DHS Information, Referral and Emergency Services (IRES) interacts, primarily by phone, with stakeholders in the community to carry out the 302 process and provide information and referrals. DHS is currently thinking through a plan to convert its current phone system to a computer-based call center operation over a Voice over Internet Protocol (VoIP) phone system. This system will not only process calls more efficiently, but will also provide data on usage that can be analyzed and used to improve the process and system.
- **Incident Follow Up and Root Cause Analysis.** Providers are required to call IRES to report all incidents within 24 hours of the incident or of learning of an incident. Reportable incidents are defined in the Incident Reporting Standards in the DHS Office of Behavioral (OBH) Health Contract Specifications Manual. After the provider calls in the incident, they must submit a written, detailed incident report to DHS. DHS staff enters data from the incident report into a database. DHS contacts the provider for information about disposition, updates and resolution; that information also becomes part of the database. If an incident is determined to be a "Sentinel Event,"^[1] a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee, that includes DHS and provider staff, meets quarterly to review system improvement recommendations and determine the need for training and appropriate actions, including designating special work groups to address specific system improvement recommendations. These work groups have helped to improve outcomes, increase cross-training, and develop treatment for co-occurring mental and substance use disorders.
- **Centralized Housing Referral Process.** The DHS OBH is the central location for mental health residential and supportive housing referrals submitted electronically by behavioral health service coordinators, CTT members, Enhanced Clinical Service Coordinators, inpatient staff, JRS and other staff. OBH monitors and reviews each referral to determine appropriate matches for people in need of available and appropriate housing (referrals remain active for one year). Individuals not in need of specific mental health residential services are referred to the LINK, a place people can call to simplify and streamline access to services and supports to help individuals and families maintain their independence, dignity and quality of life, for additional housing resources, especially those at imminent risk of homelessness. In FY 2017-18, this centralized process was made electronic, allowing for a more efficient way of matching individuals to the most appropriate available housing option. The electronic process has allowed staff to have real time information when making residential placement decisions.
- **Disaster Response.** DHS is a partner agency in the emergency response system with other public and private providers within Allegheny County, local government offices, providers from surrounding counties and state agencies. When a natural or man-made disaster occurs, the DHS Emergency/Risk Coordinator acts as the point of contact for requests for assistance. The Emergency/Risk Coordinator assesses the need for emergency behavioral health services for victims of disasters and coordinates the establishment of a multi-agency resource center (MARC) when disasters affect multiple individuals and/or families. The Emergency/Risk Coordinator contacts the Behavioral Health Outreach and Disaster Response Coordinator to activate the Disaster Crisis Outreach and Referral Team (DCORT) to staff locations for as long as behavioral health services are necessary. This can involve conducting door-to-door canvassing of victims to tell them about available services. The DCORT members include DHS staff, community BH providers and other community providers.

^[1] A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, unrelated to the natural course of an individual's illness or underlying condition.

Existing County Mental Health Services:

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County / Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	800	TMACT	AHCI	Annually	Yes	Y	
Supportive Housing	Y	85	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	571	SAMHSA EBP	DHS	Every 1-2 years	Yes	Y	279 employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	100	IDDT Fidelity Scale	Agency	Annually	Yes	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	140				Yes		Clinical model developed by CCBH
Therapeutic Foster Care	N					N/A		
Multisystemic Therapy	N							
Functional Family Therapy	Y	410				N/A		Wesley spectrum
Family Psycho-Education	Y	400				Yes		Delivered by NAMI

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

Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	2,287	
Compeer	No		
Fairweather Lodge	Yes	10	PghMercy
MA Funded Certified Peer Specialist	Yes	135	Peer specialists also are integrated within services throughout the system
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	Yes	N/A	Not disaggregated in billing
Mobile Meds	Yes	138	
Wellness Recovery Action Plan (WRAP)	Yes	N/A	Not disaggregated in billing
High Fidelity Wrap Around	Yes	220	
Shared Decision Making	Yes	1,700	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	250-300	Includes clubhouse
Self-Directed Care	Yes	N/A	Not disaggregated in billing
Supported Education	No		
Treatment of Depression in Older	Yes	80-85	Geriatric in-home team
Consumer Operated Services	Yes	2,200	Consumer-driven services
Parent Child Interaction Therapy	Yes	N/A	Not disaggregated at billing
Sanctuary	Yes	N/A	
Trauma Focused Cognitive Behavioral Therapy	Yes	N/A	Part of outpatient treatment
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	N/A	Part of outpatient treatment
First Episode Psychosis Coordinated Specialty Care	Yes	N/A	Not disaggregated at billing
Other (Specify)	Yes	Warmline	CCBH-reinvestment funded

Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	54
Number Full Time (30 hours or more)	57
Number Part Time (Under 30 hours)	111

INTELLECTUAL DISABILITY SERVICES

Background

DHS's Office of Intellectual Disability (OID) maintains an Operating Agreement with the Pennsylvania Department of Human Services (Pa-DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. OID is Allegheny County's Administrative Entity (AE), and its FY 16-17 Quality Management Plan included five objectives that reflect ODP's priority areas:

1. Increase capacity and capabilities of the service system, including the provider network
2. Increase opportunities for employment, including choice and ability to plan daily activities
3. Increase opportunities to address communication needs, including services for those who are deaf, deaf-blind, and hard of hearing
4. Increase health awareness to reduce hospitalizations and ER visits
5. Reduce re-occurring incidents of psychiatric hospitalization

OID accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures.
- Working with Supports Coordination Organizations (SCOs) to identify (through PUNS reviews) people who may be interested in Lifesharing and competitive employment opportunities.
- Collaborating with local provider workgroups and associations.
- Evaluating Individual Support Plans (ISPs) on a regular basis, to ensure that all registrants have an active and current plan that is implemented according to standards required by the AE Operating Agreement. DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA Health Care Quality Unit (HCQU) through APS Healthcare, Inc. While Allegheny County does not hold the direct contract with the Southwestern PA HCQU, it provides services that include provider training, complex technical assistance on individual cases and local healthcare resource development.
- Providing oversight to Independent Monitoring for Quality (IM4Q), the quality management effort that is offered through a contract with Chatham University.

OID has implemented system changes and expanded choice, and will continue to do so whenever possible with the resources available. DHS will continue to participate in projects that support Pennsylvania's statewide transition process to improve the efficiency and availability of direct services in ID services.

Continuum of services

DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. DHS estimates that it will serve 2,223 individuals in FY 17-18, consistent with FY 16-17. Its planned expenditures also will be consistent.

Table 3: Number of individuals served through base or Block Grant funds, by service

	Estimated / Actual Individuals served in FY 17/18	Percent of total Individuals Served	Projected Individuals to be served in FY 18/19	Percent of total Individuals Served
Supported Employment	82	3.7%	82	3.7%
Pre-Vocational	N/A	N/A	N/A	N/A
Community Participation	68	3.1%	68	3.1%
Base Funded Supports Coordination	1,846	83.0%	1,846	83.0%
Residential (6400) / Unlicensed	34	1.5%	34	1.5%
Life sharing (6500) / Unlicensed	3	0.1%	3	0.1%
PDS/AWC	0	0.0%	0	0.0%
PDS/VF	0	0.0%	0	0.0%
FSS	0	0.0%	0	0.0%
Other Base Services	190	8.5%	190	8.5%
TOTALS	2,223	100.0%	2,223	100.0%

Supported Employment

With the implementation of the Workforce Innovation and Opportunities Act (WIOA) and Governor Wolfe’s Executive Order on Employment First practices for students graduating from high schools in the Commonwealth, Supported Employment is an increasingly important service for individuals with ID. It helps individuals:

- Learn about, find and maintain employment
- Experience increased life fulfillment
- Avoid involvement with other systems such as behavioral health and criminal justice

Since 2007, DHS has participated in ODP’s Base Employment Pilot, which originally was designed to be a pilot in which individuals with limited needs would receive supports to maintain community employment. DHS enjoyed considerable success with this pilot and is now entering its eleventh year of participation. Services typically are limited to supported employment (e.g., Job Coaching) and/or

transportation (most often in the form of a bus pass). Limited Habilitation supports may also be used to support life skills that contribute to successful employment outcomes.

DHS will use Block Grant funds to provide employment supports to approximately 90 individuals in FY 17-18. Examples of the types of supported employment that DHS will provide include:

- *Project SEARCH.* Since school year 08-09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forgo their last year of school-based training to participate in an employer-based training-to-work curriculum that includes a series of externship opportunities that enhance the individual's career exploration and real work experience portfolio. Project SEARCH is a true multi-agency collaborative effort that uses "braided" funding among local School Districts, the Office of Vocational Rehabilitation (OVR) and OID. The original program has expanded into training sites at UPMC-Mercy and UPMC-Passavant, and boasts an impressive 85% job placement rate among all graduates. Eighty-six individuals involved with or potentially eligible for OID supports have graduated from Project SEARCH since 2009; 53 of these graduates currently are employed (with or without on-site job supports) and 25 are unemployed or participating in Job Development activities. Project SEARCH also makes available Job Club and on-going Job Development for people who are interested, regardless of employment status. Forty-one past graduates currently are enrolled in a waiver. The roster for School Year 18-19 is still pending confirmation of acceptance.
- *ODP Base Employment Pilot.* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 2005/2006 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. DHS distributes Pilot funds through individual allocations to 94 individuals who are receiving supports from nine service providers. This is up from last year's number of 59 individuals. Of the 94 individuals currently being served, fourteen are working in full-time positions (average 40 hours/week) and 80 are working in part-time positions (<30 hours/week). These participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). OID has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. To date, 12 individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports, which has maximized funding opportunities, since those waiver slots can be redirected to emergency-level individuals who may have higher total service needs.
- *Community Partnerships.* Other examples of DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities. DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCC), which provides information and networking opportunities for school district transition and special education staff, counselors, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students and families.

- *Customized Employment.* In FY 16-17, OID sponsored Customized/Discovery Employment Training for 16 provider agencies and 60+ employment specialists to increase the local capacity to develop integrated, competitive employment opportunities for those with an Intellectual Disability in our community. A workgroup continues to meet quarterly to problem-solve service delivery and improve our knowledge and skills.
- *Employment First State Leadership Mentoring Pilot (EFSLMP).* In FY 16-17, a local pilot project was initiated in Allegheny County to facilitate collaboration between the Allegheny County DHS OID, the Pittsburgh District Office of Vocational Rehabilitation and 4 local School Districts. The purpose is to develop methods of sharing data that will promote and enhance supports for students with an Intellectual Disability or Autism who may be transitioning to Adult Life in the next 3-5 years. The participants plan to re-group in Spring of 2018 to determine next steps. Lessons learned from the pilot will be applied to development of collaborative relationships between DHS, OVR and schools in other areas of PA.

Supports Coordination

DHS estimates that it will serve approximately 1,846 individuals with base-funded supports coordination in FY 18-19. This funding will be used for individual services such as supports coordination, in-home supports, community participation, employment, habilitation, transportation and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, DHS estimates that all of the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (in Announcement 060-17 Approval ODP waiver renewals Appendix C) establishes the supports available to individuals receiving services through OID.

The total number of registered individuals with ID from Allegheny County is 5,601 and includes those receiving Waiver, Base and/or Supports Coordination services, as well as those residing in ICF-ID settings (Private and State Center). Currently, 119 of the 5,601 reside in a State Center.

One of the various ways we collaborate with the Supports Coordination Organizations is through our work transitioning individuals out of State Centers and State hospitals.

- *Benjamin Litigation and the Closure of Hamburg State Center.* Since FY 2011-2012, individuals residing in state centers were given the opportunity to move out into the community through the Benjamin Litigation, a lawsuit filed against PA DPW by Disability Rights Network. Teams reviewed the individual and family desires for consideration of individuals' community living preferences. All individuals residing in state centers were considered to be part of the Benjamin Litigation. As Teams, individuals and families were consulted and considered, the final list of individuals targeted to move into the community totaled 15. Reasons for individual removal on the active Benjamin Litigation Planning list included family/individual desires and choices and medical reasons.

Over the next several years, active planning occurred for these 15 individuals. Active planning included: development of an Essential Lifestyle Plan and a One-Page description to document consumer support needs. The one-page description was uploaded to a website for providers to review (ODP tracked provider interest on this website). Active provider search occurred as well

as provider selection. Once a provider was selected for these individuals, comprehensive transition planning activities occurred to address each consumer need and staff training component. At this time, 13/15 individuals have moved into the community from a state center—2 of these individuals have passed away. Movement across each FY is as follows: 2011-2012 = 1; 2012-2013 = 3; 2014-2015 = 0 (this was due to “stay that was placed on Benjamin Litigation to realign consumer and family community preferences); 2015-2016 = 3; 2016-2017 = 3 (however, one individual had unsuccessful placement and returned to state center briefly while alternate provider was secured); 2017-2018 = 1 (this was the individual that returned) and 1 is targeted to move in May 2018. There remains one individual at a state center on the active Benjamin Litigation list that we continue to closely monitor and plan for. There is potential provider interest in this individual as well, but no formal transition activities have begun.

In addition to the 15 Allegheny County individuals identified, there was increased collaboration across other AE/Joinders and State Regions also occurred to maximize community-based options for individuals. In FY 16-17, two Benjamin Litigation consumers that were registered with another county/joinder chose and are receiving community-based services within Allegheny County and their cases and Consolidated Waiver funding has been transferred to Allegheny County.

In December 2016, PA-DHS announced the planned closure of Hamburg Center, targeting June 2018 as closure. Allegheny County had four consumers currently at Hamburg who will need community-based services. One passed away in October 2017, therefore, we have been actively planning for 3 of these individuals. All 3 individuals currently have community-based providers identified and are in various stages of transition activities. One individual will be moving back to Western PA and this move is targeted for May and the other 2 individuals will remain in the Eastern portion of PA. There is no definitive discharge date for these 2 individuals at this time other than the June 30 target of the Hamburg Center closure.

- *Case Management Services.* In FY 18-19, DHS estimates that 1,846 individuals will receive case management services to help maintain their health and safety in the least restrictive environment by connecting them to appropriate resources. To ensure that DHS is meeting its goal, individuals receiving case management services will be reviewed at least annually, through the ISP process and PUNS review. OID will continue to work with other DHS program offices to meet the needs of individuals with other service needs or those who are aging out of service systems.
- *Community-Based Services and Residential Services.* In FY 18-19, DHS estimates that 340 individuals will receive community-based services and 37 individuals will receive residential services. Supports may include, but are not limited to: residential (e.g., Life Sharing, 24 hour residential, or less than 24 hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.
- *Participant Directed Services.* We continuously work with the SCOs to remind and promote those situations that can and should be participant driven. See more about specific projects and activities related to this under the section titled **Participant Directed Services**.
- *Community of Practice/Life Course tools.* DHS OID staff are committed to assisting supports coordination organizations in incorporating Community of Practice tools into initial and ongoing

planning for individuals and families. Upon initial intake to an SCO, DHS OID staff will be available to facilitate initial Individual Support Plan Meeting, assist with incorporating COP information into the Individual Support Plan and act as ongoing resources to the SCO, families and individuals. Also, DHS OID staff will continue to participate in statewide trainings and meetings in conjunction with the SCO entities to ensure consistency.

Life Sharing Options

DHS is committed to providing support for a range of community-based and residential services, including Life Sharing. Life Sharing allows individuals and families to host, in their homes, individuals with ID, DD, and Autism who need support. The host home provides assistance, support and guidance to the individual(s). While Life Sharing is as an option from those in need of a less restrictive residential environment, few Lifesharing families exist, and those that do exist can lack the skills necessary to support an individual's complex medical and behavioral needs. DHS is committed to continuously supporting and educating providers on Life Sharing, to maintain the current pool of providers and to increase the number of Lifesharing families available to those in need of this support.

In Allegheny County during FY 17-18, 68 individuals (one funded through child welfare) were served through Life Sharing programs offered by 12 agencies, with two individuals supported through Base funds. Efforts to expand the number of Life Sharing providers and participants in Allegheny County (and to fill vacancies) occurred throughout FY 17-18 and will continue in FY 18-19. These efforts include:

- Hosting bi-monthly Allegheny County Life Sharing Coalition meetings, attended by agency members, supports coordination organizations and other interested stakeholders to share information received at State Subcommittee Meetings and provide information on various topics of interest
- Attending PA and Western Region Life Sharing Coalition meetings
- Distributing information to supports coordinators, including the Life Sharing Fact Sheet, address of Allegheny County Life Sharing web, Life Sharing Vacancy Information, Life Sharing Agency Information.
- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parents are given information about Life Sharing as an option for continuing to share their home.
- Inviting Life Sharing agencies to provider presentation meetings for adults in need of residential placement
- Improving access to Life Sharing information by maintaining DHS's OID webpage.
- Planning for the Sixth Annual Life Sharing Information Fair to be held by the Allegheny County Life Sharing Coalition in October 2018.
- Accepting offers to present information about Life Sharing.

Supported Living options

DHS promotes individual choice in living as independently as possible. Supported Living is a model of residential service that is aimed at skill development essential for community living. Currently, our office, as well as several local providers are supporting individuals through this model. Allegheny County will continue to promote this option through continuing education of ourselves regarding the parameters of this service, outlining challenges, development of fact sheets, and collaboration with those providers already implementing this model. Barriers encountered include: the complex

needs of individuals, family fear of less than 24 hour support and a shortage of providers offering Supported Living as a residential option.

DHS will continue to work with providers to expand the Supported Living model and provide education and support to families and individuals in choosing Supported Living as an option. We will continue to encourage teams to look at individuals needs and to determine the least restrictive environment that individuals need to live successfully.

Cross Systems Communications and Training

OID will continue to engage in several collaborative efforts with local and regional counties and stakeholders to provide training and improve cross-system communication. Together, these efforts are designed to help stakeholders understand emerging needs and to increase the effectiveness of care delivered to individuals and families in least restrictive environments. Examples of OID's cross-system communication and training opportunities include:

- *Developing intervention strategies for older adults with ID.* Mirage is a committee that strives to use the resources available between DHS's OID and Area Agency on Aging (AAA) to develop effective and collaborative intervention strategies for older adults with ID. This work is accomplished through cross-systems training and networking opportunities, information sharing and individual plan review meetings at which recommendations are developed to address individuals' needs. Whereas the state funding for local Aging/ID teams is currently suspended, Mirage will continue to provide training, information and consultation within the existing Allegheny AE resources. Mirage will also work with the PA Link to Aging and Disability Resources to promote cross system collaboration.
- *Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability.* OID participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County. The task force is comprised of representatives from the Allegheny County Department of Human Services, PA ODP, OVR, PA Office of Deaf and Hard of Hearing, PA Bureau of Blind and Visual Services, Deaf/Deaf-Blind stakeholders and service providers. The task force meets bi-monthly to work toward system change to affect service integration and coordination and development of service resources and employment and mentoring opportunities for individuals who are Deaf, Deaf-Blind, or Hard of Hearing.
- *Collaborating with Support Coordination Organizations (SCOs).* OID regularly collaborates with seven SCOs to encourage consistent implementation of ODP policy and practice. OID and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet in person every two months to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery.
- *Agreement with UPMC Health Plan and Community Care Behavioral Health.* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication among shared members and services. As part of the agreement, OID is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member health, improving

satisfaction with services, and coordinating resources for physical and behavioral healthcare for persons with ID.

- *Integrating services for children and youth with complex needs.* DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by two providers in three homes licensed under 3800 regulations for a total of six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs.

The group homes also are supported by a shared Mobile Treatment Team (MTT) which includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with a range of clinical expertise in ID and child psychopathology. DHS is examining the possibility of developing a similar program for adults with complex ID and behavioral health needs.

- *Engaging families and individuals through school districts.* OID staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education as well as the Allegheny County – Pittsburgh Transition Council. This is a critical way of conveying information to families and individuals, and professionals during critical school years. OID staff also visit schools through the year, informing families, individuals and school district personnel on the importance of planning and registration; and they participate in outreach activities in schools. OID staff also use these opportunities to share community supports and other human services.
- *Integrating services for adults with complex needs.* Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served 70 individuals in Allegheny County and 8 individuals in neighboring counties. This collaborative effort between OBH/OID, CCBH and Merakey uses a recovery-oriented approach to support individuals with co-occurring mental health disorders and diagnosed ID. For a time period of 12-18 months, services are provided by a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. In the spring of 2015, Merakey recruited additional staff and increased its capacity to 30 individuals. OID continues to collaborate regularly with the DDTT, OBH, and CCBH to monitor progress as well as discuss and recommend appropriate referrals for the programs at discharge. Quarterly metrics reports are reviewed on a regular basis. The team has continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

DDTT continues to note difficulty in proceeding with discharge for individuals who have met treatment criteria due to a lack of available outpatient psychiatric services in the community. At times, it is taking upwards of four months to link the individuals to alternative outpatient mental health services.

- *Collaboration with Justice-Related Services.* The OID/JRS collaboration has been effective and continues to meet a significant need to support individuals with ID who are in jail or involved with the criminal justice system. The partners continue to communicate on a regular basis and work to improve and streamline communication. Since this collaboration began in 2014, there have been a total of 135 Inquiries, 70 of which were Open and Active with OID and 1 that was Open and Active with the Bureau of Autism. There was also a noted increase in the range of departments making inquiries, including courts, attorneys, Allegheny County Jail staff and Mental Health Court. Joint Planning occurred for 70 of these cases between JRS and OID. They are also working to either divert individuals from Torrance State Hospital or conduct discharge planning from Torrance into needed services. Areas identified for improvement or continued improvement include:
 - Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but who are incarcerated or have legal/court involvement. JRS has been providing “Administrative Assistance” for these cases, which has been beneficial for the Teams and individuals served to best meet the individuals’ needs. This remains an area of ongoing collaboration.
 - Increased collaboration with the Allegheny County Jail so that OID is notified when individuals with ID are incarcerated. Though it continues to be an area of needed improvement, this has improved significantly over the past year. In addition, OID Community and Communications Coordinator Liaison conducted a training for ACJ Mental Health Specialists regarding OID eligibility and services.
 - Streamlining funding timelines that accommodate jail release, identified needs and Waiver stipulations. This is met, but remains an area to be vigilant on.
 - Barriers to newly OID-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains an area in need of improvement.
 - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
 - Reinstatement of Medical Assistance upon release from jail continues to be an area of need. The Allegheny County Jail has a mechanism to submit an MA application prior to an individual’s release in order for MA to be activated in a timely fashion; however, this mechanism cannot be applied to individuals who will need Waiver services immediately upon discharge from jail.
 - Increased collaboration with Juvenile JRS and Juvenile Probation to better plan for individuals that receive these services. This remains an area of needed improvement and growth potential.

- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* OID is involved in a number of collaborative activities with ODP and other counties:
 - OID frequently works with other counties in the region to review potential common data elements and explore reporting needs.
 - OID reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources

- to decrease risk/improve quality of life for individuals involved in the Risk Management process
- OID has representation within the Capacity Building Institute. Here, the intent is to share ideas and build resources for those with intellectual/developmental disabilities as well as mental health/behavioral challenges by promoting the guiding principles of Everyday Lives and Recovery through a DHS and multi-system stakeholder collaboration.

Emergency Supports

When an individual experiences an emergency, Allegheny County uses several processes to ensure support when no waiver capacity is available:

- Enacting ODP's Unanticipated Emergency Request Process when an individual's health and safety is at immediate risk.
- Exploring alternative waivers and services to meet the individual's needs, such as Independence Waiver, Autism Waiver, Dom Care, or Personal Care Boarding Homes.
- Partnering with AAA and Mirage to review service delivery to meet the needs of aging caregivers and individuals.
- Working in conjunction with OBH, re:solve and MH housing to meet the needs of individuals dually diagnosed with mental health issues and ID.
- Relying on community resources, such as the Allegheny Link, low-income housing, homeless shelters and natural supports.
- Coordinating efforts with Dom Care, PCHs, re:solve, Allegheny Link, CCBHO and system options meetings.
- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

Allegheny County OID has a 24-hour on-call protocol in the event of an emergency. This on-call protocol includes contacts with providers who may have available capacity when individuals need a temporary residential placement and other supports. All available funds are allocated to providers through contracts. OID does not reserve any base dollars for emergencies. Any crisis situations would involve re:solve as appropriate.

Mobile staff have been trained to deal with Autism and spectrum disorders. DHS coordinates with inpatient physicians and therapists at the Merck program to review common themes/concerns as well as coping skills and useful intervention tips and techniques. Additionally, DHS added a "Merck toolkit" to walk-in residential along with training for staff in the event someone with Autism presents for support. The toolkit has proven useful in supporting individuals with Autism and spectrum disorders to cope in a new environment. DHS has flagged staff with a background in working with spectrum disorders/ID; the mobile manager works with those individuals, along with the clinical educator, to provide case reviews and training tips for other members of the team. Some members have come from the inpatient Merck program. DHS provides the above training on a quarterly basis for all staff.

Administrative Funding

As the PA Family Network expands their reach and a better understanding of their scope of activity is developed OID will continue to develop a relationship with PA Family Network. OID will facilitate wider knowledge of PA Family Network, including with county staff, SCOs and providers. This will be done through email and planning a meet-and-greet with listed stakeholders. The group has opportunities to arrange information sessions through their working relationships with several locations that could accommodate larger groups of stakeholders.

OID communicates and shares information with stakeholders through Key Communicator Announcements. This is an e-mail distribution list of over 750 interested stakeholders. These stakeholders include families, human services and education professionals and other community members. In addition to through email the information is made available on the AC DHS Facebook page and on the Key Communicators Announcement page. OID will continue to use this mechanism to educate about the activities related to PA Family Network.

HCQU

OID has an ongoing relationship with its HCQU and regularly shares data with them for discussion (e.g., potential areas of training). OID also regularly reaches out to them on individual situations for input and resources. **In the past few years, the KEPRO Southwestern PA Health Care Quality Unit (HCQU) has collaborated with OID on the implementation of a stakeholder workgroup for Medication Administration. The workgroup reviews and analyzes data related to Medication Errors to improve quality and reduce risk in service delivery. The HCQU has participated in three "Open Forums" and a small workgroup consisting of provider, SCO and AE Representatives. Activities related to this initiative are included in the Allegheny County DHS OID Quality Management Plan for FY2017-2019 under the Participant Safeguards Outcomes.**

IM4Q

OID continues to work with its local IM4Q program on the annual identification and interview of individuals in the system. IM4Q and National Core Indicator (NCI) reports of survey results are shared with providers, County OID Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County DHS Website. Two separate reports are developed for each program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; and the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

Other reports include:

- The Independent Monitoring for Quality (IM4Q) Allegheny County Report, which is specific to this county and details aggregate data collected during the interview process for persons receiving supports and services that are funded by the Allegheny County DHS Office of Intellectual Disability/Developmental Disabilities.
- The Independent Monitoring for Quality (IM4Q) Statewide Summary Report, which details findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania.

- The Independent Monitoring for Quality (IM4Q) State Centers Report, which is specific to State Centers in Pennsylvania and presents information collected through face-to-face interviews with 119 individuals living in state centers and receiving supports through the Office of Developmental Programs.

Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 17-18.

Supporting local providers in increasing competency in supporting individuals who present with higher levels of need

Regarding efforts made to local providers to gain competency and capacity to support individuals who present with higher levels of need, OID has already mentioned the DDTT, Mirage, collaboration with JRS and our RESPOND program. These resources are aimed at learning about and preparing for individual needs. However, barriers to creating an expanded capacity to serve these individuals continues to be centered on the current residential rate development structure. Development of a new or creative site is difficult to do in the current climate. Licensing, rate development, requests for additional staff and startup costs are all separate processes that are slow at best, disconnected at worst. In addition, the historic inability for the system to braid or blend funding and/or services has never been adequately addressed. Ultimately, the resulting service package for an individual with high/complex needs tends to be disjointed (or missing altogether) and often more expensive than necessary, quite often due to multiple in-patient admissions.

As it stands now, providers are reluctant to make commitments to these individual cases. OID would welcome opportunities to join with ODP to address provider concerns and/or offer any technical assistance to our providers.

Risk management

In August 2005, OID staff who participate in analysis of Incident data reviewed their priorities and methods. The new Risk Management process was designed to incorporate review of other relevant data sources (e.g., SC and Provider Monitoring, Individual Support Plans, funding requests, IM4Q Concerns and the Supports Intensity Scale), with the following objectives:

1. Prevent adverse events before they occur
2. Minimize the effect of adverse events after they occur

The process has evolved over the years, based on valuable input from the Risk Management Committee participants and stakeholders, to include both Remediation and Quality Improvement activities.

The OID Risk Management committee uses a distinct set of criteria to identify individuals who may be At-Risk and completes an extensive case review process. Findings are shared in writing with the individual's Supports Coordinator, who then conducts a review of findings with the individual/family and support team, including providers. A service note about the review also is entered in HCSIS. The SCO responds to the OID Risk Management Coordinator with any required follow-up, including an Action

Plan, if warranted. The collective findings of the Risk Management process are analyzed and documented in an annual report. Findings are used to inform OID Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

OID and the Western Region Office of ODP have collaborated on this effort by sharing data and results of RM Action Plans. Also, a regional QM/RM stakeholder group is a forum for sharing experiences and developing strategies.

County housing coordinator

OID has a consistent, active representative on the Allegheny County Local Housing Options Team (LHOT) which strives to promote access to affordable housing for people with disabilities. Currently LHOT is working in collaboration with the United Way's *21 & Able* initiative to promote opportunities for housing for people with Intellectual Disability and Autism of transition age.

An OID representative also participates in the Homeless Strategic Planning workgroup. This year, three goal areas have been developed:

1. Develop standards of care for all Allegheny County homeless providers
2. Build affordable housing options and capacity
3. Educate the community about homeless prevention

Providers' emergency preparedness plan

OID continues to enforce the bulletins and regulations that require providers to have Contingency Plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes and day and vocational programs. OID is available to offer technical assistance in the development of these plans, regardless of funding source, since the safety of all individuals in our system is of the utmost importance. Finally, OID functions as the local AE and DHS/OID personnel to deliver all components of the AE Operating Agreement with the DHS, including:

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

OID continues to be monitored annually by DHS through the AE Oversight Management Process (AEOMP), which includes Remediation and a Corrective Action Plan to address issues resulting from external reviews, monitoring and audits. OID personnel also conduct an annual administrative review.

Participant directed services (PDS)

OID has been involved in the implementation and coordination of Participant Directed Services, with both Agency with Choice and Vendor Fiscal models as options. The office works with the SCOs in promoting PDS as a viable choice to families and individuals and, through waiver, both options have

grown. However, expanding PDS through Block Grant funds has proven to be challenging: a guarantee of funding available on a large scale is currently not possible. There also are barriers related to the implementation of a Vendor Fiscal model under the current structure.

Hand in hand with this, it is beneficial to families utilizing PDS to consider Supports Broker Services. This service is designed to assist participants or their designated surrogate with employer-related functions to be successful in self-directing some or all the participants needed services. This service is growing in the eastern and central portions of the state. Here in the west, it has yet to take root, possibly due to a lack of understanding around the benefits of utilization.

ODP can assist Allegheny County in exploring growth of PDS and Supports Broker Services by including OID in regional meetings with the vendors of these models to brainstorm what is necessary to promote and increase the number of individuals and families participating in these models. OID also could outline the technical assistance that SCOs and families need.

Community for all

Based on the data on individuals in congregate settings, OID will continue to be actively engaged in planning for their return to the community through its available initiatives. OID also will continue its collaborative efforts with other systems to use supports such as housing for individuals returning to the community. As previously mentioned, this includes those activities with those in state center, jail and other congregate settings. OID will implement its current transition activities with the SCOs to assure choice for individuals returning to the community.

HOMELESS ASSISTANCE SERVICES

Continuum of Services to people who are homeless or at risk of homelessness

This past year, DHS completed a strategic plan with the county's Homeless Advisory Board, which establishes several goals for the Continuum of Services and commits the Continuum to preventing homelessness and, when homelessness does occur, rendering it rare, brief, and non-recurring. With its community partners, the support of the Block Grant, and other state and federal resources, DHS has built a continuum of prevention and intervention services that are integrated with its other human services. This integrated approach is preventing evictions, reducing the time people spend in a housing crisis, and connecting people to permanent housing. The county's Continuum of Services includes:

- Street Outreach and Day Drop-In programs
- Eviction Prevention and Rental Assistance
- Emergency Shelter
- Bridge and Transitional Housing
- Rapid Rehousing
- Permanent Supportive Housing
- Case Management
- Supportive Services programs

Improvements

In FY 17-18, Allegheny County made system improvements and added resources to prevent homelessness and housing instability and to continue to increase the degree of prevention and, where homelessness does occur, to employ a Housing First approach. These improvements include:

- **Coordinated Entry:** Allegheny County introduced a centralized access system for individuals and households in need of housing because of homelessness in 2015. This service, the Allegheny Link, has adopted a continuous quality improvement process that has enabled it to shorten wait times for callers, improve the quality of referrals and finetune the prioritization process for those most in need of homeless services. It continues to use the VI-SPDAT⁵ to conduct assessments of the callers' risks, needs and potential for diversion (e.g., living with family and friends or mediation with landlords). They then help callers access the most appropriate resources from within the local continuum of care, based on the urgency of their need for housing/shelter. The Link refers clients to resources including prevention and diversion, permanent housing, permanent supportive housing, transitional housing and shelter.
- **Greater investments in Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH):** To align spending with the principles of Housing First, community needs and HUD priorities, Allegheny County's Continuum of Care shifted all HUD-funding for transitional housing projects

⁵ This is the Vulnerability Index-Service Prioritization Data Assistance Tool, a validated instrument for determining the severity of clients' needs and triaging them to the most appropriate levels of care, which may include rapid rehousing, permanent supportive housing or shelter. Applying this tool during clients' calls to coordinated intake helps make sure that people with the highest needs are getting services before those with lower needs.

to rapid re-housing and permanent supportive housing. HAP funding continues to support a small number of bridge housing projects that meet the needs of special populations such as people in recovery.

- **Expanded use of Section 8:** Allegheny County DHS continues its relationship with the Housing Authority of the City of Pittsburgh to access 200 Section 8 vouchers, and with the Housing Authority of Allegheny County for 50 of these vouchers—for those clients who have successfully completed the services that are part of their RRH or PSH. As these individuals move into subsidized housing through this opportunity, it opens RRH or PSH to other people in the county who need it.
- **Prevention and Diversion:** Allegheny Link staff actively seek to divert individuals and families to safe options outside of the homeless system—mediating with family members over the telephone, calling landlords and, when required, engaging a local agency to meet with clients face-to-face to assist them in obtaining the resources they need to be able to live in good stead with family and friends and prevent evictions. As part of this approach, DHS has developed an eviction prevention program, funded by the Block Grant, which helps clients avoid eviction and stay housed.

Unmet needs and gaps

- **Affordable housing:** Allegheny County, which includes the City of Pittsburgh, is part of a metro region with one of the lowest rates of homelessness per capita, but it has begun to experience a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. The City’s Affordable Housing Task Force commissioned a Needs Assessment that found an affordability gap of 14,896 units for households earning up to 30 percent of Median Income. For every 100 extremely low-income households, there are only 34 units available. The result is an affordable housing crisis that is on a path to getting much worse. Housing providers already are seeing the effects of this shortage of housing in their lengthening waiting lists; and homeless services providers are finding that individuals and families are experiencing longer periods of homelessness and longer stays in shelters, as they wait for housing and services.
- **Homeless Programs for single adults and high-needs families:** DHS analysis of the community’s supply and demand for homeless beds (not including emergency shelter) shows we have a significant deficit for single individuals and high-needs families. 2017 data from HMIS and Coordinated Entry (Allegheny Link), including information on homeless assessments, VI-SPDAT scores, homeless unit capacity and turnover showed the distribution of moderate and high need individuals and families and the new beds needed, by level of need:

Table 4: Share of individuals and families assess with moderate or high levels of need*

Population	Assessed for homeless housing services	Moderate Service Level Need	High Service Level Need
Adults w/o children	1625 households	61%	37%
Families w/children	740 households	66%	34%

**The remaining households qualified only for low service level need programs*

Table 5: New beds/units needed for moderate and high service need individuals and families

Population	Estimated GAP: New Beds/Units Needed
Adults w/o children—Moderate Service Need (RRH)	248 beds
Adults w/o children—High Service Need (PSH)	446 beds
Families w/children—Moderate Service Need (RRH)	200 units
Families w/children—High Service Need (PSH)	158 units

- Low-Barrier Shelter for Singles:** Currently, some individuals that are chronically street homeless prefer to stay on the streets rather than abide by the rules imposed by the existing shelters. This is a safety concern and it makes it much harder to engage with them and to move them into permanent supportive housing. The Winter Shelter (formerly known as the Severe Weather Emergency Shelter - SWES) fills this need but it is only open for the four months of coldest weather. In the fall of 2017, DHS issued an RFP for a yearlong low-barrier shelter to replace the Winter Shelter. A provider was selected and is now working with DHS to identify a location for the facility.

Services, efficacy, and proposed changes

The table below outlines the key housing/homelessness services, and how the county evaluates their efficacy:

Table 6: HAP Services and measures of efficacy

Service	How DHS evaluates efficacy
Bridge Housing provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.	Measure: Share of people served by Bridge Housing who exit to permanent housing. In FY 17-18: 62% (52 of the 91 total clients who exited Bridge Housing) exited to permanent housing
Case Management assists families experiencing homelessness in achieving independent living through strategies that include goal setting for basic life skills, financial management, job preparation skills and/or employment skills. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services. For example, case managers help families secure and maintain benefits, including MA, TANF and SNAP, by helping them complete renewal applications, update housing status and troubleshoot problems (with the assistance of the County Assistance Office ombudsman). Case managers also complete the Ages and Stages Assessment on all children ages five and under (with guardian permission) and connect families with young children to developmental supports, such as Head Start and the Alliance for Infants and Toddlers.	Measure: Number of homeless individuals assisted by HSSC In FY 17-18: 514 families were provided with Case Management services.

<p>Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. (This includes Penn Free.)</p>	<p>Measure: Number of people for whom eviction is prevented, through rental assistance</p> <p>In FY 17-18, 631 clients have received rental assistance</p>
<p>Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. The median length of stay for homeless households utilizing Emergency Shelter should be 30 days.</p> <p>The Winter Shelter (formerly the SWES) is open from November 15 through March 15 and provides a low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.</p>	<p>Measure: Number of people prevented from being street homeless through shelter (including shelter for people who are victims of IPV)</p> <p>In FY 17-18, 2,432 individuals were prevented from becoming street homeless</p>
<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. One of the program’s primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.</p>	<p>Measure: Number of homeless individuals assisted</p> <p>In FY 17-18: DHS provided approximately 197 clients with other housing supports</p>

Proposed changes in FY 18-19 include:

- DHS expects to identify a location for the new low barrier shelter for chronically street homeless individuals and to work with the contracted provider to build out the space. The new shelter should begin operations sometime in FY18-19. If it is not operational by November 2018, the Winter Shelter will be funded for one more year.
- DHS will continue to assess the effectiveness of the Eviction Prevention and Rental Assistance programs. Efforts are underway to identify the best approach to targeting these resources to those most at risk of homelessness.
- DHS will create a new initiative to help address the accessibility of affordable housing. The Housing Navigator will be a centralized unit within DHS that will foster relationships with landlords to encourage renting to higher-need households, create a system to track available affordable housing, and assist DHS case workers and providers in their efforts to help clients obtain housing.

Current status of HMIS implementation

Allegheny County issued an RFP in Winter 2018 to replace its current Homeless Management Information System with an “off the shelf” HMIS. While there are benefits to having a custom-built system, DHS concluded that it would be more cost-effective to buy a system from a national vendor that

keeps abreast of the HUD data standards and its changing requirements. A vendor has not yet been selected but an emphasis is being placed on their capacity to integrate with coordinated intake (the Allegheny Link) and DHS's other data systems (e.g. the data warehouse, fiscal enterprise, etc.).

Allegheny County continues to have dedicated HMIS staff and a homelessness/housing analytics team working to benefit clients, the systems' users, program managers, and for data analysis and research purposes. The Allegheny County CoC also has a Data and Planning Committee, which uses HMIS data to measure and track homeless system performance and to inform policy decisions about homelessness for the community.

SUBSTANCE USE DISORDER SERVICES

Allegheny County DHS aims to prevent, intervene and treat substance use disorders (SUD) within a D&A system rooted in the philosophy that individuals with SUD can recover, when given the quality treatment (including Medication Assisted Treatment (MAT)), support and services that evidence shows can help people become healthier and build connections to family, community and peers. This D&A system is built upon partnerships with health and other service providers, funders (particularly Community Care Behavioral Health (CCBH), the county's managed care organization), consumers, peers and family members, and it leverages community resources so that the county's children, youth, adults and families have a network of services and supports that make a positive impact in their lives. DHS and its partners work to ensure that their system is accessible, trauma-informed and culturally competent. They also hold a high standard for their investments of resources. They seek a strong base of evidence, expecting that service providers tap each consumer's internal motivation for recovery, and evaluate the impact of services upon individuals and this community.

Notable initiatives in FY 17-18:

- **Planning for a coordinated entryway into the D&A system.** To make it easier for people with SUD to get access to treatment, DHS is working on developing a coordinated entryway to information, support and treatment and creating safe places (that are available 24/7) for people to receive support, overdose prevention and assessment while waiting for treatment to become available. DHS is undergoing a collaborative planning process on the design of the system with stakeholders, with the goal of completing the design by Fall 2018.
- **Establishing a family residential substance use disorder treatment program.** In August 2017, DHS issued a Request for Proposals (RFP) to develop and manage an innovative, recovery-oriented and trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. The families will be referred by DHS's child welfare office and will have a recent history of child abuse and/or neglect. The family residential treatment program will include residential treatment and supportive services, offering a new approach to family substance use disorder treatment as an enhanced 3C by providing individualized support to family members while coordinating care to holistically treat the whole family unit. DHS expects to serve eight families at a time, with an average length of stay for four to six months, for a total of 15-20 families per year, accepting families with up to four children. The RFP closed in Fall 2017, and DHS is currently in contract negotiations with a provider.
- **Providing family-based recovery in-home services.** DHS contracted with a provider (selected via a competitive procurement process) to replicate and adapt a recovery-oriented, trauma informed, in-home substance use disorder treatment model originally developed for the Connecticut Department of Children and Families called "Family-Based Recovery" or "FBR." The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders while improving the parent-child relationship. DHS awarded a contract to the provider in 2017 and services began this fiscal year.
- **Implementing a coordinated response to the opioid epidemic.** To combat the devastating effects of the opioid epidemic, DHS is coordinating efforts to serve people most in need, in the

most effective way by expanding treatment and availability, providing naloxone training and distribution and focusing on early prevention. Key components of this initiative include:

- Improving the assessment skills of MH providers for SUD and risk of overdose. As part of this work, DHS developed a Narcan training for wide distribution in the behavioral health provider community and is working to maximize opportunities to screen for D&A across the behavioral health system. The goal is to improve the assessment skills of mental health providers so that they can identify people at risk for overdose and help work together with D&A supports to prevent overdose and put them on a path toward health and recovery. DHS implemented a pay-for-performance incentive (discussed in greater detail in the mental health section of this document) that allows mental health providers to receive bonus dollars if they receive training on the use of naloxone and make it available on-site.
 - Providing prevention programs with schools and community groups, especially leveraging Student Assistance Programs (SAP).
 - Working on a plan to expand access to effective treatment for those with opioid use disorders, including medications (i.e., Methadone, Suboxone and Vivitrol), utilizing results from DHS' MAT survey and feedback from D&A provider meetings.
 - Putting the supports in place to reverse opioid overdose by distributing Narcan to BH providers and various DHS human service organizations.
- **Utilizing CURES funding.** DHS was awarded CURES funding to be used for outreach, treatment, case management and recovery support services for people with Opioid Use Disorder. Because of this funding, DHS expanded contracts with MAT providers so that more people could gain access to this crucial treatment in FY 17-18.
 - **Continuing to convene the Centers of Excellence (COE) in partnership with CCBH.** In 2016, six COEs were designated in Allegheny County to help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. DHS serves as a pass-through for two COEs (Gateway and Tadiso), requiring fiscal monitoring and compliance oversight. Together with CCBH, DHS began convening all six COEs in the county, along with other stakeholders, to better understand what each COE is doing and how they can work together to achieve best outcomes for individuals with opioid use disorder in the county. In FY 17-18, DHS continued to convene the COEs and worked on ensuring warm handoffs to treatment.
 - **Expanding distribution of Narcan** by working with the Health Department to give over 4,300 kits to organizations that come into contact with those at the highest risk of overdose. DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.
 - **Connecting individuals in the Allegheny County Jail to MAT.** DHS has several initiatives targeted at giving people in the jail access to MAT and ensuring that they continue to have access when in the community. The initiatives provides screening and assessment for opioid use disorder, and education on overdose prevention, distribution of Naloxone, selecting appropriate MAT based on the clinical decision support tools developed by CCBH, service coordination and rapid enrollment in Medicaid and is making important changes to the D&A and criminal justice systems, notably: expanding the number of available MAT lots available to the re-entering

population; and increasing the acceptance of evidence-based treatment, including MAT, among judges, jail staff, probation officers and treatment providers.

- **Building peer support capacity** through the work of an AmeriCorps Vista who will assist with the creation of a volunteer Peer Bank program to explore ways DHS can partner with individuals working as peer support to persons in recovery.

The table below highlights the funding sources that comprise many of the publicly-funded services within the D&A system in Allegheny County.

Table 7: Funding Sources for publicly-funded D&A Services in Allegheny County

<i>D&A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
Prevention services	Educational programs that increase self-understanding and interpersonal skills and offer methods for coping with stress. Designed to be of value to the total population and delivered in cooperation with schools, media, family, community agencies and groups.	Adults Adolescents	D&A Base Compulsive & Problem Gambling Prevention W/C Prevention Base D&A SAP Base County Match
Intervention services	Services that discourage people who are experimenting or substance-abusing from further involvement by suggesting alternative ways to cope with problems	Adults Adolescents	D&A Base D&A SAP Base HSBG-BHSI HSBG-Act 152 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C HEP C County Match
Residential treatment	For persons with serious SUDs. Includes individual and group counseling on a daily basis and family education and counseling as needed. This treatment is typically offered in a non-hospital residential setting. The length of treatment varies with the severity of the SUD. Ongoing treatment typically occurs on an outpatient basis after completion of the residential program.	Adults, Adolescents	D&A Base Act 2010-01 Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152 Drug Court
Outpatient services	Screening, Outpatient, Intensive Outpatient, Partial Hospitalization	Adults, Adolescents	D&A Base Alcohol Treatment W/C Alcohol Treatment Base

			Drug Treatment W/C Drug Treatment Base HSBG-BHSI Drug Court
Recovery housing; halfway house	A semi-protected, home-like environment to assist clients in their gradual re-entry into the community. No formal treatment takes place at the facility. This is a live-in/work-out situation involving short-term housing.	Adults	Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base D&A Base HSBG-BHSI Drug Court Act 2010-01
Case/care management	Supportive services for clients of drug & alcohol treatment. Includes referrals to support services such as education and vocation, employment, physical health, emotional/mental health, family social issues, housing and living arrangements, legal issues, basic needs such as food, clothing, and shelter, and life skills such as cooking, cleaning, and grocery shopping.	Adults, Adolescents	Act 2010-01 Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base D&A Base HSBG-BHSI HSBG-Act 152 Drug Court
Recovery supports	Non-clinical services, such as mentoring, education and telephone support, that assist individuals in their recovery from substance use disorders	Adults, Adolescents	D&A Base Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152

1. Waiting List Information:

	# of Individuals	Wait Time (days)
Detoxification Services	1	1
Non-Hospital Rehab Services	7	22
Medication Assisted Treatment	2	4
Halfway House Services	12	16
Partial Hospitalization	3	4
Outpatient	4	13

2. Overdose Survivors' Data:

Allegheny County currently works with 6 Centers of Excellence who use the warm handoff procedure to assist individuals who go to the emergency room and who suffer from opioid use disorder. The current providers are:

- Gateway Rehab Center
- Magee Hospital: Pregnancy Recovery Center
- Tadiso, Inc.
- UPMC: General Internal General medicine, Center for Opioid Recovery
- West Penn Allegheny Health System Center of Excellence
- Western Psychiatric Institute and Clinic Center of Excellence

Their hours of operation are:

WPIC	Mon-Fri - Daylight only
Gateway	Days and Evenings 7 days per week
Tadiso	Days and Evening 7 days per week
Magee	Mon-Fri Daylight only
GIM	Mon-Fri - Daylight only
AHN	Mon-Fri - Days and Evenings

Emergency Department (ED) Coverage/Locations:

WPIC	UMPC Magee, UPMC Presbyterian, UPMC WPIC, UPMC Mercy, UPMC McKeesport
Gateway	If contacted provider will go to any ED entity
Tadiso	Various EDs as needed in Allegheny & surrounding counties
Magee	Magee Women’s Hospital
GIM	UPMC Presbyterian
AHN	Allegheny General Hospital and West Penn

By the 15th of each month COEs submit data to DHS regarding the warm handoffs that occurred from EDs in the previous month. DHS tracks data for all COEs as well as combines the data into one dataset for DDAP. DHS provides technical assistance to the COEs as needed.

Table 8: Overdose Survivor Data

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
A review of all available Emergency Medical Services (EMS) information for instances when naloxone was administered, from Jan 1, 2014- Sept, 20, 2015 showed that there was 1,466 occasions when EMS was dispatched and naloxone was administered and documented. It is	According to information on overdose survivors collected from the COEs, in 2017, 172 overdose survivors received warm handoff referrals to treatment from emergency departments.	According to information on overdose survivors collected from the COEs, in 2017, 73 overdose survivors refused warm handoff referrals to treatment from emergency departments.	In 2017, there were 737 overdose deaths in Allegheny County.

<p>important to note that not all episodes of naloxone administration are equivalent to opioid overdoses. On most occasions (89%) the person was “treatment and transported”. Very few (<2%) “refused transportation or treatment.” While it is unclear whether all EMS services were captured in EMS records, in 2014 there were 630 records showing that EMS administered naloxone and the person was revived.</p>			
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3. Levels of Care (LOC):

Table 9: LOC

LOC	# of Providers	# of Providers Located In-County	Special Population Services
Inpatient Hospital Detox	1	1	Injection Drug Users (IDU) Pregnant Women
Inpatient Hospital Rehab	0	0	N/A
Inpatient Non-Hospital Detox	6	2	IDU Pregnant Women Forensic-Related
Inpatient Non-Hospital Rehab	15	9	IDU Pregnant Women Adolescents Women with Children Forensic-Related
Partial Hospitalization	8	8	IDU Women Adolescents Pregnant Women MAT
Intensive Outpatient	12	12	MAT IDU

			Women Adolescents Pregnant Women Forensic-Related
Outpatient	18	18	LGBTQ MAT IDU Adolescents Women Pregnant Women Forensic-Related
Halfway House	7	2	Adolescents Women Women with Children Pregnant Women IDU

4. Treatment Services Needed in County:

- Expanded MAT-** According to an analysis done by DHS, almost half (49%) of people who entered clinical counseling treatment for opioid use disorders utilized medication-assisted treatment (MAT) at some point during their treatment experience. DHS recognizes MAT as a lifesaving Evidence-Based Practice that helps to treat opioid use disorders and aids people on their path to recovery. Further, in the Joint Position Statement on MAT for Opioid Use Disorders in Allegheny County⁶, issued by DHS, the Health Department, CCBH and AHCI, DHS makes it clear that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT. As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. DHS maintains that an individual’s choice to use MAT should not limit his or her access to other services. As the opioid epidemic continues in Allegheny County and the state of Pennsylvania, DHS recognizes the need for continued expansion and advocacy of MAT services.
- Increasing treatment slot capacity.** The need for services for people with substance use disorder across the continuum of treatment in Allegheny County continues to outweigh the supply (see Waitlist section above). In addition to expanding treatment capacity to meet the growing need, DHS also recognizes the need for a better treatment slot management system and clearer access pathways to people into and through the system. Through the development of a centralized coordinated entry system, DHS hopes to make accessing treatment easier for people who need it and to utilize the resources available in the County most effectively.

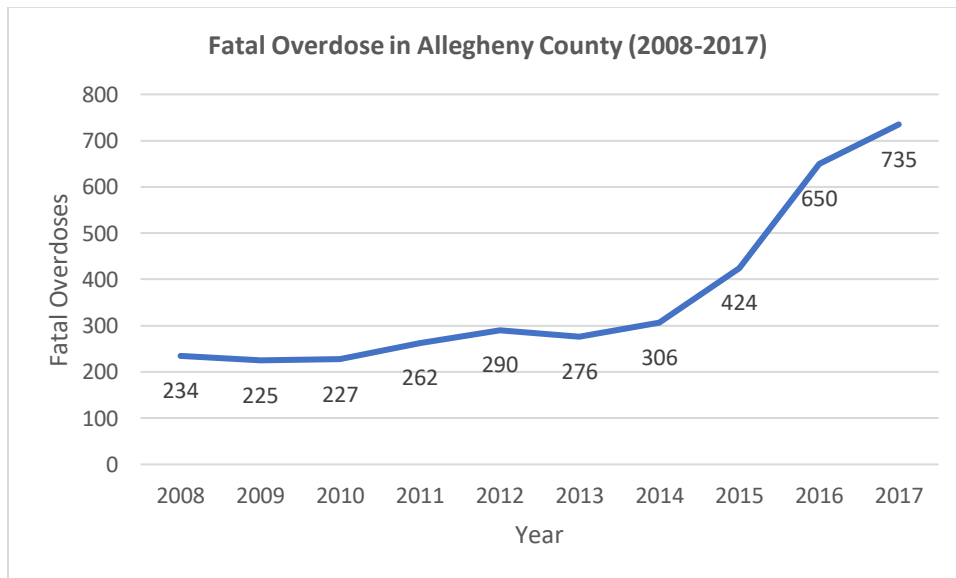
⁶ http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf

Table 9: SUD Treatment Capacity in Allegheny County (2017)

Type of program	PA PCPC level	Capacity: Greatest number who can receive treatment at any point in time
Recovery House		77
Outpatient	1A	2,618
Outpatient/IOP	1A/1B	4,750
Partial Hospitalization	2A	850
Halfway House	2B	343
Medically Monitored Inpatient Detox	3A	187
Medically Monitored Short Term Residential	3B	1,133
Medically Monitored Long Term Residential	3C	836
Medically Managed Inpatient Detox	4A	18
Total Point-in-time capacity		10,812

During FY 18-19, Allegheny County will continue to work with its partners to reduce this waiting list by establishing a coordinated entry system and working with providers to prioritize use of beds, expand the total number of beds and increase the availability of MAT.

- Responding to the Opioid Epidemic.** The demand for D&A prevention, intervention and treatment services has grown in Allegheny County over the past year, as opiate use has increased dramatically. The public health impact of this epidemic has extended throughout the county, with opiates a contributing cause in most of the overdose deaths in Allegheny County. As shown below, these overdose deaths have grown significantly since 2008.



Source: Overdose Free PA: <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

DHS has collaborated with CCBH, Allegheny County Health Department, providers, government agencies at all levels, including criminal justice/law enforcement agencies, universities and community members, to identify strategies that will safeguard individuals with addictions, address their addictions and reduce the public health impact of this epidemic. DHS's role in implementing this strategy includes:

- Stopping the initial addiction of people by increasing the public's awareness. Specifically, DHS is actively engaged in the PA Stop campaign, designed to educate people about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. Through information sharing and advocacy, DHS is working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers to stop opiate addiction before it starts. Opioid overdose can be reversed by widely distributing naloxone and helping to ensure that treatment providers and others at key intercept points are prepared to use it, when needed.
- Getting people to treatment and recovery support, particularly at the critical points of intervention, for example, after leaving facilities in which they have undergone withdrawal and no longer can tolerate the same level of drug use through warm hand offs. This includes the Allegheny County Jail and treatment facilities. People with opiate addictions who leave the jail are at high risk of OD. According to a joint report by DHS and the Health Department⁷, 18% of people who overdosed in FY 15-16 had been released from jail in the year prior to their death. After having had a period of time removed from opiates, their tolerance of drugs is lower and they are returning to environments that trigger their drug use (Binswanger 2012: Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors).
- Facilitating warm handoffs from treatment or jail through serving as pass-through for two COEs and working to convene and coordinate the work of Centers of Excellence in the County. Further, DHS partners with Central Outreach to facilitate warm handoffs from EDs.

Key facets of Allegheny County's Opiate Overdose Prevention Plan

- Goal 1.* **Reduce overdoses and deaths** by expanding the availability/use of Naloxone for people with opioid addictions and others who are in contact with them, by increasing access to treatment, and by focusing resources at key intercept points (points of danger for overdose, such as the period prior to and after release from treatment and incarceration).
- Goal 2.* **Increase the long-term effectiveness of treatment** by expanding the use of MAT with counseling and other evidence-based approaches; expanding the use of post-treatment recovery services and support; and reducing barriers to these approaches in health, human services, criminal justice and other systems.
- Goal 3.* **Prevent addiction** through prevention education.
- Goal 4.* **Increase the number of people in treatment and recovery** by prioritizing use of the D&A treatment beds; and expanding the D&A system's treatment capacity.

⁷ http://www.achd.net/overdoseprevention/Opiate-Related_Overdose_Deaths_in_Allegheny_County.pdf

- **Prevention for youth:** The Single County Authority Treatment Needs Assessment, which used the National Survey for Drug Use and Health (NSDUH) for 2012, showed that Allegheny County youth between the ages of 12-17 report significant use of illicit drugs and alcohol, and of needing but not receiving treatment at rates higher than both the PA average and the average for Philadelphia. This survey also showed that almost every age group reported an increase in their non-medical use of pain relievers. DHS recognizes the need to not only connect with youth in need of treatment, but also to work on prevention efforts, especially for young people.

Leveraging reinvestment: DHS will utilize reinvestment dollars to support several behavioral health initiatives over the next year, including the Family Residential Treatment program referenced above.

5. Access to and Use of Narcan in County:

DHS advised and provided subject matter expertise to the Allegheny County Health Department during the development of their 2015 Plan for a Healthier Allegheny⁸, a guide for health improvement for the next three to five years that involved multiple partners and strong commitment from residents. It was designed to complement and build upon plans, initiatives and coalitions already in place in the County. The intent of the plan is to identify major health priorities, overarching goals and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County. One of those goals relates to reducing mortality and morbidity related to mental illness and substance use disorders and the specific strategies listed to reduce the number of opiate-related overdose deaths. For example:

Objective 5.5: Decrease the number of opiate-related drug overdose deaths.

- Strategy 5.5.1: Increase the distribution of naloxone to first responders, opiate users and their family members, and health care providers.
- 5.5.2: Enhance/design surveillance and monitoring to effectively respond to overdoses in youth and adults.
- 5.5.3: Increase distribution of naloxone to drug and alcohol service providers in Allegheny County.
- 5.5.4: Increase access to naloxone in pharmacies.
- 5.5.5: Increase efforts to educate physicians on appropriate prescription writing for opioids.

Working together, DHS and the Health Department distributed 4,300 kits in FY 17-18 to organizations that encounter those at the highest risk of overdose, including human service providers, first responders, pharmacies and libraries. DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.

Further, in FY 17-18 DHS began implementation of the Naloxone Initiative- a train the trainer course on recognizing the signs of overdose and administering Naloxone for mental health service providers, namely Community Treatment Teams (CTT), Blended Service Coordination providers, and Long Term Structured Residential (LTSR) programs. Participating organizations identify a minimum of two staff members to become trainers. If organizations utilize their

⁸ The plan is available at <http://www.achd.net/pha/index.html>

trainers to train the rest of their staff, develop and implement policies, procedures and guidelines around Narcan use and distribution, and develop and implement an ongoing training and data collection plan, they receive bonus funds.

6. ASAM Training:

To date, there have been 4 ASAM trainings (144 people trained), and five more trainings are scheduled between June and the end of the July (estimated 200 additional people will be trained, if all registered attend). According to CCBH’s data and provider feedback, approximately 600-750 individuals will still need ASAM training (who have not been trained or are registered for a training). To provide training to the additional 600-750 people, we estimate that 15-24 trainings will be needed.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	2	4
Provider Network	198	140

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

DHS will use Block Grant funds to support critically important Adult Services and Specialized Services, including service coordination for immigrants and internationals and representation for parents involved in the child welfare system.

Adult Services:

In FY 18-19, DHS will continue to fund three services through the Adult Service category- homemaker services that help to keep low-income adults with disabilities in their homes, as well as case management and transportation services for at-risk and vulnerable population groups. Each of these programs is described below:

1. Homemaker Service

DHS will provide homemaker and assistance services to eligible low-income disabled adults (18 through 59 years of age) who depend on these services to allow them to live independently in their residences rather than in a more restrictive, costly alternative such as personal care homes or assisted living facility. The service's In-Home Specialists assist clients with light housekeeping, organizing their papers and collected items, personal care and grooming, errands, making telephone calls, and managing mail and bills. These staff also help participants address safety issues in their homes, such as reducing tripping hazards, removing rotten foods, and providing reminders about keeping doors and windows locked. They also encourage participants to engage in healthy living practices such as keeping regular doctor appointments, taking medications as prescribed, becoming more active, eating healthy, well balanced meals, and connecting with informal supports. Clients receive an initial and annual in-home assessment to determine their physical and mental health needs and their unique strengths, and the provider and the client create a service plan that details the types and frequency of service, the specific tasks the In-Home Specialist will do, and the tasks that the participant will receive support in completing.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

2. Case Management

DHS supports case management for unemployed and under-employed low-income adults (125% of federal poverty guidelines) who participate in a comprehensive self-sufficiency program, disabled adults who are maintaining or whose goal is to maintain independence in the community, street homeless persons, and homeless single parents who reside in transitional housing programs with their children. HSDF funding provides the support needed for these target groups to become more self-sufficient and for the homeless population to successfully transition to independent housing.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

3. Transportation Assistance

Transportation assistance helps eligible unemployed or under-employed, low-income adults access a comprehensive self-sufficiency program designed to decrease their dependence upon publicly-funded services.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Aging Services:

DHS did not use the Aging Services cost center in FY 17-18 and does not plan to use this cost center in FY 18-19.

Children and Youth Services:

DHS did not use the Children and Youth Services cost center in FY 17-18 and does not plan to use the Children and Youth Services cost center in FY 18-19.

Generic Services:

DHS did not use the Generic Services cost center in FY 17-18 and does not plan to use the Generic Services cost center in FY 18-19.

Specialized Services:

HSDF Specialized Services are services designed to meet the unique needs of individuals that are unmet by categorical funding. The goal is to help adults maintain the highest degree of independence possible while avoiding higher intensity, more costly services. These eight services DHS plans to fund through Specialized Services in FY 17-18 are as follows:

1. Computer and Employment Skills Training

Computer and employment skills training for the target group of unemployed and under-employed low-income adults (125% of federal poverty guidelines).

2. Investing in Services for the Criminal Justice-involved Population

The Allegheny County Jail Collaborative, which was formed 18 years ago, is a partnership among DHS, the Allegheny County Jail, the Health Department and the Courts. The Collaborative has been widely recognized locally and nationally: cited by Attorney General Eric Holder in his March 2013 NACO speech; featured in a number of newspaper and journal articles (Pittsburgh Quarterly - March 2013, Pittsburgh Post-Gazette: Allegheny County Jail Improves Prison Release Measures - 2012, and City Paper – 2012); spotlighted in a series about the Collaborative's Reentry Program by WESA radio (station 90.5) - February 2013; and recognized as a Best Practice by the Reentry Council of the Council of State Governments. The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and throughout the community, including Adult Probation's Community Resource Centers. This jail-community connection means that these programs can engage clients while incarcerated and keep them engaged when they return home. Through this approach, the Collaborative has been able to:

- Reach and serve some of the highest-risk individuals and families in Allegheny County. Many of these individuals have behavioral health disorders, and their family members have extensive needs for human services, including child welfare prevention services.

- Achieve strong outcomes for these individuals in the areas of employment and reductions in criminal thinking and job/career training. The following are outcomes and participation rates during FY 17-18:
 - The job placement rate for participants was 56%
 - 412 individuals participated in cognitive behavioral therapy in the jail
 - 375 individuals participated in family support programming in the jail, including either parenting or relationship classes
 - 72 individuals participated in vocational training programs in fields such as masonry, culinary arts and machining
 - 170 individuals received transportation assistance following release that assisted them in accessing community services and resources

DHS will use Block Grant funds, in combination with federal, other state and private funds, to continue to support the Jail Collaborative's services to men and women who are at medium- to high-risk of recidivism through services provided both in the jail, upon their transition to the community and after they return home. These services include:

- **Cognitive Behavioral Therapy (CBT):** CBT strategies have been shown to increase long-term success rates for men and women who are transitioning from prison, by developing skills in recognizing and managing risk, increasing accountability for their actions, and thinking through decisions, rather than simply reacting. Allegheny County will contract with an experienced CBT provider to deliver the evidence-based *Thinking for a Change* (T4C) curriculum through groups offered at each of the Community Resource Centers. T4C teaches interpersonal skills and develops clients' attentiveness to attitudes, beliefs and thinking patterns. The self-insight and interpersonal skills participants learn also are applicable to other treatment programs, which can be provided simultaneously or consecutively with this core cognitive-based curriculum. Participants will attend T4C groups at the Community Resource Centers either as a requirement of probation or because they began the program while in jail but were released prior to completion.
- **Family Support:** Family reunification plays a vital role in facilitating a successful return to the community. Family and marital factors are considered one of the top needs that impact an individual's likelihood to recidivate, and research has found that parents who have more visits with their children while incarcerated are less likely to recidivate. The Jail Collaborative offers parenting classes and family support activities in the jail through an experienced provider. The parenting class uses an evidence-based cognitive-behavioral curriculum called "Parenting Inside Out," which develops parents' skills in communication, problem solving, providing positive reinforcement, and utilizing non-violent discipline. The parenting class also provides at least two coached phone calls with family members, and allows for monthly structured family visits in the jail's contact visiting room. Visits with children have been found to be most beneficial when parents and children can have physical contact in a child-friendly setting, and the contact visits are designed to do just that.
- **Employment and Training:** The Jail Collaborative provides career training and job readiness programs as well as job placement services at the Community Resource Centers.
- **Service Coordination:** Service Coordinators work intensively with individuals prior to release and following release to develop service plans that build upon clients' strengths

and reduce their criminogenic risks, and to support them in achieving those goals. Service Coordinators are critical to ensuring that clients receive substance use disorder treatment, mental health services, housing, education and training, employment assistance, transportation assistance, and understand the terms of their probation and maintain a positive connection with probation and the services of the Community Resource Centers.

- **Transportation:** The program provides transportation assistance in the form of bus passes and gas cards to participants for up to two months (longer when approved by the Reentry Program's administrator) upon their release from jail. This form of assistance helps participants access community resources, attend appointments, and participate in employment and training programs.

3. Batterer Intervention Services

DHS has been working with criminal justice and community partners to improve the local response to intimate partner violence (IPV), an epidemic that affects many individuals in Allegheny County, including many of DHS's clients. IPV has serious health, social and economic consequences for victims. Children who are exposed to IPV are at increased risk of becoming direct victims of child abuse. Intimate partner violence can be reduced when the community holds perpetrators accountable and perpetrators change their behaviors. In 2014, DHS, in partnership with the Allegheny County Jail, issued an RFP to select providers of Battering Intervention Programs (BIP). BIP is the most commonly-accepted intervention for perpetrators of IPV in the United States. It is structured as a set of curriculum-based, psycho-educational group classes, the main purpose of which is to hold offenders accountable and to ensure victims' safety. Participants learn to take responsibility for abusive behavior and explore the negative effects of their violence. As a result of the RFP, providers were certified by DHS and the Fifth Judicial District of Pennsylvania to provide BIP for offenders referred by the courts, child welfare and other sources. Perpetrators are expected to pay for their participation in the program on a sliding scale, but that precluded participation of those with very low incomes. DHS therefore entered into a contract with certified providers to supplement batterers' fees and allow the programs to be financially sustainable. With the support of Block Grant funds, DHS will continue to fund certified BIP providers in FY 17-18. These BIP classes will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but most organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S. BIP helps perpetrators to understand their behavior as a means of controlling their partners and facilitators incorporate CBT, Motivational Interviewing and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. DHS monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting to the courts. In FY 17-18, DHS added two BIP groups for females.

4. Individual Care Grants as part of an integrated service planning process for adults

A subset of adults served by DHS (and in certain cases, families) who are involved with multiple systems have complex service needs that cannot be met with categorically-funded services, and are involved in DHS's Adult Interagency Planning process. The goal of interagency planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process,

DHS provides Individual Care Grants through one of its provider partners, to pay for a specific service need that none of the existing funding streams can provide. Care grants are only approved as a last resort, when all other resources have been exhausted and an individual needs a service (that adheres to all HDSF policies, procedures and regulations) to move to the next level of care or meet their goals. Sample services include, but are not limited to, assistance with moving the belongings of a client from a hospital to the community and paying for bus passes for a consumer to complete a workforce training program. Any unique service that would help the client move to self-sufficiency, so long as it is permissible within HDSF guidelines, could be funded via an individual care grant. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted). The Individual Care Grants are part of Specialized Services and are not used for rent subsidies. They are for individuals with complex and multiple needs; while some may be homeless, many are not. To design the initiative, DHS convened a committee and created a business process (from the point of referral to the awarding of an Individual Care Grant) that is based on the following criteria:

- Individual Care Grants must only be used to meet a need that cannot be funded through another source.
- The disbursement of funds must be related to achieving a specific goal included in the recipient's service plan.
- Funds distributed through Individual Care Grants will not exceed \$500 in the fiscal year.

The process used to identify and serve clients for this program is based on a system that works effectively, across multiple child-serving systems. This process engages all involved systems to meet goals at the individual or family level; reduce overlapping and conflicting services; set priorities for areas of coordinated service delivery; and identify gaps in services and areas where early funding could reduce longer-term system involvement or use of more intensive and costly crisis services. The process includes an administrative team review of higher-level system barriers or gaps in services, to identify systemic problems and recommend possible solutions.

5. Supporting Parental Representation

DHS strongly supports legal representation for parents involved in the child welfare system. Over the past several years, there has been a national focus on the connection between high-quality representation for parents and improved outcomes for children and families. These improved outcomes include children reuniting with their parents more quickly and safely, children reaching other permanency options sooner, children and families having more frequent and better family time/visitation while the children are in care, and an increase in the use of kin for placement and family support. In FY 16-17, DHS served approximately 575 individuals.

Interagency Coordination:

Block Grant funds will be used to support the Task Force on Disabilities, a coalition of organizations working with city and county government to eliminate barriers to full participation in the range of activities and opportunities available throughout the region. The City-County Task Force on Disabilities is a 13-member panel of advocates, service providers and consumers appointed by the Mayor of the City of Pittsburgh and the Allegheny County Executive who advise the City and County on issues that affect people with disabilities in the region. Six of the members are appointed by the Mayor, six are appointed by the County Executive, and one member is elected and appointed by the members of the Task Force. The Task Force meets monthly to discuss challenges that citizens with disabilities face and to plan

advocacy efforts and recommendations for policy leaders. Meetings are public and often there are additional attendees. Over the years, the members have addressed issues including accessibility, ADA compliance, housing needs, safety and emergency preparedness for citizens. Block Grant dollars support the committee by providing interpretation for visually and hearing-impaired participants and assisting with transportation. (Because this is not a direct service for the community at large, client counts have been reported as “not applicable.”)

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

April 11, 2018

LEGAL NOTICE

**UPDATE Allegheny County Department of Human Services
Public Meetings/Hearings on Human Service Block Grant application**

The Allegheny County Department of Human Services (DHS) is preparing the 2018-19 Human Services Block Grant Plan. There will be two public meetings/hearings to talk about the plan and its implementation. Due to the closure of Rte. 30 in East Pittsburgh, the meeting previously scheduled for Turtle Creek has been changed.

- The first meeting/hearing is April 17, 2018 from 2-3 p.m. at the Human Services Building, One Smithfield Street, Downtown.
- The second meeting/hearing is now on April 20, 2018 from 11a.m.- noon at the Father Ryan Arts Center, 420 Chartiers Avenue, McKees Rocks.

People interested in testifying or commenting on the plan will have the opportunity to speak at the meetings. DHS makes reasonable efforts to accommodate people with disabilities or limited English proficiency. Please call 412-350-7144 weekdays between 8:30 a.m. and 4:30 p.m., if you need special accommodations.

To read the previous Block Grant Plans and the proposed 2018-2019 plan (when it becomes available), visit www.alleghenycounty.us/dhs/plansbudgets.aspx.

Marc Cherna
Director
Allegheny County Department of Human Services

in Pittsburgh Post-Gazette

last amended by Act No 409 of September 29, 1951

erty _____, being duly sworn, deposes and says that the n the City of Pittsburgh, County and Commonwealth aforesaid, was l Sun-Telegraph and The Pittsburgh Press and the Pittsburgh Post-grh Post-Gazette was established in 1927 by the merging of shed in 1842, since which date the said Pittsburgh Post-Gazette has notice or publication is attached hereto exactly as the same was _____ editions and issues of the said Pittsburgh Post-Gazette a

ompany, a corporation and publisher of the Pittsburgh Post-Gazette, tement under oath, that affiant is not interested in the subject matter regoing statement as to time, place and character of publication are

COPY OF NOTICE OR PUBLICATION

LEGAL NOTICE
Allegheny County
Department of
Human Services
Public Meetings/Hearings
on Human Service Block
Grant application
The Allegheny County
Department of Human Ser-
vices (DHS) is preparing the
2018-19 Human Services
Block Grant Plan. There will
be two public
meetings/hearings to talk
about the plan and its im-
plementation.
•The first
meeting/hearing is April
17, 2018 from 9-10 a.m. at
the Human Services Cen-
ter Corporation, 519 Penn
Ave., Turtle Creek, class-
room A.
•The second
meeting/hearing is April
17, 2018 from 2-3 p.m. at
the Human Services Build-
ing, One Smithfield Street,
Downtown, Homestead
Grays conference room.
People interested in tes-
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Marc Cherna, Director
Allegheny County
Department of
Human Services

On-Screen Takeoff & iSqFt softw.
E-mail resume & cover letter to
Resumes@dckww.com

ANNOUNCEMENTS

Meetings

**UPDATE Allegheny County
Department of Human Services
Public Meetings/Hearings on
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**Marc Cherna
Director
Allegheny County Department
of Human Services**

0103 III THE SUBJECT MATTER

To place a display ad in the New Pittsburgh Courier

call 412-481-8302 ext. 128 or 129

LEGAL ADVERTISING

Legal Notices

LEGAL ADVERTISING

Legal Notices

Human Services Block Grant Public Hearing sign-in

Location: 1 Smithfield Street,
Pittsburgh

Date: April 17, 2018

Time: 2:00 PM

Name

- 1 Center Upshur Community Care
- 2 PATEL CHIRAN Center of Life
- 3 Melanie DiBello Turtle Creek Valley
- 4 Amanda Hirsch YSP Unit
- 5 DAN KARAGELO DHS
- 6 Joni Dacht DHS
- 7 Sheela Bell DHS
- 8 Kari Smil CHS

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Human Services Block Grant Public Hearing sign-in

Location: 1 Smithfield Street,
Pittsburgh

Date: April 17, 2018

Time: 2:00 PM

Name

1 RICHARD A. MORAN URBAN LEAGUE

2 Janijie Jelks-Seale DHS

3 KAREN L. BLUMEN DHS

4 TAMMY THOMAS- COMMUNITY CARE

5 Amy Fern - Pressley Ridge

6 HEATHER LYN FISHER, DAL

7 Cornelius Mather Center of Life

8 Alison Wolfson DARE

9 Chris O'Connell DHS

10 Farly Mquav DHS

11 KATH GRAMMARISE Post-Gazette

12 Courtney Lewis DHS

13 Mike Gruber - OBH

14 Kris Lamont - OLD.

15 Bridget M... - OBH

16 Jeanne K... - IPS

17

18

19

20

Sign-In Sheet

Human Services Block Grant Public Hearing

April 20, 2018

11:00 AM

Father Ryan Arts Center

Name – Print	Organization – (if Applicable)
Antonina Whitehead	Holy Family Institute

Sign-In Sheet

Human Services Block Grant Public Hearing

April 20, 2018

11:00 AM

Father Ryan Arts Center

Name - Print	Organization <small>-(if Applicable)</small>
Mary Anne Portas	TST (Transitional Services)
Michael Lynn Fisher	AKIDS

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

County:	1.	2.	3.	4.	5.	6.
Allegheny	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	209		\$ 1,889,553		\$ 34,131	
Administrative Management	13,146		\$ 12,122,373	\$ 1,200,000	\$ 277,763	
Administrator's Office						
Adult Developmental Training	-					
Children's Evidence-Based Practices	-					
Children's Psychosocial Rehabilitation	30		\$ 56,209		\$ 1,288	
Community Employment	683		\$ 1,415,866		\$ 8,821	
Community Residential Services	730		\$ 29,535,986		\$ 711,974	
Community Services	2,836		\$ 781,952	\$ 36,000	\$ 17,917	
Consumer-Driven Services	2,665		\$ 2,427,902		\$ 55,631	
Emergency Services	256		\$ 1,723,493		\$ 39,491	
Facility Based Vocational Rehabilitation	15		\$ 117,653		\$ 2,696	
Family Based Mental Health Services	145		\$ 843,779		\$ 12,460	
Family Support Services	1,953		\$ 1,331,953		\$ 30,519	
Housing Support Services	990		\$ 17,384,596	\$ 50,000	\$ 384,590	
Mental Health Crisis Intervention	9,017		\$ 1,935,997		\$ 44,360	
Other	-					
Outpatient	3,500		\$ 5,717,837		\$ 126,844	
Partial Hospitalization	51		\$ 65,621		\$ 1,503	
Peer Support Services	158		\$ 107,315		\$ 2,459	
Psychiatric Inpatient Hospitalization	39		\$ 496,661		\$ 11,380	
Psychiatric Rehabilitation	115		\$ 200,000			
Social Rehabilitation Services	1,130		\$ 3,826,856		\$ 87,686	
Targeted Case Management	1,270		\$ 2,303,915		\$ 52,790	
Transitional and Community Integration	4,591		\$ 5,809,575	\$ 51,000	\$ 119,010	
TOTAL MENTAL HEALTH SERVICES	43,529	\$ 97,727,090	\$ 90,095,092	\$ 1,337,000	\$ 2,023,313	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 5,879,031	\$ 10,152	\$ 68,874	
Case Management	1,846		\$ 782,473		\$ 17,527	
Community-Based Services	150		\$ 2,546,593		\$ 53,407	
Community Residential Services	37		\$ 2,558,247		\$ 41,753	
Other	190					
TOTAL INTELLECTUAL DISABILITIES SERVICES	2,223	\$ 11,659,979	\$ 11,766,344	\$ 10,152	\$ 181,561	\$ -

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HOMELESS ASSISTANCE SERVICES						
Bridge Housing	271		\$ 2,253,388		\$ 34,778	
Case Management	514		\$ 1,738,849		\$ 39,843	
Rental Assistance	631		\$ 846,085		\$ 19,387	
Emergency Shelter	2,423		\$ 2,078,160		\$ 47,617	
Other Housing Supports	197		\$ 320,614		\$ 7,346	
Administration			\$ 770,555		\$ 17,656	
TOTAL HOMELESS ASSISTANCE SERVICES	4,036	\$ 3,089,284	\$ 8,007,651		\$ 166,627	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	199		\$ 196,809		\$ 4,509	
Inpatient Hospital						
Inpatient Non-Hospital	810		\$ 550,801		\$ 12,621	
Medication Assisted Therapy	312		\$ 63,304		\$ 1,451	
Other Intervention						
Outpatient/Intensive Outpatient	448		\$ 177,875		\$ 4,075	
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	1,769	\$ 5,365,375	\$ 988,789	\$ -	\$ 22,656	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	342		\$ 1,241,197		\$ 27,803	
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	2,480		\$ 6,598,079		\$ 147,797	
Interagency Coordination						
Administration			\$ 635,759		\$ 14,241	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,822	\$ 1,491,183	\$ 8,475,035		\$ 189,841	\$ -
GRAND TOTAL	54,379	\$ 119,332,911	\$ 119,332,911	\$ 1,347,152	\$ 2,583,998	\$ -