

## **PART I: COUNTY PLANNING PROCESS**

The Allegheny County Department of Human Services (DHS) is committed to creating opportunities for public input on our planning processes and initiatives; engaging in a community dialogue is critical to meeting our publicly-crafted vision and key to delivering services that incorporate our articulated guiding principles.

To inform the development of the FY 15/16 Human Services Block Grant plan, DHS:

- Continued to support initiatives selected from two rounds of the Call for Concepts process
- Continued to conduct a review of our substance use system
- Supported new programmatic and system level improvements that impact consumers of human services (e.g. Creating a Community of Practice for behavioral health providers serving families in the child welfare system and making improvements to the homeless system)
- Continued to convene the Human Services Block Grant Advisory Board

### **Planned Changes for FY 15/16**

This year—the fourth year of the Human Services Block Grant —DHS is utilizing approximately five percent of the flexibility in the block grant, compared to the County’s FY 15/16 allocation. While the change is small, compared to the 75 percent flexibility permitted, DHS continues to refine and streamline our service inventory by supporting new concepts and examining our service systems.

In FY 15/16, DHS will:

- **Continue to support the following concepts selected from the two rounds of the Call for Concept process.**

As part of the broader strategy for implementing the Human Services Block Grant, last year DHS issued a Call for Concepts to engage our staff in identifying creative ways to best use the flexibility of the block grant to serve our community. DHS initiated a similar process in FY 12/13, with the provider community and funded a number of proposals in FY 13/14. By engaging both internal staff and providers in developing concepts that utilize the flexibility of the Human Services Block Grant, DHS sought to advance creative solutions and potentially inform policy at the local and state level. The selected concepts include:

- Investing in case management for families in emergency shelter
- Supporting natural support groups for immigrants and internationals
- Creating individual care grants and an interagency process for adults with multi-system involvement
- Improving justice-related services
- Investing in re-entry services
- Investing in a benefits counselor for persons approaching pre-sentence or pre-release from the Allegheny County Jail
- Improving awareness, information and access to behavioral health services for older adults

- Creating a rent subsidy that will provide short-term rental assistance and ancillary supports to eligible individuals as they transition from high levels of care toward independence or other housing resources
- Creating a human service and school system partnership

An update on all of the concepts selected in both rounds of the Call for Concept process is available in Attachment 1.

- **Continue to conduct a service review of our Drug & Alcohol system**

DHS is committed to examining one of our service systems each year; the findings of the review will be used to inform immediate, short and long term system changes to effectively and efficiently address the evolving needs of both consumers and providers.

- **Support programmatic and system level improvements that impact consumers of human services**

Community of Practice

In March of this year, DHS issued a Request for Interest (RFI) for Creating a Community of Practice for Behavioral Health Providers Serving Families Involved with the Child Welfare System to improve the delivery of behavioral health services to child welfare-involved families. DHS defines a Community of Practice as a group of specialized providers that share a concern, capacity and passion about an issue or a population. They are focused on a domain of knowledge and expertise that deepens by interacting on an ongoing basis. They develop a shared practice by working together on problems, solutions and insights, and building a common store of knowledge (Wenger, 2002).

DHS anticipates that Behavioral health providers opting into this *Community* will be those most interested and prepared to serve families who are at-risk of losing custody of their children to the child welfare system as well as families who have already lost temporary custody and are working to reunify with their children. In expressing interest by responding to the RFI, behavioral health providers will be signaling to DHS, Community Care and others that they are willing to partner to adapt service delivery to meet the needs of child welfare-involved children, parents, and families; that they are willing to make their clinicians and other staff available for specialized training, meetings and other events related to the Community of Practice; and that they are willing to partner in evaluation related to this work.

The selected behavioral health providers will receive priority referrals for child welfare involved parents and children. Creating a child welfare Community of Practice is not intended to limit client choice, which would still be a critical component of care, but it will provide preference to those behavioral health providers most interested and prepared to meet the client's needs. DHS envisions a Community of Practice that incorporates the full continuum of behavioral health services, including community-based and in-patient services, for children, adolescents and their caregivers. Behavioral health providers within this Community of Practice will also reflect recovery-oriented values and principles and integration with non-treatment family and community supports to promote long-term recovery from behavioral health challenges. Currently, DHS is evaluating responses to the RFI. DHS anticipates that the review process will be completed by August 2015.

### Review of the homeless serving system and developing a strategic plan

Beginning in 2013, DHS staff conducted a comprehensive review of the homeless system in Allegheny County. Informed by the review, DHS engaged staff across multiple program offices in a planning process to develop a three-year strategic plan to guide the delivery of services to individuals and families, served in all DHS programs, who are experiencing homelessness or who may be at risk of experiencing homelessness.

Beginning in 2013, DHS staff conducted a comprehensive review of the homeless system in Allegheny County. The system review consisted of three components: 1) an overview of the service system and its components, client demographic and service usage 2) a qualitative review that focused on the client's experiences with accessing services and navigating the homeless system of services and 3) a strategic planning process. This resulted in a report released in January 2015, *Homeless in Allegheny County: The Client Experience*, a Data Brief: *Allegheny County Point-in-Time Homelessness Data, 2010 through 2014* in February 2015, and two upcoming data briefs focusing on individuals and families in the homeless system. Informed by the review, DHS engaged staff across multiple program offices in a planning process to develop a three-year strategic plan to guide the delivery of services to individuals and families, served in all DHS programs, who are experiencing homelessness or at risk of experiencing homelessness.

The planning team identified areas for improvement and key issues to address through three strategic initiatives over the course of the next three years:

- Coordinate, standardize and evaluate care across all DHS programs and providers serving individuals who are experiencing homelessness.
- 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.
- Provide proactive housing assistance to prevent at-risk individuals from becoming homeless.

A project team within DHS will oversee the implementation of these initiatives and provide regular progress updates to stakeholder groups.

### Coordinated Intake

In order to better serve individuals and families experiencing a housing crisis in Allegheny County, DHS created a Coordinated Intake process for improved access to the Continuum of Care. As a result, clients no longer have to call multiple providers to find the services they need to regain stable housing. By making one call to the Allegheny Link, clients are 1) matched to programs for which they are likely to be eligible, 2) educated about those program options, and 3) electronically referred, through the Homeless Management Information System (HMIS), to the program of their choice (from the list of available options). As referrals are made, they are placed on waiting lists in chronological order. Providers contact clients as they reach the top of the waiting list. DHS also reviews all denied referrals to ensure that unnecessary barriers to program entry are removed, households are treated fairly and providers are following applicable laws and regulations.

The Allegheny County Link began taking calls for Coordinated Intake in April 2015. In a short time, the new system has improved clients' experiences and reduced the obstacles many clients previously faced when they tried to access a program within the Continuum of Care. DHS also added an after-hours crisis

component to the Coordinated Intake system in FY 14/15, allowing for an immediate response to a housing crisis at any hour of the day, including on weekends and on holidays. Providers are responsible for answering calls outside normal operating hours (Monday through Friday, 8:00 AM to 7:00 PM). Calls are forwarded to the specified provider who then works with the client to determine their need for emergency housing. If an alternative support network is not available, the provider connects the individual or family to an emergency shelter or, if the shelter is at capacity, places them in a hotel or motel.

#### *Creating a Comprehensive Service Center to Better Serve Transition Age Youth*

In March 2015, DHS released an RFP for a centrally located, comprehensive service center to serve transition age youth, ages 16 through 24. It is expected that the majority of participating youth will be those who are or were involved in the child welfare foster care system and are now participants in DHS's Independent Living (IL) Initiative (ages 16 through 21). However, the Center will also be available for other transition-age youth, such as those who are experiencing a housing crisis or are involved in other DHS services.

The purpose of the RFP to Provide a One-Stop Center with Comprehensive Services for Transition-Age Youth is to create a one-stop shop for the target population that offers comprehensive, welcoming and youth-oriented services as well as space to simply hang out with other youth and caring adults. DHS expects the center to serve approximately 1,500 youth in the first year. The majority of these youth will be eligible for IL services). The Center will help youth to feel welcomed, safe and supported while offering the services and connections to help them face the challenges of adulthood, including education, employment, financial literacy, housing, health, mental health and substance abuse, personal relationships, parenthood and legal assistance. The Center will bring these offerings together in one location through a combination of:

- core services and supports
- specialized services offered on-site through sub-contracted agencies
- partner agencies that will co-locate or schedule regular hours
- teaming with other DHS programs
- flexibility to invite organizations or programs with needed expertise and like-minded missions to offer special opportunities to youth on-site.

Currently, DHS is reviewing the responses to the RFP. DHS anticipates the review process will be completed by July 2015.

- **Human Services Block Grant Advisory Board**

In preparation for DHS's response to the annual PA Human Services Block Grant Plan, Allegheny County established a Human Services Block Grant Advisory Board with broad-based representation from consumers and families of block grant-funded services, as well as providers, advocates, community representatives, DHS staff, and members of existing and statutorily-required boards. Board members were selected to reflect the diversity of the populations served by DHS and our commitment to creating an accessible, culturally competent, integrated and comprehensive service system. Applicants were considered based upon a variety of factors, including system representation, service expertise, demographics and community involvement. Applicants also wrote a short essay describing how their

involvement on the Board would help DHS move closer to its vision, and how their unique perspective would facilitate a diverse atmosphere within the group.

From the beginning, DHS was committed to forming an Advisory Board in which the majority of members were consumers, family members or appointees. DHS received 122 applications and selected 49 board members; 26 are consumers or have family member involvement. The remaining board members are advocates, professionals from provider and community organizations with cross-system representation, representatives of the foundation community, and members of boards required by legislation. Three of the selected board members have both consumer/family involvement and professional experience.

The Board met two times in FY 14/15; each meeting was approximately 2.0 hours. Senior leadership and staff from DHS provided updates on concepts implemented or explored in FY 13/14 and 14/15, reviewed actual expenditures for FY 13/14, and presented a framework for feedback on the FY 15/16 Block Grant Plan.

### **Client Count Limitations**

DHS values the use of data to better understand service delivery and to inform decision making. Useful data analysis requires understanding what is well documented in administrative data, what is not, and what changes in these numbers over time represent. Unfortunately, client data collection and input are not perfect, and, as a result, instead of providing useful information about outcomes, changes over time may often reflect changes in data quality, the quantity of information that is collected or the method by which people are counted. These caveats apply to the data about people served through the Human Services Block Grant. This section outlines some of the important factors to consider when interpreting the client counts.

- By nature, some services are provided anonymously so that information collection does not deter consumers from seeking assistance or delay the provision of important assistance (e.g., telephone crisis). In this type of situation, the service is often program funded, and data about the unduplicated number of people served are unavailable. While preserving anonymity has allowed many to receive important services, it also means that we must estimate the number of people served with the allocated funds. Of all Human Services Block Grant-funded services, this occurs most frequently in Mental Health services.
- Some data are not collected in a central information system, which means that DHS must aggregate reports from providers about the number of clients served. This hinders our ability to accurately report the number of unduplicated clients. On occasion, when this information is later entered into a more formal data system, numbers may decrease as a result of the increased structure of the data collection and not because fewer people are actually served. This occurs in many program areas, including HSDf, HAP, Mental Health, and Drug & Alcohol services.
- Sometimes a service previously funded in one cost center will shift to a different cost center, or a new service will be created within a category. In either case, changes in client counts may reflect changes in the service offerings in that category, not a change in the number of people served overall.

Estimating the unduplicated count of consumers served within a program area may be affected by one or more of the limitations outlined above; as a result, changes in total clients served are even more

difficult to interpret than changes within a specific cost center. When client counts presented in this plan change drastically between two years, notations will be provided to indicate whether the change is the result of data limitations or reflective of a true change in the quantity of services provided.

## **PART II: PUBLIC HEARING NOTICE**

The Human Services Block Grant Public Hearing announcement was distributed to DHS staff, contracted providers, consumers, family members of consumers and the general public one week before the first public hearing. The announcement was posted on the first page of the DHS website, promoted via social media (e.g., Twitter and Facebook), announced in all major Pittsburgh newspapers, and distributed via flyers to several community groups.

Two public hearings were scheduled. Both meetings were held at the Human Services Building in downtown Pittsburgh.

The dates and times are as follows:

- May 28, 2015 at 5:00 p.m.
- June 2, 2015 at 1 p.m.

Over 30 individuals attended the public hearings, including family members of consumers, consumers, advocacy groups, contracted providers, and staff from the county and DHS. The Director of DHS and staff members presented a PowerPoint that included the following information:

- An overview of the block grant, including the fund streams and parameters of the enacting legislation
- An overview of the FY 14/15 Block Grant Plan
- An overview of the FY 15/16 Block Grant Plan, including the major inputs to the plan.
- Feedback and discussion/testimony

DHS also presented a framework of the Human Services Block Grant plan to the Block Grant Advisory Board on May 7, 2015.

## **PART III: WAIVER**

DHS will not be seeking a waiver in the FY 15/16 Human Services Block Grant plan.

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

Services funded by Mental Health (MH) line items, including MH BHSI, are essential to consumers' ability to function in their familial and societal roles.

#### **Program Highlights**

In FY 14/15, DHS made investments in services that benefited County residents with mental health needs. These investments were the result of the Call for Concept process that engaged DHS staff and the Block Grant Advisory Board in the planning process. DHS will continue to invest in these services in FY 15/16. Additional block grant resources were used to support:

- A Health Benefits Counselor at the Allegheny County Jail
- The development of a behavioral health training module for Area Agency on Aging (AAA) in-home workers

DHS continues to prioritize services critical to an individual's health and safety needs while shifting the mental health service delivery system away from reliance on large institutions and other inpatient settings and toward an array of community services and supports that address the needs of Allegheny County residents. DHS will also continue to work closely with Community Care Behavioral Health (CCBH), the behavioral health managed care organization (BH-MCO), to integrate Medicaid and non-Medicaid services. CCBH is involved in all aspects of behavioral health care in Allegheny County, including assessment of need, implementation, planning and administration.

DHS estimates that it will serve 68,315 distinct individuals (with estimates)<sup>1</sup> with MH Human Services Block Grant funds in FY 15/16. This estimate is consistent with the number of people served in FY 13/14 and our projections for FY 14/15 (year end is June 30, 2015). This plan will address DHS's strategy by target population and the County's Recovery-Oriented Systems transformation. Since becoming a Block Grant county, DHS has made additional investments in services that directly benefit individuals and families with behavioral health needs, using mental health base funds and other block grant funds; however, additional resources continue to be the overwhelming need for all of populations, identified below and other. The block grant has afforded flexibility for innovation and administrative efficiency, but flexibility alone cannot offset the burden of funding reductions and level funding within the context of continually-rising costs.

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

Strengths:

- lived experience in decision-making
- natural supports from family and friends
- available assistance in coordination of services across multiple systems
- availability of a variety of senior-specific services

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<sup>1</sup> See section on "Client Count Limitations in Part II of the FY 14/15 Block Grant Plan." Further, this total differs from Appendix C which is a sum of the different service categories rather than a distinct client count.

- coordination between mental health and AAA
- DHS recently hired a trainer to provide training to AAA staff around the availability of aging services regarding mental illness

Needs:

- in-home behavioral health support
- social support for elderly populations and their caregivers
- violence and maltreatment prevention programming
- in-home alcohol and substance abuse support

All of the services described under the Adults (18 and above) and Special/Underserved Populations sections are available to older adults with mental illness. DHS utilizes different techniques, however, to engage the older adult population during the planning and service delivery process. For example, OBH participates in the Behavioral Health and Aging Coalition and is a member of the Southwestern Pennsylvania Partnership on Aging (SWPPA). Behavioral health services and supports funded by DHS that are specific to the geriatric population include two Geriatric LTSRs and Domiciliary Care Services. DHS has also begun to conduct case reviews and work collaboratively across program offices to serve older individuals. A DHS liaison coordinates these efforts. Additionally, DHS currently supports an In-Home Geriatric Program that provides a clinical team to assess, plan and support seniors in their current residence.

In FY 14/15 DHS devoted block grant funds to expand our service offerings for older adults with behavioral health needs. In response to a concept submitted by a DHS staff member, DHS invested in a two-pronged approach to serving older adults in their home. This approach includes 1) training Options Program in-home workers who engage in regular contact with older adults; and 2) hiring a Geriatric BH Specialist to provide technical assistance to AAA staff.

Since the Geriatric BH Specialist was hired in March 2015, she has further developed a referral process, provided training on BH resources to Care Coordination Transition Program coaches, began to develop a tracking tool to monitor referrals, and increased her knowledge of AAA's work through field visits and staff interaction. She also obtained certification to accept OAPS (Older Adult Protective Services) reports. Moving forward, the Geriatric BH Specialist will assess and train care managers and service coordinators and develop tools and methods for referral and support. In the next year, she will coordinate services and refer an estimated minimum of 75-100 older adults to BH services.

**Adults (18 and above)**

Strengths:

- established understanding of mental illness
- availability of a variety of mental health treatment and support services
- availability of a full continuum of care is available for individuals needing residential supports
- Acute CSP and CSP process in place to facilitate community support plans for eligible individuals

Needs:

- services for uninsured or under-insured adults and for "non-covered" services for people with MA or other insurance
- supported employment

- residential and supportive housing services
- peer support services

Block Grant funds are used to provide necessary MH services to various groups of individuals, including adults who are 18 and above. This includes funding for mental health services for adults and older adults who are uninsured or under-insured and for “non-covered” services for people who have MA or other insurance. These unrestricted funds allow us to fund traditional, foundational outpatient services as well as innovative, evidence-based services; they also allow us to “package” services to support ongoing recovery. Although “medical” services are clearly an important component of mental health treatment, these services work best when coordinated with services that address other aspects of people’s lives (e.g., social, vocational and spiritual). Treatment services for adults are coordinated to ensure that they are holistic, paired with recovery services, and designed to support integration into the community and prevent hospitalization, incarceration, homelessness and psychiatric emergencies. These services are described below:

- *Outpatient Community Treatment Services* include Outpatient, Partial Hospitalization, Mobile Therapy, evidence-based Assertive Community Treatment (ACT), Mobile Medications and Alternative Outpatient Program (AOP, provided in some local Long-Term Structured Residences).
- The *Behavioral Health Pharmacy Benefit Program* (a payer of last resort option for BH medications only) provides limited psychiatric medications at no cost to eligible individuals. 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).
- *Rehabilitation Services* are designed to help people in recovery by providing vocational, social and psychiatric rehabilitation options. Vocational Services include Facility-Based Vocational Rehabilitation and Community Employment/Employment-Related Services. Psychiatric Rehabilitation (PR) includes site-based PR, mobile PR and Club Houses.
- The *Supported Employment Initiative* (a SAMHSA evidence-based program) in Allegheny County has demonstrated that people with mental illness can successfully work and be engaged in the community if given the right supports. High-quality supported employment services include the following elements: 1) they are based upon individual choice; 2) they are integrated with comprehensive mental health treatment; 3) they are focused on competitive employment as the ultimate goal; 4) they provide personalized benefits counseling; 5) the job search begins when the individual expresses readiness and interest; 6) continuous follow-along supports are provided for as long as the person wishes; and 7) individual preferences are respected in regard to vocational goals. There is also a Supported Employment initiative with the ACT teams.
- *Residential and Housing Support Services* provide an array of options ranging from 24-hour intensive treatment and support to less intensive support based upon individual need. Specific services include Community Residential Rehabilitation (CRR), MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing, domiciliary care, permanent supportive housing, and housing support services. More clinically-intensive treatment and residential support services include Residential Treatment Facilities for Adults (RTFA), Long-term

Structured Residences (LTSRs) and Community-Based Extended Acute Care. The goal of all services is to ensure that individuals with mental illness and co-occurring disorders are able to live in the least restrictive community setting possible while preventing homelessness, hospitalization, incarceration and other psychiatric emergencies.

- *Service Coordination* (formerly Case Management) is designed to ensure that services are accessed and coordinated in the best interest of the consumer. The Single Point of Accountability (SPA) initiative builds upon the current service coordination system to create a new, more recovery-focused system.
- *Consumer-Driven Services and Peer Support Services* include peer mentors, warm line services, Drop-in Services and Certified Peer Specialists. These peer support services, available at drop-in centers, at community-based service locations and by phone, are designed to improve recovery outcomes and foster community integration for individuals with mental illness and co-occurring disorders. Through the Peer Support and Advocacy Network (PSAN) and other advocacy organizations, Allegheny County residents with mental illness have access to a consumer-operated system of support, socialization and advocacy. Peer Support Services are augmented by HealthChoices-funded Certified Peer Support Services.
- *Justice-Related Services* are available for adults with mental illness, co-occurring mental illness and substance use disorders, and/or intellectual disability who are involved in the justice system. Please see discussion below under Special/Underserved Populations.
- *Mental Health First Aid (MHFA)*, an internationally-certified training for non-mental health professionals and members of the community, introduces risk factors and warning signs of mental illness for adults and youth (ages 12 through 18), builds understanding of the impact of mental illness, and provides an overview of available supports. OBH partners with other agencies to provide MHFA training.
- The *Allegheny County Coalition for Recovery (ACCR)* was formed in 2001 and consists of people with lived experience with mental illness and/or substance use disorders as well as family members or friends, behavioral health professionals and government officials. The mission of ACCR is to increase awareness of behavioral health recovery and to promote the use of recovery principles and practices in behavioral health services in Allegheny County. ACCR has been working since its inception to increase awareness of the fact that people can, and frequently do, recover from serious mental illnesses and/or substance use disorders.

### **Transition-Age Youth (ages 18 through 26)**

#### Strengths:

- motivation among the population to strive for independence in living and employment
- availability of peer and family support
- available assistance in coordination of services across multiple systems
- residential services

#### Needs:

- assistance in applying for benefit programs

- more inviting and culturally accessible services
- supported job skills training
- supported independent living skills training
- supported transitional and supported permanent housing

Although the adult mental health system provides services to anyone age 18 and above, DHS recognizes that transition-aged youth may not be comfortable in a system designed for adults. In order to encourage compliance with their treatment plan, they may need specialized services or services that are more culturally accessible and/or designed to address their special circumstances. To encourage service participation and compliance with their treatment plans, DHS has implemented a number of programs specifically designed for this population; these programs are described below. DHS will continue to examine its service inventory, assess service gaps and evaluate service quality, in order to determine what additional services may be needed and to explore additional opportunities to serve transition-aged youth with mental health issues as they transition out of the child welfare system.

- *Children, Youth & Families Liaison* – For over 10 years, a mental health program specialist has provided site-based consultation to child welfare personnel, offering information and assistance in navigating child-serving systems. The liaison also provides assistance in accessing the adult mental health system for transition-aged youth and for adults with intellectual disabilities.
- *LIFE (Living in Family Environments) Project* – The LIFE Project team provides individualized service coordination for children/adolescents, ages 3 through 21, who require intensive behavioral health treatment. The team plans, implements and coordinates all services to ensure that child and family needs are met in the least restrictive setting possible. The principles of High Fidelity Wraparound are incorporated into the service delivery model in order to support self-determination and the use of natural supports.
- *Assertive Community Treatment (ACT)* – ACT targets transition-aged youth (16 through 24) who would be at high risk for hospitalization, incarceration, psychiatric emergency, or homelessness without the support of comprehensive and intensive mental health services designed to maintain their stability within the community. ACT Teams include a psychiatrist, nurse, therapist, case manager and vocational specialist.
- *Community Residential Rehabilitation (CRR) / Host Home* – If a youth cannot live at home, a Community Residential Rehabilitation/Host Home may be an option. Therapeutic services are provided 24 hours per day, seven days per week in a transitional residential host home setting. Capacity is currently limited to eight beds. DHS also provides Supported Housing for transition-aged youth and is working on a reinvestment plan to expand and enhance the availability of this option for the target population.

## **Children (under 18)**

### Strengths:

- Integrated services for children with complex and multi-system needs
- Increased school-based liaisons available to connect people to supports
- Expanded school-based mental health services to more districts in the county

Needs:

- access to more comprehensive school-based mental health services and supports
- improved programming geared toward parents, related to awareness, prevention and early identification of behavioral health conditions in children
- improved D&A services for children and youth

Children receiving mental health services from DHS range from those who require relatively few services to those requiring intensive treatment from multiple systems. A wide array of services is available to meet their needs:

- *RESPOND (Residential Enhancement Service Planning Opportunities for New Directions)* was created to help human service providers and families in Allegheny County better serve children and youth who are involved in multiple systems and whose complex needs pose the most difficult challenges. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). Capacity at each site is limited to two residents and staff-to-child ratios range from 1:1 to 4:1, depending upon individual needs. RESPOND operates using a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The homes are staffed by highly-skilled individuals with experience working with children and youth with complex needs. They are also supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker who have a range of clinical expertise in intellectual disabilities, developmental disabilities and child psychopathology.
- *Student Assistance Program (SAP)* – SAP is a prevention/intervention program, operating in high schools throughout Allegheny County. The program uses a systematic team approach to help students with mental health and/or substance abuse problems get the help they need to succeed in school. The team is made up of people from various professions within the school and others from community agencies. These professionals work to identify barriers to learning and, in partnership with families, connect students to services that will help them succeed.
- *Shuman Center Project* - This program, targeted to children/adolescents with mental health problems who are being detained at Shuman Detention Center, provides a case manager who coordinates mental health services to ensure that services are in place upon release from the detention center; linkages to the probation officer; and advocacy for the child/adolescent.
- *Juvenile-Justice-Related Services Program (JJRS)* - JJRS is a specialized and individualized service coordination program that focuses on youth involved in the juvenile justice system and their families. JJRS staff act as a vital link between the behavioral health and justice systems by planning, implementing and coordinating services that are client-driven, family focused and least-restrictive.
- *Community Residential Rehabilitation (CRR) / Host Home* as described in the Transition-Aged Youth section

- *LIFE (Living in Family Environments) Project* as described in the Transition-Aged Youth section
- *Children, Youth & Families Liaison* as described in the Transition-Aged Youth section
- *Child and Adolescent Service System Program (CASSP)* – supports local and state-wide collaboration; the Administrator of the Bureau of Child and Adolescent Mental Health Services, in the DHS Office of Behavioral Health, also serves as the CASSP Coordinator

Although the following services are primarily funded with HealthChoices dollars, they are occasionally supplemented by MH line item funding in order to increase their capacity:

- *Partial Hospitalization Program (PHP)* – often recommended for a child transitioning home from an inpatient hospital, PHP is a non-residential, intensive mental health treatment program provided in a freestanding or special school-based program for 3 – 6 hours per day. Structured treatment and support services include 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 to return to school and to more stable functioning within the family.
- *Residential Treatment Facility (RTF) Group* – a single point of contact for referral, service coordination and discharge planning for children and adolescents involved at the RTF level of care.
- *Family-Based Mental Health Services* – These comprehensive services are designed to assist families in caring for their child/adolescent at home. Services may include treatment for the child and other family members, case management and family support services. Services are available 24 hours a day, seven days a week, and are provided by a team of mental health professionals in the family’s home.
- *Behavioral Health Rehabilitation Services* - Also known as wraparound services, these in-home services provide focused therapeutic and behavioral support to children and adolescents based upon their strengths and needs. These services are designed to develop stability; improve functioning in the family, at school and within the community; and help the child receive services in the least-restrictive setting possible. Services are generally provided by a Behavioral Specialist Consultant, a Mobile Therapist and /or Therapeutic Staff Support.

In addition, DHS’s Offices of Behavioral Health and Children, Youth & Families continue to address the health, safety and mental health needs of children and adolescents in Allegheny County. Some of these activities are supported in part by the Title IV-E Waiver, which allows funds to be used for services that prevent placement or reduce the chances of children re-entering care.

### **Individuals Transitioning Out of State Hospitals**

Strengths:

- availability of the acute community support planning process for individuals in State Hospitals
- limited reliance on State Hospital usage

- availability of a full continuum of care for individuals needing residential supports

Needs:

- appropriate and sustainable community-based alternatives and housing

In FY 15/16, Human Services Block Grant funding will continue to fund services for people who had previously been served in state mental health facilities and community inpatient facilities as well as those who are being diverted from those levels of care. Funding from CHIPP, within the mental health appropriation, provides about half of the total state mental health services funding allocated to Allegheny County. In FY 14/15, approximately 7,722 Allegheny County residents with mental illness received services supported by CHIPP. This number is slightly higher compared to last year (7,237 individuals received services supported by CHIPP in 13/14). We expect this number to remain level in FY 15/16.

DHS is committed to community-based services and to the development of appropriate and sustainable community-based alternatives for individuals discharged from Mayview as well as those who, prior to its closure, would have been admitted to Mayview. Allegheny County continues to be part of regional planning efforts to ensure that these alternative services are available.

Examples of CHIPP-supported services include Long Term Structured Residences (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 addition to prioritizing services for adults and older adults with SPMI, DHS uses the MH Human Services Block Grant to fund services for uninsured or underinsured adults and older adults and to pay for “non-covered” services under Medical Assistance or other insurance plans.

### **Co-Occurring Substance Use Disorders**

Strengths:

- available assistance in coordination of services across multiple systems
- strong Justice Related Services
- availability of peer supports

Needs:

- improved integration of services throughout the human service system for persons with co-occurring disorders
- transitional step-down residential services
- primary residential services (including detoxification services)
- integrated and coordinated care to address physical and behavioral health needs

At this time, the following services are available for Allegheny County residents with co-occurring disorders:

- *Expansion of the ACT* to include a D&A Specialist on the team

- A new federal grant (BJA) for persons in need of co-occurring services pending and upon re-entry

### **Justice-Involved Individuals**

#### Strengths:

- available assistance from Justice Related Services and the Allegheny County Jail Collaborative to assist in coordination and development of services and service planning
- available assistance in coordination of services across multiple systems
- available mental health and substance abuse service in the jail
- In-reaching to both the County Jail and State Correctional Institutions
- Competency to Stand Trial evaluations completed while at the County Jail by the Behavioral Assessment Unit
- Benefits Counselor available at the Jail to assist individuals being released to enroll with MA or MarketPlace via ACA.

#### Needs:

- Expansion of services to divert from the County Jail
- Additional housing services with staff support, especially for individuals with mental illness and sexual offenses
- Forensic assertive community treatment (FACT) for individuals with serious mental illness who are involved in the criminal justice system
- Integrated MH and substance use disorder services, specifically for individuals who have been involved in criminal justice system.

The delivery of justice-related services in Allegheny County has been guided by input from a large group of stakeholders (consumers and family members, providers, the Allegheny County Court of Common Pleas, the Office of the Public Defender, the Office of the District Attorney, the Office of Probation and Parole, PA OMHSAS, the U.S. Department of Justice/Bureau of Justice Assistance, the Pennsylvania Commission on Crime and Delinquency, local foundations, the Allegheny County CJAB, the Justice-Related Behavioral Health Subcommittee of the CJAB and the Allegheny County Jail Collaborative) and by research and practice, including the Sequential Intercept Model (Griffin and Munetz, 2006).

The following services are currently offered:

- *Pre-arrest diversion services* including 911 training, Crisis Intervention Training (CIT) with the City of Pittsburgh Bureau of Police and County municipal police departments, re:solve Crisis Network and the Central Recovery Center.
- *Post-arrest diversion programs* include screenings for eligibility for Justice-Related Diversion, pre-trial diversion and linkage to services where appropriate. Staff provide coverage at the Allegheny County lock-up/jail intake area from 7:00 p.m. to 3:00 a.m. daily; coordinate services for individuals released from the Allegheny County Jail prior to or at the preliminary hearing; and develop and present service plans to District and Criminal Courts (which may include housing, treatment services and links to community service coordination). Staff may also refer individuals, whose charges are held for trial, to Justice-Related Support Services, Mental Health Court or Veterans Court. Justice-Related Diversion Services staff can coordinate involuntary

emergency hospital commitments (302) for individuals at the Allegheny County Jail, on a 24-hour/day, seven day/week basis.

Other Problem-Solving Courts include Drug Court, Mental Health Court, DUI Court and Veterans Courts. In addition, a drug abuse assessor and case manager assist at Children's Court with parents/caregivers who are referred by dependency judges.

- *Re-entry programs* include Justice-Related County Support services for people who are serving a county sentence and Justice-Related State Support services for people who have served their maximum state sentence at a State Correctional Institution or who are on parole and have an approved home plan.

*Seeking Safety* Trauma Training (for both Trauma-Informed Care and Trauma Treatment Services), with an emphasis on diversion of veterans identified with post-traumatic stress disorder (PTSD) or other trauma-related symptoms/behaviors, is being offered across DHS's service system by two highly-trained providers. This training is part of a five-year pilot program in Allegheny and Philadelphia Counties, structured along selected "intercepts" of the Sequential Intercept Model (criminal justice system diversion framework for people with mental illness and/or co-occurring disorders). This training is supported by grant funds awarded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under the Jail Diversion and Trauma Recovery – Priority on Veterans program (JDTR) from a successful application submitted by the Pennsylvania Department of Human Services (PaDHS) Office of Mental Health and Substance Abuse Services (OMHSAS).

During FY 14/15, DHS block grant funds were used to hire a benefits counselor who assists people approaching pre-sentence or pre-release from the Allegheny County Jail with enrollment for Medicaid or Medicare and other insurance coverage. The need for a benefits counselor became more apparent with implementation of the Affordable Care Act, because the complexity of ensuring coverage for both physical and behavioral health care increased. Furthermore, incarcerated individuals who are receiving medical or behavioral health services are at risk of interrupted care if they are not helped to obtain coverage for services prior to release.

Finally, DHS continues to be involved in the Allegheny County Jail Collaborative (ACJC), a cross-system initiative with a focus on this population:

- The ACJC consists of the Director of DHS, the Warden of the Allegheny County Jail, the Director of the Allegheny County Health Department, and the President and Administrative Judges of the Allegheny County Court of Common Pleas. The Collaborative was created in 2000 with two primary goals: increase public safety and reduce recidivism. To achieve these goals, the Collaborative joins the forces of local government, court officials, service providers, ex-offenders, faith-based community organizations, families and the community at large to design, support and implement innovative programs for reentry and recovery.

## **Veterans**

Strengths:

- Veterans Court
- In-jail PTSD self-assessments

- Availability of Seeking Safety in the community
- Availability of peer support at the VA and with Veterans Leadership Program

Needs:

- Evidence-based treatment for PTSD and major depression
- Peer support services
- Services and supports for veterans with traumatic brain injury

DHS currently partners with the U.S. Veterans Administration on an annual Returning Veterans conference attended by representatives of the behavioral health provider system, schools and the spiritual community. This conference is designed to improve services provided to veterans and their families, increasing awareness and understanding of their needs before, during and after deployment.

The following services are also provided:

- Veteran’s Court
- Support to veterans involved with Veterans Court, who are not eligible for VA services
- *Seeking Safety* trauma treatment for veterans with PTSD
- Services funded through a SAMHSA grant to Pennsylvania. The service involves:
  - Two distinctive pilots in Allegheny County and Philadelphia County. All inmates booked into the Allegheny County Jail who identify themselves as Veterans are screened for PTSD. The Office of Behavioral Health receives the screenings, verifies eligibility and refers for service coordination.
  - Jail diversion is attempted by presenting a treatment plan at the appropriate level of the criminal justice system. If the court agrees, the Veteran is given either bond or probation conditions to comply with treatment in lieu of incarceration.
  - Veterans Affairs (VA), through the Veterans Justice Outreach specialist, determines Veteran status and VA eligibility. VA-ineligible Veterans are offered trauma-specific services through local providers which have staff trained in the Seeking Safety trauma-specific treatment model.

## LGBTQI Populations

Strengths:

- Availability of specialized Mental Health services in the community
- A Community of Practice is in development for additional services and supports and education

Needs:

- Family counseling and support
- Self-harm and suicide prevention
- Culturally-accessible and competent mental health services

The DHS LGBTQ Community of Practice meetings provide a public forum to discuss issues of concern for LGBTQ individuals across DHS serving systems. The Community of Practice is designed to:

- Enhance stakeholder awareness of issues impacting the LGBTQ community
- Promote communication and information sharing among community groups, individuals, and DHS staff

- Share information about resources and foster collaborations within the community
- Identify unmet needs of the community and engage in action planning to address those needs

Each meeting has a dedicated topic and includes an educational presentation, resource sharing, and opportunities for small group discussion around specific issues. Community of Practice meetings are held quarterly, and are open to all interested individuals and community stakeholders.

DHS is also in the process of developing standards of practice related to Sexual Orientation, Gender Identity and Expression (SOGIE) that will be available to DHS staff and the provider network. Further, DHS has a SOGIE project manager who is available for case consultations when needed.

### **Racial/Ethnic/Linguistic Minorities**

#### Strengths:

- Availability of neighborhood-based psychosocial support groups for immigrants, conducted in native languages
- Engagement through the DHS Immigrants and Internationals Advisory Council
- Increased awareness and resources through initiatives such as the Immigrant Behavioral Health Resource Network
- Improved coordination of services, in general, through the ISAC Program – Immigrant Services & Connections
- Emerging mental health services that are culturally and linguistically appropriate (e.g., Squirrel Hill Health Center, Prospect Park Family Center)

#### Needs:

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

#### *Immigrant Services and Connections (ISAC): Service Coordination for Immigrants and Refugees*

The ISAC Program began in January 2014 as a new initiative that provides culturally- and linguistically-appropriate service coordination to immigrants and refugees in Allegheny County, whose numbers are estimated to exceed 70,000. The recent growth of these groups provides numerous benefits to the region, but also poses unique challenges to the human services network (as documented in [Immigrants and Refugees in Allegheny County: Scan and Needs Assessment](#), DHS, 2013). ISAC aims to address these challenges, including gaps in existing service provision, and promote self-sufficiency and community empowerment for immigrants and refugees 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. Additional objectives include strengthening interagency collaborations, enhancing capacity within the human services network, and educating the provider community.

ISAC is implemented through a collaboration of community-based agencies with extensive experience providing services to immigrants and refugees, led by Jewish Family and Children’s Service (JF&CS) and including the Greater Pittsburgh Literacy Council, Northern Area Multiservice Center, Prospect Park Family Center (SHIM), the Latino Family Center (AIU) and Casa San Jose.

FY 14/15 was the first full fiscal year for ISAC, during which time the program strengthened its internal and collaborative capacity, outreach to immigrant communities and other providers, data collection and reporting (shared system developed for all collaborating agencies), and program policies, guidelines and protocols. ISAC includes nine service coordinators and six navigators (spread across the six partnering agencies), a program director, an administrative coordinator, and additional administrative and leadership support from JF&CS. ISAC plans to add another part-time navigator to increase culturally-competent communication and service delivery. In FY 14/15, as of April 2015, ISAC served 1,573 individuals from 70 different countries of origin, speaking 40 distinct languages. By the end of FY 14/15, ISAC expects to have served 1,775 individuals. Service coordination for these individuals has primarily focused on basic provisions (e.g., clothing, food, housing, transportation and utilities), health care, financial stability, legal services and education. Currently, support for this program is provided through another block grant funding stream, but it represents our commitment to serving this target population.

### *Neighborhood-Based Psychosocial Groups for Immigrants and Refugees*

This initiative, identified through the FY 13/14 Call for Concepts process, develops neighborhood-based psychosocial support groups in neighborhoods with growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino. These populations face a number of behavioral health concerns (e.g., trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence) that are not effectively addressed by the traditional, formal service system. Obstacles to accessing existing services include the lack of interpretation services, lack of insurance, limited transportation and a host of cultural differences ranging from stigma attached to seeking help to no cultural tradition of one-on-one talk therapy.

The project trains and mentors immigrant community facilitators who lead support groups in the members' languages. They are trained in empathic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals and topics to generate discussions. These groups address the common concerns of participants facing difficult transitions and challenges in their new lives. The goal of the project is also to build each community's capacity to reach out to struggling individuals and families, improve health and well-being, and avoid costly system involvement.

Four organizations have partnered to create the model: (1) Jewish Family & Children's Service, a refugee resettlement agency; (2) Squirrel Hill Health Center, a federally-qualified health center; (3) Duquesne University's Psychological Services for Spanish Speakers; and (4) University of Pittsburgh's Center for Health Equity. In FY 14/15, as of April 2015, 216 individuals have participated in the program, through a total of 16 support groups in communities such as Bhutanese, Iraqi, Latino and Pan-African. By the end of FY 14/15, 326 individuals are expected to have participated in a total of 24 groups, up from 168 participants in FY 13/14. Currently, support for this program is provided through another block grant funding stream, but this represents our commitment to serving this target population.

DHS's Immigrants and Internationals Advisory Council is a key source of information about the human service needs of immigrant and international county residents. The Advisory Council 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. Representing diverse cultural and provider groups in Allegheny County, the Advisory Council serves as a channel for two-way communications between DHS and immigrant and international communities in our region. It identifies issues of concern and important changes in the needs of the immigrant and international

community, makes recommendations to DHS for improving outreach and human service delivery to immigrants and internationals, and participates in initiatives to achieve these aims. DHS regularly provides information on resources and program opportunities to the Advisory Council. Currently, support for this program is provided through another block grant funding stream, but it represents our commitment to serving this target population.

### **Persons who are Deaf, Hard of Hearing and Deaf-Blind**

#### Strengths:

- availability of specialized mental health housing services available
- availability of specialized mental health outpatient treatment and case management
- Deaf, Hard of Hearing and Deaf-Blind Task Force meets to discuss service needs, training/education and coordination of care

#### Needs:

- Affordable and accessible housing
- Coordinated services/outreach with deaf service providers
- Group ASL treatment for D&A issues

DHS convenes a Behavioral Health Task Force for Persons who are Deaf, Deaf-Blind or Hard of Hearing in Allegheny County. The Task Force was formed by OBH and the Center for Hearing and Deaf Services, for the purpose of reducing disparities and assisting individuals who are deaf, hard of hearing or deaf-blind to achieve better access to behavioral health services. The Task Force, which consists of consumers, providers and educators, has been meeting since 2004.

### **People with Hoarding Behavior**

#### Strengths:

- Hoarding Task Force meets to discuss service needs , education/training needs and coordination of supports for individuals
- Availability of services to assist with residential clean-up

#### Needs:

- Support groups for people with hoarding behavior
- Treatment model and support coordination for individuals who hoard and their families
- Education and outreach efforts to train human service personnel about hoarding, its causes and its treatment
- Additional services for clean-up of property and assistance with utilities.

A Task Force has been established to explore enhancing and expanding community supports for people with hoarding behaviors.

### **Recovery-Oriented Systems Transformation**

As part of DHS's continuing strategy to shift the mental health service delivery system (for individuals with serious mental illness and co-occurring substance use disorders) away from reliance on large

institutions and toward an array of community-based services and supports, five transformation priorities have been identified and are currently underway:

- 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*, such as persons who are Deaf, Deaf-Blind and Hard of Hearing, veterans and/or LGBTQI
- 5) Increase availability of consumer-driven and peer support services

Priority	Timeline	Resource Estimates	Tracking Mechanism
<b>Evidence-based supported employment services</b>	Current and on-going	\$1.7 million in block grant funds	Web-based database and Fidelity Scale
<b>Justice-related services</b>	Current and on-going	\$8.5 million in block grant, private grant funding and CCBH funds	Jail Collaborative application; internal tracking databases; DARE
<b>Housing</b>	Current and on-going based on Housing as Home plan	\$63 million in block grant, CCBH and reinvestment funds	Internal tracking databases
<b>Special populations</b>  LGBTQ	Current and on-going	\$150,000 in funding (includes grant funding and non-block grant funding to support a variety of activities including the development of Standards of Practice, case consultations, training of LGBTQ Champions, SOGIE	Contract and licensing monitoring

Persons w/hoarding behaviors	New task force in 2014-ongoing	101 trainings, and quarterly LGBTQ Community of Practice meetings with community stakeholders and contracted providers.  \$40,000 in block grant funding	Annual monitoring
Transition aged youth: Both will have annual monitoring.	New and ongoing	\$567,000 in block grant and CCBH funding	Annual monitoring
Children	New and on-going	\$1.5 million in block grant and CCBH funding	Annual monitoring
Elderly – MH resources for in-home	2014 in development and early implementation	\$50,000 in block grant funding	Annual monitoring
<b>Consumer-driven services and peer support services</b>	On-going	\$4.6 million in block grant, CCBH and reinvestment funds	Annual monitoring

Supported Employment

DHS’s Office of Behavioral Health (OBH) is committed to helping people with serious mental illness find and keep a job through supported employment services. The plan for the supported employment initiative in Allegheny County was developed in part through a technical assistance grant from the PA

Office of Mental Health and Substance Abuse Services (OMHSAS). The grant called for the creation of an Employment Transformation Committee, which was established and consists of a broad group of stakeholders. Many of the participants are from the Allegheny County Community Support Program's Employment Committee, which had already been meeting for several years. Not only has employment been identified as a need statewide, but local data also support the need for development of employment services in Allegheny County. Much of the local data were obtained through the Consumer Action and Response Team (CART), as referenced in the OBH Supported Employment Plan. The OBH Supported Employment Plan is located online at the OBH Supported Employment website, <http://www.alleghenycounty.us/dhs/obh-employment.aspx>.

Implementation and outcomes tracking is being done by the Employment Transformation Committee, with data from surveys collected by CART and OBH's System Transformation Unit.

#### Justice-Related Services

Delivery of Justice-Related Services is ongoing; implementation and outcomes are monitored through the Jail Collaborative application and other DHS databases.

More information about Justice-Related Services can be found at the Justice-Related Services page of the Allegheny County website: [www.alleghenycounty.us/dhs/justicerelatedservices.aspx](http://www.alleghenycounty.us/dhs/justicerelatedservices.aspx)

#### Housing

The *Housing as Home* plan was a response to needs identified as a result of efforts to reduce the utilization of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts are intended to benefit consumers and their families by providing evidence-based best practice community recovery and resiliency services as an alternative to hospitalization.

Development of housing in Allegheny County is ongoing and is largely dependent upon availability of funding. Implementation/outcome tracking for this initiative is being conducted by Allegheny HealthChoices, Inc. (AHC).

More information about Housing can be found at the Allegheny County website: [www.alleghenycounty.us/dhs/mhresidential.aspx](http://www.alleghenycounty.us/dhs/mhresidential.aspx).

#### Services for Underserved Populations

The Behavioral Health Task Force for Persons who are Deaf, Hard of Hearing and Deaf-Blind in Allegheny County has created a list of goals and related outcomes. There are no specific target dates identified for the goals at the current time, in part because resources for specific projects are often secured through foundation grants. As resources become available, project-specific implementation plans, with target dates and outcomes, are developed. For example, the *HealthBridges.info* website discussed above was developed incrementally as funds became available.

**In addition to the above-described priorities, the following activities will support the development of a Recovery-Oriented System of Care:**

#### *IRES Electronic Modernization*

DHS is responsible for the 302 Civil Commitment Process and the Allegheny County Court of Common Pleas, Orphans Court is responsible for the 303 through 306 Civil Commitment Processes. OBH's Information, Referral and Emergency Services (IRES) has developed an electronic 302 system which will advance the efficiency of processes related to the 302 Civil Commitment process. This system eliminates the need for hand-written documents, faxing and use of US mail, and allows for the efficient electronic transfer of documents between hospitals and county offices. It includes automatic completion of ACT 77 upon completion of the 302; real-time information sharing of legal documents that are legible and complete; and the opportunity to visually review the Petitioner's statement prior to authorization and signature. In addition, it creates a paperless work flow; enhances the ability to collect and share data for statistical purposes; informs and manage trends; and contributes to comprehensive data-driven decisions. Training in use of the new system was provided for all IRES staff, Hospital and Emergency Department staff and re:solve Crisis Network staff.

Additionally, an electronic data bridge has been developed between DHS and the Courts so that information regarding commitments can be transferred between the two systems.

#### Incident Follow Up & Root Cause Analysis:

Contracted providers are required to submit Incident Reports to OBH when a defined event occurs. Incident report data are entered into an established database; the provider is contacted for information about disposition, updates and resolution, and that information is also entered into the database. If an event is determined to be a "Sentinel Event,"<sup>[1]</sup> a more thorough Root Cause Analysis (RCA) may be conducted.

RCA is an investigative process that began in the airline industry to determine the underlying cause of airplane accidents. The basic concept is to conduct a detailed investigation of the circumstances of an event until the specific cause(s) and the relevant system cause(s) are identified. If, at any time during the investigation, critical issues that require immediate intervention are discovered, such issues must be addressed as quickly as possible. Ultimately, the goal of the RCA is to reduce risk and promote safety, and to arrive at recommendations about how to best prevent reoccurrence of sentinel events. DHS and CCBH have established policies and procedures to ensure the reporting, prompt review and needed follow-up of significant incidents involving current or former consumers of mental health services.

A Quality Improvement Committee that includes DHS staff and provider staff was developed and meets quarterly to review "system improvement recommendations" and determine the need for appropriate action plans and training. Special work groups are developed to address specific system improvement recommendations. Work groups have resulted in improved communication between the behavior health and criminal justice systems, improved training and resources regarding treatment for co-occurring (MH/D&A) disorders.

#### Centralized Housing Referral Process

OBH is the central location for supportive housing referrals submitted by behavioral health service coordinators, community treatment team members, Enhanced Clinical Service Coordinators, inpatient

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<sup>[1]</sup> 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.

staff, Justice-Related Services and others. Once received, referrals are electronically entered in a database for monitoring and tracking, and reviewed by a team of staff from CCBH to determine appropriate match to available (appropriate) housing. Referrals remain active for one year following receipt by OBH. This centralized process has allowed for a more efficient process of tracking availability and matching individuals to the most appropriate available housing option.

### Disaster Response

OBH is a partner agency with other public and private providers within Allegheny County, other local government offices and providers from surrounding counties, and the state in an ever-evolving emergency response system. When a natural or man-made disaster (e.g., flooding, earthquake, hazardous materials spills, mass transportation disasters, fire with significant losses, acts of violence including terrorism) occurs, emergency responders from OBH are alerted and called to the Allegheny County Emergency Operation Center (EOC). OBH staff function as the point-person in charge of coordinating assessment and deployment of mental health services to victims and other first responders, including coordinating providers and/or staffing locations for as long as behavioral health services are necessary and, if necessary, conducting door-to-door canvassing of victims to remind them about available services.

### CCRI

Allegheny County is a Phase 4 county under the PaDHS Consolidated Community Reporting Initiative (CCRI). The objective of CCRI is to build a statewide data infrastructure necessary to report consumer-level service utilization and outcome information on people receiving County base-funded mental health services.

CCRI replaces the CCR (Consolidated Community Reporting) System that was created in the 1990s. State and federal data reporting require OMHSAS to provide person-level statistics on consumers served, services rendered, associated costs and consumer outcomes of care. As part of the CCRI design, the OMHSAS leveraged three of DHS's enterprise systems: the Home and Community Services Information System (HCSIS), the Client Information System (CIS) and 3) the Provider Reimbursement Operations Management Information System in electronic format (PROMISe). Allegheny County worked with mental health services providers required to enroll in PROMISe in preparation for encounter reporting to the state. At this time, Allegheny County is preparing to assist providers who will be required to renew that enrollment during FY 15/16.

## **INTELLECTUAL DISABILITY SERVICES**

DHS's Office of Intellectual Disability (OID) maintains an Operating Agreement with the Pennsylvania Department of Human Services (PaDHS) 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 15/16 Quality Management Plan includes five objectives that reflect ODP's priority areas:

- 1) Increase capacity for Lifesharing
- 2) Increase opportunities for employment, including choice and ability to plan daily activities
- 3) Reduce incidents of restraint
- 4) Reduce incidents of individual-to-individual abuse
- 5) Reduce re-occurring incidents of psychiatric hospitalization

OID accomplishes these goals through the implementation of a variety of quality management strategies:

- Facilitates a workgroup for each focus area; the workgroup implements a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures
- Works with Supports Coordination Organizations (SCOs) to identify (through PUNS reviews) people who may be interested in Lifesharing and competitive employment opportunities
- Collaborates with local provider workgroups and associations
- Evaluates 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. Each plan is reviewed 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.
- Collaborates with a group of counties within the region to provide management oversight for the Southwestern PA HCQU through APS Healthcare, Inc. While Allegheny County does not hold the direct contract with the Southwestern PA Health Care Quality Unit (HCQU), it provides services that include provider training, complex technical assistance on individual cases, and local healthcare resource development.
- OID provides oversight to IM4Q, the quality management effort that is offered through a contract with Chatham University.

OID has implemented system change 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. For FY 15/16, 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 2,211 individuals will be served in FY 14/15, a slight increase from FY 13/14 (we served 2184 individuals in FY 13/14). DHS client estimates and planned expenditures for FY 15/16 are consistent with FY 14/15 actuals.

	Actual Individuals served in FY 14-15	Individuals Projected to be served in FY 15-16
Supported Employment	77	77
Sheltered Workshop	71	71
Adult Training Facility	30	30
Base Funded Supports Coordination	1,821	1,821
Residential (6400)	26	26
Lifesharing (6500)	2	2
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	1	1
Other Base Services	183	183
<b>TOTAL</b>	<b>2,211</b>	<b>2,211</b>

### **Supported Employment**

Supported Employment is an important service that helps individuals with ID learn about, find and maintain employment; experience increased life fulfillment; and avoid involvement with other systems such as behavioral health and criminal justice. Since 2007, DHS has participated in ODP's Base Employment Pilot, which was originally designed to be a two-to-three year pilot in which individuals with limited needs would receive supports to maintain community employment. DHS enjoyed considerable success with this pilot and is now in its eighth year of participation. Services are typically limited to supported employment (e.g., Job Coaching) and/or transportation (most often in the form of a bus pass.) Habilitation supports are also utilized to support life skills that contribute to successful employment outcomes.

In FY 15/16, DHS estimates it will use Human Services Block Grant funds to provide employment supports to 70 individuals. Examples of the types of supported employment provided include:

- ***Project SEARCH***

Since School year 08/09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forego their last year of school-based training to participate in an employer-based training-to-work curriculum. The school year is replaced with a series of externship opportunities, which enhance the individual's career exploration and real work experience portfolio.

Utilizing "braided" funding between local School Districts, the Office of Vocational Rehabilitation (OVR) and OID, Project SEARCH is a true multi-agency collaborative effort. The original program was offered through UPMC-Mercy and now includes a training site at UPMC-Passavant. There are 12 OID school graduates currently training through this program, all of whom are supported through OVR.

Forty-seven individuals involved with OID have graduated from Project SEARCH since 2009; 32 of these graduates are currently employed (with or without on-site job supports) and 16 are unemployed. In addition, 14 regularly attend Job Club or participate in on-going Job Development through Project SEARCH. Twenty past graduates are currently enrolled in a waiver. The roster for School Year 15/16 is still pending confirmation of acceptance.

- ***ODP Base Employment Pilot***

This service is available for youth and young adults receiving services authorized in the Home and Community Services Information System (HCSIS) through the Base Employment Pilot. This Pilot is designed to support individuals with minimal needs in integrated, community-based employment. Pilot funds are distributed via individual allocations to 23 individuals receiving supports from 10 service providers. Of the 23 individuals currently being served, two are working in full-time positions (average 40 hours/week), eight are working in part-time positions of 20+ hours/week, and 13 are working in part-time positions of less than 20 hours/week. The 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).

- ***ACDHS-OID Base Pilot "Group 2"***

OID has expanded the age restrictions of the ODP Base Employment Pilot with its own "Group 2" Pilot, to include older workers who would otherwise not be eligible for supports through the ODP Pilot. As with the ODP Base Pilot, the "Group 2" Pilot targets individuals who require only minimal supports (Job Coach and/or Transportation) to maintain community-based employment. Twenty individuals are currently authorized for funding through this Pilot. Additional individuals are targeted for inclusion in this pilot upon completion of OVR initial job supports (OID will provide long-term funding upon exhaustion of OVR funds). Nine individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports (this has maximized funding opportunities, as 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)*. TCC meetings provide information and networking opportunities for school district transition and special education staff, OVR counselors, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students and families.

### **Base-Funded Supports Coordination**

DHS estimates that it will serve approximately 2,211 individuals with base-funding supports coordination in FY 15/16. This funding will be used for individual services such as supports coordination, in-home supports, day programming, 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 Human Services 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 052-12 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 includes those receiving Waiver, Base and/or Supports Coordination services, as well as those residing in ICF-ID settings (Private and State Center). Currently, 2.5 percent of these individuals reside in a State Center (139 of 5683). During FY 11/12, individuals were identified for movement into the community through the Benjamin litigation. Thus far, a total of four individuals from two state centers have moved or are in the process of moving. In FY 12/13, 12 Allegheny County individuals were identified from three different state centers for community placement. However, the litigation was vacated by the court in November 2012 for individuals without a family/guardian who were unable to express preference. In FY 13/14, two individuals were placed from a public ICF-ID setting into the community.

In FY 14/15, ODP and DRN re-negotiated the stipulations resulting from the Benjamin litigation and utilized this litigation to offer individuals in state centers the option to move into the community. The list of individuals appropriate for community placement is fluid, with individuals coming off and on throughout the year. This year, for example, 16 Allegheny County individuals were identified for community placement planning. Eight of these individuals were removed from the planning list for various reasons, leaving eight on the list. ODP tracks provider interest and planning through a designated website. Allegheny County is working with ODP and state centers to coordinate and plan for the individuals who are interested in moving into the community.

- Case Management Services

In FY 15/16, DHS estimates that 1,791 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 15/16, DHS estimates that 338 individuals will receive community-based services and 41 individuals will receive residential services. Supports may include, but are not limited to: residential (e.g., Lifesharing, 24 hour residential or less than 24 hour residential supports), day programming, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.

### Lifesharing Options

DHS is committed to providing support for a range of community-based and residential services, including Lifesharing opportunities. Sometimes called Family Living, Lifesharing is an opportunity for a person with a diagnosis of ID to share a home with a non-related family or individual. In Allegheny County, during FY 14/15, 74 individuals (two funded through child welfare) were served through Lifesharing programs offered by 11 agencies. Efforts to expand the number of Lifesharing providers and participants in Allegheny County (and to fill vacancies) occurred throughout FY 14/15 and will continue in FY 15/16. These efforts include:

- Hosting bi-monthly Allegheny County Lifesharing Coalition meetings, attended by agencies and supports coordination organizations, to share information received at State Subcommittee Meetings and provide information on various topics of interest
- Celebrating Lifesharing Awareness Month with an Information Fair to attract providers, participants and agencies to Lifesharing
- Attending PA and Western Region Lifesharing Coalition meetings and the statewide Lifesharing Conference
- Assisting with planning the statewide 2014 Lifesharing Conference
- Distributing information to supports coordinators, including the Lifesharing Fact Sheet, *Lifesharing Reference Information*, *Lifesharing Indicator* and the internet link to PA Lifesharing video. Supports coordinators also receive the Lifesharing Vacancy list every month with information regarding available Lifesharing and respite openings.
- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parent(s) are given information about Lifesharing as an option for continuing to share their home.
- Inviting Lifesharing agencies to provider presentation meetings for multi-system youth and adults in need of residential placement
- Participating in PA Coalition's Subcommittee on Training
- Improving access to Lifesharing information by maintaining DHS's OID webpage
- Including a Lifesharing information vendor table at school transition fairs
- Planning for the Third Annual Lifesharing Information Fair to be held by the Allegheny County Lifesharing Coalition in October 2015
- Facilitating an article featuring Lifesharing in the Tribune Review

### **Cross Systems Communication and Training**

In FY 15/16, 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 utilize 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. In February 2015, the Mirage committee received a grant from the PA Departments of Aging and Human Services to provide cross-systems training and implement individual planning reviews.
- ***Collaborating with Support Coordination Units (SCUs)***  
OID collaborates with three SCUs on a regular basis to encourage consistent implementation of ODP policy and practice. Joint AE and SC expectations are discussed, as are waiting list maintenance and initiative implementation. This work will continue in FY 15/16.

- ***Agreement with UPMC Health Plan and Community Care Behavioral Health (CCBH)***  
 In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication regarding 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, intensive residential program, currently offered in three homes licensed under 3800 regulations. Beginning June 2015, one of the three providers will be discontinuing their involvement and a Request for Proposal has been issued to fill that vacancy. 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 are also supported by a shared Mobile Treatment Team (MTT) comprised of 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.
- ***Integrating services for adults with complex needs***  
 Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served 27 individuals in Allegheny County. This collaborative effort between OBH/OID, CCBH and Northwestern Human Services (NHS) utilizes a recovery-oriented approach to supporting individuals with co-occurring mental health disorders and diagnosed ID. With services 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. Based on the team's success to date, in the spring of 2015, NHS recruited additional staff and increased its capacity to 30 individuals. OID and OBH continue to interface with the DDTT and CCBH on a regular basis in order to monitor progress as well as discuss and recommend appropriate referrals for the program. Process discussions and quarterly metrics reports are reviewed on a quarterly basis.
- ***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/court systems. The partners continue to communicate on a regular basis and work to improve and streamline communication. Areas identified for improvement include:
 
  - Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but are incarcerated or have legal/court involvement
  - Increased collaboration with ACJ so that OID is notified when individuals with ID are incarcerated

- Streamlining funding timelines that accommodate jail release, identified needs and Waiver stipulations
- Barriers to newly OID-registered individuals who are already incarcerated or who are incarcerated after intake but before their needs can be assessed
- **Assessment and evaluation of Parents with ID**  
 During FY 14/15, OID implemented several significant processes in an effort to meet the unique needs of parents diagnosed with ID and their children.
  - Creation of the OID Parenting Assessment Team, designed to provide competence-based parenting assessments for parents with ID and their children. The team is comprised of eight Masters- and Doctorate-level professionals with experience in conducting assessments, working with individuals diagnosed with ID, and collaborating with human service and court systems. OID coordinated training for the OID Parenting Assessment Team through the renowned Vermont Parenting Assessment Team, which continues to provide ongoing support. Additionally, a referral process and OID Parenting Assessment brochure were created. The team is currently conducting parenting assessments.
  - Identification of 48 parents with ID registered with OID. OID has enhanced internal processes, such as HCSIS Review and Intake, to ensure that parents with ID continue to be identified and monitored for service delivery.
  - The OID Intake department has increased efforts to coordinate with CYF and other DHS offices to ensure that parents with ID who are trying to register with OID have extra support navigating the intake process.
  - OID continues to implement internal checks that prevent case closures for individuals active with other DHS offices.
  - Developed monthly reports identifying parents with ID who are active in CYF; created OID and CYF points-of-contact to facilitate increased communication; and continues to meet regularly across DHS program offices to create more integrated ways to meet the complex needs of parents with ID and their families.
  - Developing an OID Parent Support Guide that will assist parents and professionals with identifying DHS and community resources available to support these families.
- **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:
  - Allegheny County is partnering with ODP-Western Region and other counties on a corrective action plan workgroup to share information regarding common findings from the AE Oversight Management Process and AE Administrative Reviews.
  - 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 in order 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 is involved with ODP's Positive Practices Committee; the mission of the committee is *"To improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental disabilities as well as mental*

*health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives and Recovery through a DHS and multi- system stakeholder collaboration.”*

### **Emergency Supports**

Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County’s **emergency response plan including:** how your County meets emergency needs of individuals outside of normal work hours; does your County “reserve” any base dollars to meet emergency needs; what is your County’s emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside normal work hours.

Allegheny County utilizes several processes to ensure support when no waiver capacity is available:

- Utilizing 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 the Area Agency on Aging 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.

Allegheny County OID has a 24-hour on-call protocol in the event of an emergency. This on-call protocol includes provider contacts that 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.

**Administrative Funding** (describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement)

OID functions as the local AE and DHS/OID personnel 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 of the Operation Agreement.

## **HOMELESS ASSISTANCE**

Homelessness is a complex problem with many contributing factors, including unemployment, shortage of affordable housing, substance abuse, mental illness, chronic illness, intimate partner violence and poverty. DHS remains committed to reducing the number of Allegheny County residents (individuals and families) experiencing a housing crisis (i.e., homelessness) by addressing these factors simultaneously to reduce use of shelter facilities and provide tailored supports to move clients successfully to permanent housing, services and supports (professional and natural) that will help them find and maintain stability in multiple life and human service domains.

Homeless Assistance Program (HAP) funding supports a variety of housing services for homeless individuals and families. HAP supports emergency shelters, bridge housing, rental assistance and case management programs that help to prevent the negative outcomes associated with homelessness or housing insecurity, such as placement in the child welfare system and poor school attendance.

In FY 14/15, Allegheny County made system improvements and added resources to better serve individuals and families experiencing homelessness. This change was inspired, in large part, by Allegheny County's efforts to improve our service system. These efforts include:

- **Call for Concepts**

As part of a broader strategy for implementing the Human Services Block Grant, DHS issued a Call for Concepts to engage providers and staff in identifying creative ways to use the flexibility of the block grant to better serve community residents. DHS received a number of concepts that addressed issues related to homelessness. In FY 13/14, to address some of these issues, DHS implemented a system of case management for families in emergency shelters; in FY 14/15, the service was expanded to all family emergency shelters as well as the hotel/motel sites where families are placed when the shelter system is at capacity. By building capacity in emergency shelters to connect (or reconnect) families to appropriate services, we can begin to address underlying needs earlier in the families' system involvement and prevent some of the negative outcomes associated with homelessness, particularly for children. More information on this service is included in the *Case Management* section.

- **Service Review and Strategic Plan**

In 2013, DHS staff conducted a comprehensive review of the homelessness system in Allegheny County. The system review consisted of three components: 1) an overview of the service system and its components, client demographic and service usage 2) a qualitative review that focused on the clients' experiences with accessing services and navigating the homelessness system of services and 3) a strategic planning process. This resulted in a report released in January 2015, *Homeless in Allegheny County: The Client Experience*, a Data Brief: *Allegheny County Point-in-Time Homelessness Data, 2010 through 2014* in February 2015, and two upcoming data briefs focusing on individuals and families in the homelessness system. Informed by the review, DHS engaged staff across multiple program offices in a planning process 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 at risk of homelessness.

The planning team identified areas for improvement and key issues to address through three strategic initiatives over the course of the next three years. A project team within DHS will oversee the implementation of these initiatives and provide regular progress updates to stakeholder groups.

*Strategic Initiatives*

- Coordinate, standardize and evaluate care across all DHS programs and providers serving individuals and families who are homeless. As part of this work, the team will develop and implement standards of care for housing and homelessness services as well as an objective screening tool to identify the most appropriate referrals to service providers. This work is intended to improve coordination of homelessness services and supports available through DHS, regardless of the way in which people access the system.
- Use creative and collaborative means to increase access to affordable housing units while supporting development of additional affordable housing units throughout the community. This work will include planning collaboratively with housing authorities and community development corporations, engaging landlords, and securing designated Section 8 vouchers for DHS clients. The team's goal is to improve the quality and use of affordable housing by identifying and providing programming for consumers who need less intensive supports, providing effective inspection programs, and making data on available units readily accessible.
- Provide proactive housing assistance to prevent at-risk individuals from becoming homeless. Strategies include funding, piloting and evaluating approaches to identify those at risk and provide early assistance before housing becomes a crisis, particularly to youth who are aging-out of the child welfare system. DHS will make short-term case managers more widely available and increase programming that will help individuals to maintain safe and affordable housing. Finally, DHS will engage the broader community in identifying individuals at risk of homelessness and work to address policies that may inadvertently promote homelessness.

- **Coordinated Intake**

In order to better serve individuals and families experiencing a housing crisis in Allegheny County, DHS created a Coordinated Intake process for improved access to the Continuum of Care. As a result, clients no longer have to call multiple providers to find the services they need to regain stable housing. By making one call to the Allegheny Link, clients are 1) matched to programs for which they are likely to be eligible, 2) educated about those program options, and 3) electronically referred, through the Homeless Management Information System (HMIS), to the program of their choice (from the list of available options). As referrals are made, they are placed on waiting lists in chronological order. Providers contact clients as they reach the top of the waiting list. DHS also reviews all denied referrals to ensure that unnecessary barriers to program entry are removed, households are treated fairly and providers are following applicable laws and regulations.

The Allegheny County Link began taking calls for Coordinated Intake in April 2015. In a short time, the new system has improved clients' experiences and reduced the frustration many clients previously faced when they tried to access a program within the Continuum of Care. DHS also added an after-hours crisis component to this Coordinated Intake system in FY 14/15, allowing for an immediate response to a housing crisis at any hour of the day, on weekends and on holidays. Providers are responsible for answering calls outside normal operating hours (Monday through Friday, 8:00 AM to 7:00 PM). Calls are forwarded to the specified provider who works with the client

to determine their need for emergency housing. If an alternative support network is not available, the provider connects the individual or family to an emergency shelter or, if the shelter is at capacity, places them in a hotel or motel.

In FY 14/15, DHS estimates that approximately 6,965 clients will be served with HAP funding, an increase from FY 13/14. This increase is largely attributed to more families receiving case management services and rental assistance. In FY 15/16, DHS estimates that HAP-funded services will be provided to 7,040 clients.

	<b>Estimated Individuals Served in FY 14/15</b>	<b>Projected Individuals to be Served in FY 15/16</b>
<b>Homeless Assistance</b>		
Bridge Housing	800	850
Case Management	1700	1700
Rental Assistance	485	510
Emergency Shelter	3700	3700
Other Housing Supports	280	280
<b>Total HAP Services</b>	<b>6965</b>	<b>7040</b>

In the past year, DHS has begun to require additional information from HAP and Penn Free providers as part of their monthly reports; providers are now asked to track outcomes for each client who completes or exits their program, including the number and percent who:

- exit to permanent housing
- increase their income while in the program
- secure public benefits (e.g., MA, TANF and SNAP) while in the program

All of these measures have been incorporated into the new HMIS system and will continue to be part of DHS’s monitoring efforts. Over the next two years, DHS will also explore more effective ways to utilize program outcomes and process measures in the monitoring process.

In FY 15/16, DHS will provide the following services:

- **Bridge Housing** is a transitional service that provides individuals and families in temporary housing the opportunity to move to supportive long-term living arrangements for up to 12 months. In FY 13/14, out of 661 total adults and children served, 257 clients exited to permanent housing from bridge housing. Destinations upon program exit for these unduplicated clients were unsubsidized permanent housing (114 clients), subsidized permanent housing (35 clients), HUD Safe Haven/Shelter Plus Care Programs (12 clients), HUD Permanent Housing Program (22 clients) and other destinations, such as permanent tenure with family or friends (74 clients).
- **Case Management** in HAP-supported programs assists individuals and families to identify and implement strategies to achieve independent living, including goal setting in the areas of basic life skills, financial management, job preparation skills and/or employment skills. Allegheny County also contracts with two agencies for street outreach to engage chronically homeless individuals and connect them to services and housing.

In FY 13/14, DHS implemented case management for families with children in two family shelters. In FY 14/15, DHS expanded the case management program to the two remaining family shelters as well as to families that are placed in hotels. In order to accommodate the program expansion, DHS hired an additional case manager. The case management staff has continued to successfully help families access and maintain connections to community services. For example, staff help families secure and maintain benefits (e.g., 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.

Over the course of FY 14/15, we also assisted families to complete applications for housing programs, market rate rental properties and Supplemental Security Income (SSI). To better serve families whose head of household has a disability that prevents employment, one of the case managers has been trained as a SSI/SSDI Outreach, Access and Recovery (SOAR) Champion. SOAR is a program designed to increase access to SSI/SSDI for eligible adults, with a mental or physical health issue and/or substance use disorder, who are experiencing or at risk of homelessness. In FY 15/16, the other case managers will be trained as SOAR Champions.

In FY 14/15 (as of 4/27/15), DHS provided case management services to 141 families in family shelters. In total, DHS estimates that we will provide approximately 1700 individuals with case management in FY 14/15 (e.g. Family Shelter Case Management, Operation Safety Net Case Management, and the SSO-HAP Program). DHS anticipates the number served in FY 15/16 will remain level with the previous year.

- **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. Emphasis is placed on the prevention of homelessness for families with children, because in addition to being cost effective, preventing homelessness reduces the trauma associated with homelessness, particularly for children.

In FY 14/15, DHS estimates that approximately 485 clients will have received rental assistance. In FY 15/16, DHS estimates that approximately 510 clients will receive rental assistance.

- **Emergency shelters** provide refuge and care for up to 60 days to people who are in immediate need of housing and have no permanent legal residence of their own. By the end of FY 14/15, DHS estimates that approximately 3700 individuals were served by the emergency shelter system. In FY 15/16, DHS estimates that the number served will remain level with the previous year (including intimate partner violence shelters).
- **Other Housing Supports** are provided to homeless individuals and families in the form of an Innovative Supportive Service (ISS). The ISS program uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture assistance, and rental and utility assistance. Client needs are addressed holistically, including housing, behavioral health services, physical health services, education support, food and transportation assistance, furniture and clothing. Supportive relocation is also a primary goal of the ISS program, which moves individuals to safe, stable and

secure housing through the provision of rental assistance, housing location services, and information and referral.

Street outreach is also provided for chronically homeless individuals. Two agencies deliver street outreach services, which include basic health services and housing for the chronically homeless, many of whom have a mental illness or co-occurring disabilities. The street outreach teams work to connect homeless consumers with benefits and sources of income for which they may be eligible. They also provide referrals to the Severe Weather Emergency Shelter, which is open from November through March to provide shelter when the temperature is below 25 degrees or when severe weather conditions are expected.

In FY 14/15, DHS provided approximately 280 clients with other housing supports, and estimates that 280 clients will be served with other housing supports in FY 15/16.

## **CHILD WELFARE SPECIAL GRANTS**

DHS provides a full continuum of accessible, supportive services to families who are empowered to have a voice and role in decision-making. Some elements of this continuum are funded with block grant funds (CYF Special Grants); other elements are funded by additional sources, including the Needs-Based Budget and Title IV-E funding.

Allegheny County's FY 14/15 and FY 15/16 Needs-Based Plan & Budget, the forthcoming FY 15/16 and FY 16/17 Needs Based Plan & Budget, the Child Welfare Demonstration Project (CWDP) proposal and subsequent Initial Design and Implementation Reports (I and II), CWDP quarterly monitoring reports to the state, and the Semi-Annual Reports to ACF provide a thorough review of our programmatic and administrative successes and challenges over the past few years. The plans and reports also describe Allegheny County's strategies to achieve our goals and desired outcomes.

A snapshot of our successes and challenges in FY 14/15 include:

### *Successes*

- We issued RFPs and selected providers to implement—
  - HOMEBUILDERS
  - PCIT in five family support centers
  - Health care support and coordination for medically fragile children
  - Foster care awareness and recruitment/public relations campaign as part of the diligent recruitment grant
  - Job analysis and assessment tool to inform DHS's hiring, placement and supervision decisions
- Solicitations have been issued and we are in the evaluation process for a—
  - One-Stop Center with Comprehensive Services for Transition Age Youth
  - Community of Practice for Behavioral Health Providers serving families involved with the Child Welfare System
- Completed roll out of Conferencing & Teaming
- Initiated the Leadership Fellows Program
- Conducting an evaluation of our Family Support Centers
- Participating in On the Frontline to improve investigation processes
- Introduced a Sexual Orientation, Gender Identity, and Gender Expression training for CYF providers and internal staff
- Received in depth technical assistance through the National Center on Substance Abuse in Child Welfare to improve outcomes effected by caregiver substance abuse disorders

### *Challenges*

- QSR Status Indicators from FY 13/14: Stability, academic outcomes, permanency and parent functioning (mothers)

- QSR Practice Performance Indicators from FY 13/14: Fathers, assessment and understanding, teaming and planning
- Over-utilization of congregate care and reentry into the child welfare system
- Department-wide implementation of changes in casework practice related to Conferencing & Teaming, the common assessment tools and Family Finding
- Linkages to evidence-based practices and downscaling of generic in-home services

In FY 15/16, block grant funds will augment a number of important services at DHS. These services include housing supports for families with children, Multi-Systemic Therapy (MST), Family Development Credentialing (FDC), truancy intervention and family engagement strategies including Family Group Decision Making (FGDM) and High Fidelity Wraparound (HFW).

Together, these services, in conjunction with services funded through the Needs-Based Plan and Budget, will help DHS to achieve improved safety, permanency and well-being outcomes. The specific desired outcomes are listed below:

Outcome Description	Outcome Name	Method of Measurement	All Child Welfare Services Contributing to Outcome
<b>More children/youth achieving timely permanency</b>			
More children/youth achieving permanency (reunification) with 1 year	Timely Reunification	% of youth achieving reunification within 12 months of spell start date	Housing supports for families; FDC; HFW
<b>Safety Outcome</b>			
Children are protected from child abuse and neglect	Safety	Substantiated re-abuse	MST; HFW; Truancy Intervention
<b>Improved child/youth and family functioning</b>			
Increased child and family functioning	Well-being	FAST and CANS data (change over time of the % of actionable items, or items with a score of 2 or 3)	FGDM; MST; HFW; Truancy Intervention
Improved linkages between individual needs/strengths and services provided	Targeted Service Referrals	Evaluate referral data patterns; evaluate the rate at which workers are able to link children and caregivers with services that directly address their needs	Housing Supports for Families; FGDM; MST; HFW; Truancy Intervention; Focus on Attendance

## HOUSING

### The Family Housing Stabilization Program (FHSP)

FHSP is designed to prevent both family homelessness and the placement of children into the foster care system. FHSP provides short-term rental assistance to eligible families with children who may or may not be active in the county's child welfare system, but who are at increased risk of having their children

placed out of the home due to inadequate or unsafe housing conditions. All families receiving rental assistance (both HAP and CYF) also receive budget counseling. Of the families that participated in FHSP in FY 14/15 (as of April):

- A total of 1,689 received assistance to preserve family housing and prevent housing instability. Of this total number:
- 249 were at-risk of homelessness due to eviction; the rental assistance resolved the housing crisis and prevented eviction
- 196 were literally homeless or living in unstable housing; all regained stable housing following enrollment in the rental assistance program
- 153 gained permanent housing following enrollment in rental assistance

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Expanding
			X

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	Families with children facing homelessness due to eviction (approximately 1,500 families with 4,000 children)	Families with children facing homelessness due to eviction (approximately 1,500 families with 4,000 children)
# of Referrals <sup>2</sup>	See footnote	See footnote
# Successfully completing program	2100	2200
Cost per year	\$1,010,000	\$1,010,000
Program funded amount	\$1,010,000	\$1,010,000
Name of provider	Urban League of Pittsburgh	Urban League of Pittsburgh

### **Shallow Rent Subsidy Program**

The Shallow Rent program provides families at risk of homelessness with a \$200 per month “shallow” rent subsidy for up to 12 months. This program is designed to mitigate the unexpected unaffordability of a family’s residence due to unemployment or illness. Low-income families often face difficulty in finding affordable housing, and a reduction in income can quickly make a previously-affordable apartment unaffordable. The Shallow Rent Program focuses on family preservation and homelessness prevention.

<sup>2</sup> DHS was not able to track the total number of referrals for the housing programs until May 2015. We will be able to provide full annual data on the need for this service and any gap analysis for the FY 15/16 block grant year.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Expanding
			X

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	Families with children, with housing unaffordability-- Approximately 950 individuals	Families with children, with housing unaffordability-- Approximately 950 individuals
# of Referrals	See footnote	See footnote
# Successfully completing program	200	250
Cost per year	\$75,000	\$75,000
Program funded amount	\$75,000	\$75,000
Name of provider	Community Human Services	Community Human Services

### **Emergency Shelter Services**

The network of family emergency shelters serves families, with minor children, who have no legal residence or other housing options. Because families in emergency shelters are considered homeless, additional resources are provided to emergency shelters to provide them with supportive services and to facilitate their rapid transition to bridge and transitional housing programs. Allegheny County's goal is to reduce the number of families, who experience stays in emergency shelters, instead placing them in a stable housing situation when a housing crisis is identified.

In FY 14/15, DHS launched a Coordinated Intake system for individuals and families facing a housing crisis in Allegheny County. Coordinated Intake has increased access to the homelessness system in Allegheny County by creating a one-stop-shop where people facing a housing crisis can either call or stop in for assistance. This centralized system allows an individual or family to make one phone call to get referrals to any homelessness program in the county and ends the former practice of providing families with multiple phone numbers and expecting them to try to locate a program that has a vacancy and is willing to serve the family. This ease of access, however, has increased the number of families able to easily navigate this formerly complex system and, as a result, the increased demand for emergency shelter services, especially for families with minor children, has outpaced supply.

To remedy this, Allegheny County has relied upon a handful of hotels and motels willing to house families unable to locate an appropriate vacancy in the system. Since the start of the Coordinated Intake process in Allegheny County, DHS has placed more than 20 families in hotels (as of April 2015) and, as a result, funding for this service increased \$65,000 in FY 14/15.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing X
			Expanding

	FY 14/15 Estimated Actuals	FY 15/16 (projected)
Target Population	950 individuals in families who are homeless and in need of shelter	950 individuals in families who are homeless and in need of shelter
# of Referrals	See footnote	See footnote
# Successfully completing program	750 individuals	750 individuals
Cost per year	\$315,000	\$315,000
Program-funded amount	\$315,000	\$315,000
Name of provider	Family Promise of Southwestern Pennsylvania, the Salvation Army Family Caring Center, CHS and Womanspace East	Family Promise of Southwestern Pennsylvania, the Salvation Army Family Caring Center, CHS and Womanspace East

### **Bridge and Transitional Housing**

These housing programs serve families transitioning from emergency shelter; agencies receive CYF Housing funds to assist with the transition and to encourage the expansion of available bridge and transitional housing units.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing X
			Expanding

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	900 individuals in families	900 individuals in families
# of Referrals	See footnote	See footnote
# Successfully completing program	175 individuals	200 individuals
Cost per year	\$210,000	\$210,000

Program funded amount	\$210,000	\$210,000
Name of provider	Goodwill (Healthy Start House), Bridge To Independence, Naomi's Place, Sojourner House, Veteran's Leadership Program	Goodwill (Healthy Start House), Bridge To Independence, Naomi's Place, Sojourner House, Veteran's Leadership Program

**Low-Income Public Housing Eviction Prevention Program**

In FY 13/14, DHS began an Eviction Prevention Program (EPP) for families with minor children who reside either in Allegheny County Housing Authority (ACHA) properties or in the Housing Authority of the City of Pittsburgh's (HACP) Bedford Dwellings community. Eligible families are those facing eviction due to rent arrearage. Stipulations for participation include mandatory budget and financial counseling and the timely payment of current rental charges in accordance with the housing authority's repayment plan. The goal of the program is to prevent homelessness – and subsequent involvement with the child welfare system - for families with minor children, by increasing housing stability.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing X
			Expanding

	FY 14/15 Estimated Actuals	FY 15/16 Projections
Target Population	Families with children, who are facing eviction from public housing (approximately 250 families in each of two housing authorities)	Families with children, who are facing eviction from public housing (approximately 250 families in each of two housing authorities)
# of Referrals	See footnote	See footnote
# Successfully completing program	90	90
Cost per year	\$25,000	\$25,000
Program funded amount	\$25,000	\$25,000
Name of provider	Community Human Services and Urban League	Community Human Services and Urban League

**Family Housing Crisis Manager**

Families with minor children, who are facing a housing crisis, need immediate access to emergency housing, case management and other services. To respond to these immediate needs, DHS contracted with a provider agency to create a position for a staff person designated to connect these families to emergency, temporary, or permanent housing.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing
			X
		Expanding	

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	950 individuals	950 individuals
# of Referrals*	See footnote	See footnote
# Successfully completing program	425	425
Cost per year	\$50,000	\$50,000
Program funded amount	\$50,000	\$50,000
Name of provider	Community Human Services	Community Human Services

## TRUANCY

### Alternative Approaches to Prevent and Reduce Truancy

Truant students are more likely to face one or more of the following issues: academic failure, poor social and emotional functioning, ethnic or racial dissonance, health problems, and/or an inability to feel a part of their school culture. In addition, truant students are less likely to graduate, placing them at a greater risk of poverty, homelessness and incarceration as adults. DHS contracts with two in-home service providers for truancy prevention and intervention services. In FY 14/15, DHS expanded truancy prevention to a third provider—Try Again Homes.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing
			X
		Expanding	

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	4,844	4,802
# of Referrals	814	841

# Successfully completing program	642	664
Cost per year	\$2,098,000	\$2,098,000
Name of provider	Community Empowerment Association, Youth Advocate Programs and Try Again Homes	Community Empowerment Association, Youth Advocate Programs and Try Again Homes

**Focus on Attendance**

Since July 2012, DHS has been actively involved in the Allegheny County Children’s Roundtable, Educational Success and Truancy Prevention Group, under the overall direction of the Family Court Administrative Judge and DHS Director Marc Cherna. The first initiative of the group was a truancy prevention pilot program called Focus on Attendance (FOA) through which DHS hired two specialists to focus specifically on school attendance in two Pittsburgh Public Schools. The goal of this pilot program was to provide prevention and diversion services to students and families, to improve school attendance and overall well-being, and to reduce the number of referrals to child welfare. FOA provided a variety of services; the most frequent was service coordination and basic communication about attendance with parents.

In FY 14/15, FOA transitioned from a school building-based intervention to a countywide intervention, beginning with DHS’s data-sharing partner school districts (Pittsburgh Public School District, Clairton City School District, Penn Hills School District, Woodland Hills School District, Sto-Rox School District and McKeesport Area School District). With this shift to system wide improvements, the target population includes all students in partner districts who are chronically absent (i.e., missing 18 days of school or more). As of March 2015, there were 4,844 chronically absent students in these partner districts. Since FOA is no longer providing direct school-based services, the previously-reported metrics (e.g., clients served, number successfully served) are no longer relevant. DHS hopes to see the overall rate of chronically absent students decrease over time as a result of FOA efforts.

DHS originally intended to work in partnership with the Allegheny Intermediate Unit (AIU) to serve students from the partner districts. The work also focused on training and collaboration with existing truancy prevention service providers – Youth Advocate Program, Community Empowerment Association and Try Again Homes. However, one of the FOA workers took a teaching job elsewhere and the remaining School Outreach Specialist focused efforts on strengthening the knowledge of community resources and educational interventions among these providers.

Throughout the first six months of FY 14/15, stakeholders were sending a consistent message: Prevention and Diversion Services would be more effective earlier in the school year, before school attendance concerns became more problematic and more difficult to address. In response, and as a result of efforts on the part of the School Outreach Worker, three Conferencing & Teaming agencies adopted a focus on school attendance.

In FY 15/16, the School Outreach Specialist will concentrate on 1) developing and implementing countywide strategies and interventions to improve educational and life outcomes and 2) engaging cross-system stakeholders in a process to inform truancy and poor school attendance policies and

procedures with a focus on prevention and streamlined access to appropriate community resources. Specific recommendations will be developed for Magisterial District Courts, Children’s Court, the child welfare system, community agencies and DHS’s data-sharing partner school districts. DHS will continue to work in collaboration with the Allegheny Intermediate Unit 3 (AIU3) Truancy Prevention Program to serve students from these districts. The implementation of countywide intervention and collaboration with AIU3 will increase the number of referrals and individuals served, but also serve them earlier in the school year and therefore increase the ability to manage those referrals as well as successful outcomes. School Outreach Specialist duties will include:

- Provide monthly trainings and bi-weekly case consultations/technical assistance to three CYF-contracted truancy prevention providers and three Conferencing & Teaming providers (Youth Advocacy Program, Community Empowerment Association, Try Again Homes, Small Seeds Development, Macedonia FACE, Touching Families), to enhance their work and influence service delivery..
- Develop and connect DHS internal truancy referral pathways.
- Streamline truancy documents among all partner systems (schools, child welfare, Magisterial District Courts and Children’s Court)
- Review attendance policies, legal letters and PA state recommendations with schools, to provide recommendations and simplify attendance procedures.

While the School Outreach Specialist will focus primarily on increasing access to supports for young people who display poor school attendance, a newly hired Education Records Consultant will be hired to streamline access to school records and timely school enrollment for young people in foster care, two significant barriers to positive school outcomes for these students. These barriers are exacerbated by that fact that Allegheny County has 43 school districts and traditionally, no staff in the school districts focuses on this population. Additional funding granted to FOA during FY 13/14 will be used by AIU3 to hire what is essentially a certified guidance counselor dedicated to children in foster care. The Education Records Consultant will begin in May 2015 and, after a period of acclimation, will work during the coming fiscal and school year (15/16) to develop a process to streamline transfer, enrollment and acquisition of school records for approximately 375 youth in foster care through CYF’s Northern Regional Office.

Status	Enter Y or N		
	New	Continuing	Expanding
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	X	

	FY 14/15 Estimated Actuals	FY 15/16 Projections
Target Population	4989	4989
# of Referrals	See narrative about	See narrative about
# Successfully completing program	the program’s changes that	the program’s changes that

	occurred in FY 14/15	occurred in FY 14/15
Cost per year	\$144,500	\$144,500
Program funded amount	\$144,500	\$144,500
Name of provider	Human Services Administration	Human Services Administration

**Family Group Decision Making (FGDM)**

In FY 13/14, DHS’s three Family Group Decision Making providers added Conferencing and Teaming to their service inventory; FGDM was directed to families not accepted for service in the child welfare system, but rather referred by DHS in order to prevent re-referrals to child welfare. Together, the three providers serving the identified target population named the new service *Family and Community Teaming (FACT)*. Over the course of FY 13/14 and FY 14/15, all three of the providers received training on Conferencing and Teaming, the FAST assessment tool and Family Finding.

For the three FACT providers, the addition of Conferencing & Teaming to their service inventory and changes made to the target population affected referrals to the program at the start of the program. Referrals were slow during the first year of the program, but began to increase in 14/15 to meet our projections. The program also converted to fee for service in FY 14/15.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing X
			Expanding

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	3000	3000
# of Referrals	745 families	800 families
# Successfully completing program	425 families	500 families
Estimated cost per year	\$900,000	\$950,000
Per Diem Cost/Program funded amount	Fee for Service	Fee for Service
Name of provider	Macedonia FACE, Small Seeds, Touching Families, Inc.	Macedonia FACE, Small Seeds, Touching Families, Inc.

**Multi-Systemic Therapy (MST)**

MST is an evidence-based program for families of youth with severe behavioral problems. MST targets children ages 12 through 17 with disruptive behavior disorders; it is not available for youth with Intellectual Disability (ID) or Autism, those who have a sex offense as their primary referral cause, or those with active suicidal ideation. Services are delivered to the family by a primary caregiver and a support team of three therapists. Each therapist serves 15-18 families per year, depending on the level of treatment required. Treatment duration is limited to four to six months.

MST was identified in DHS’s second Initial Design and Implementation Report (IDIR II) as an EBP to be expanded as part of the CWDP. Our challenges with implementing MST and identified strategies to improve service utilization are outlined in our Semi-Annual Report submissions to ACF.

Status	Enter Y or N			
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N			
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Continuing	Expanding
		X		

	FY 14/15 Estimated Actuals	FY 15/16 Projected
Target Population	100	100
# of Referrals	39	55
# Successfully completing program	30	45
Cost per year	\$88,000	\$100,000
Per Diem Cost/Program funded amount	\$45.00	\$45.00
Name of provider	MHY Family Services	MHY Family Services

**The Credential for Strength-Based Family Workers Program (SFW)**

Formerly known as FDC, SFW is an enhanced training and credentialing process that, like FDC, builds the capacity of family development workers to facilitate a family’s ability to obtain and maintain self-sufficiency.

SFW:

- Is competency-based
- Has clearly-articulated connections to learning objectives
- Uses precise measures to demonstrate competence
- Includes a process for continuing professional development and credential renewal

Features of SFW:

- Comprehensive classroom instruction by trained community-based family development instructors
- Portfolio coaching by a trained portfolio coach

- Demonstration of core family worker skills
- Assessment exam based on specific learning objectives

For FY 14/15, not all of the regular SFW classes are finished; another 67 staff are expected to complete it by the end of the fiscal year. The Leadership SFW is complete; 10 people have successfully completed the course.

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Expanding
			X

	FY 14/15 Estimate	FY 15/16 Projections
Target Population*	DHS staff, Provider Agencies , Non-Profit Agencies, Unemployed Workers	DHS staff, Provider Agencies , Non-Profit Agencies, Unemployed Workers
# of Referrals	115	120
# Successfully completing program	67	75
Cost per year	\$282,000	\$282,000
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	DHS	DHS

\*Numbers vary from year to year. Because SFW is a training program, we cannot know how many people will register until after they have enrolled in the class. Since 2005, more than 800 people have completed the course and been credentialed.

### **High Fidelity Wraparound (HFW)**

HFW is a collaborative, team-based approach to planning for services and supports. Through the HFW process, teams create individualized plans to meet the unique needs of the child and his or her family. Family Support Partners (FSP) and Youth Support Partners (YSP) are available as part of the HFW process to ensure that the voices and choices of the individuals they represent are honored.

As we continue to move to a universal practice model across DHS called Conferencing and Teaming, which emerged from blending the best of Family Team Conferencing, Family Group Decision Making and High Fidelity Wraparound, the existing practice model of HFW has been integrated into Conferencing and Teaming.. Throughout this transition, DHS is committed to supporting the family engagement process through the availability of YSPs and FSPs.

In FY 14/15, YSPs and FSPs were made available to all children and families active in the child welfare system. DHS believes that incorporating YSPs and FSPs into Conferencing and Teaming enables children and families to have a greater voice in the process. Juvenile Court judges, recognizing the value added

by YSPs and FSPs, have been responsible for a significant increase in referrals outside of the HFW model. As the unit has grown, it has required additional infrastructure to provide appropriate coaching and supervision.

With the growth of the unit, additional administrative staff adjustments have been made. Currently, given staff turnover and vacancies, the program is not operating at full staff capacity.

In FY 14/15, DHS provided HFW to several priority populations, utilizing a variety of funding streams.

The following numbers cover the period of 7/1/14 through 4/30/15:

**CYF-Funded HFW:**

- HFW served 67 families with 96 youth. Of those served—
  - 29 of the youth had a Youth Support Partner
  - Five families had a Family Support Partner

**Managed Care Organization-Funded HFW:**

- 86 families, who are high-end users of behavioral health services, received HFW/Joint Planning Team (JPT), paid for with CCBH funding. Of those 86 families—
  - 41 were active in child welfare
  - 56 youth had a YSP

**Additional Stand-Alone Support Partners**

In 2013, DHS began to assign YSPs and FSPs to youth and families who were not engaged in HFW but who had expressed a desire to have this type of support. YSPs may also be assigned to youth through a court order issued by a Juvenile Court judge.

As of April 28, 2015:

- 376 youth received the services of a YSP
- 68 referrals (from various referral sources) were pending
- Of the 376 youth assigned a YSP:
  - 132 youth receiving independent living services also had a YSP
  - 137 youth generally referred via CYF, JPO, court orders, or other sources also had a YSP
  - 22 youth were served by TLFGR grant
  
- 96 FSP referrals were made
  - 20 referrals from foster care
  - 76 referrals from courts and caseworker-direct referrals through Conferencing and Teaming

**Alternative-Funded YSP/FSP Efforts:**

- Time-Limited Family Reunification DPW Grant
  - 22 youth in Kinship Care received YSP
  
- Diligent Recruitment Grant
  - 20 families providing Kinship Care received a FSP

Status	Enter Y or N		
Funded and delivered services in FY 14/15 but not renewing in FY 15/16	N		
Requesting funds for FY 15/16 (new, continuing or expanding)	Y	New	Expanding
			X

	FY 14/15 Estimate	FY 15/16 Projected
Target Population	1,500	1,500
# of Referrals	469	500
# Successfully completing program	302	325
Cost per year	\$1,759,672	\$1,759,672
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Diversified Care Management	Diversified Care Management

**Promising Practice**

Allegheny County did not pursue a Promising Practice in FY 14/15.

## **DRUG & ALCOHOL SERVICES**

DHS believes that maintaining support for D&A prevention and intervention services is an important and cost effective strategy for reducing the human and financial toll of overdoses, DUI accidents and other substance abuse-related tragedies. In FY 15/16, DHS will maintain funding levels from FY 14/15 while continuing to track service utilization and waiting list trends. DHS estimates that it will serve approximately 4,600 distinct individuals in drug and alcohol programs using block grant funds in the next fiscal year. This estimate is level with 13/14 actuals and FY 14/15 estimated actuals (fiscal year ends June 30, 2015).<sup>3</sup>

D&A funding designated within the block grant includes D&A BHSI and Act 152. BHSI funds serve those individuals who are uninsured, do not have insurance that covers the service they need, or cannot qualify for Medical Assistance benefits. Act 152 provides funding for non-hospital-based residential detoxification and rehabilitation services for people eligible for MA. Together, these D&A block grant funds pay for treatment, prevention and recovery support services. DHS also utilizes DDAP funding to support prevention, intervention, treatment and recovery support services.

In FY 14/15, Allegheny County DHS participated in a number of strategies to improve the substance use service system in County. For example, the Allegheny County Health Department, in partnership with the Allegheny County Department Human Services, identified strategies to decrease the number of opiate-related drug overdose deaths through the community health improvement plan for a Healthier Allegheny (PHA). This plan, using data collected through the Community Health Assessment (CHA) to recognize the health related needs and strengths of Allegheny County, identified five critical priority areas for the entire county. One of the five priority areas is mental health and substance abuse. Each priority area has a series of objectives, accompanied by metrics and actionable strategies, which provide achievable health improvement for the County. The PHA is a guide for health improvement for the next 3-5 years.

The strategies for the mental health and substance abuse priority include:

- Increase the distribution of naloxone to first responders, opiate users and their family members and health care providers
- Enhance/design surveillance and monitoring to effectively respond to overdoses in youth and adults
- Increase distribution of naloxone to drug and alcohol providers in Allegheny County
- Increase access to naloxone in pharmacies

In addition to the PHA, leadership at Allegheny County DHS also actively participates in the Allegheny County Overdose Prevention Coalition (ACOPC) and worked with our managed care organization (MCO) to expand the use of Narcan among our contracted providers.

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<sup>3</sup> The total distinct client count differs from Appendix C because the appendix is a sum, rather than a distinct count of clients. Further, Appendix C includes an estimate for planned prevention and intervention services which is not included here.

Further, DHS is committed to examining one of our service systems each year; the findings of the review will be used to inform immediate, short and long term system changes to effectively and efficiently address the evolving needs of both consumers and providers. Beginning in FY 14/15 and continuing in FY 15/16, Allegheny County DHS is performing a service review of our substance use serving system. The service review is exploring a number of areas, including:

- Assess to treatment entry following a level of care assessment (LOCA)
- Analysis of episodes of care for entire system by payer source and by level of care
- Conducting a network survey of clinical capacities among providers in collaboration with stakeholders
- Identifying opportunities for enhancing consumer-level feedback
- Assessing need for public education about how to access SUD assessment and treatment

Allegheny County DHS will use the findings from the service review to inform improvements to our substance use serving system.

Finally, Allegheny County DHS and Allegheny HealthChoices, Inc. (AHC) is launching a pilot program addressing substance use disorder as an underlying cause of hospital admissions. The program, one of the first of its kind in the nation, is supported by a grant from the Centers for Medicare & Medicaid Services (CMS).

Under the two-year pilot, known as *Coordinating Care for Individuals with Substance Use Disorders*, Allegheny Health Network's Allegheny General Hospital (AGH) and three University of Pittsburgh Medical Center (UPMC) hospitals – UPMC East, UPMC McKeesport, and UPMC Mercy – are collaborating with five managed care organizations (Aetna Better Health, Community Care Behavioral Health Organization, Gateway Health, United HealthCare Community Plan of Pennsylvania, and UPMC for You, Inc.); the Allegheny County DHS and AHC to link individuals with substance use disorders to appropriate treatment. The project seeks to improve health outcomes and opportunities for recovery for individuals with substance use disorders in Allegheny County, and to reduce avoidable emergency room visits, repeat hospitalizations and overall costs.

The pilot project was launched through the federal *Adult Medicaid Quality Grant Program: Measuring and Improving the Quality of Care*. This initiative is supporting state Medicaid agencies in developing capacity to collect, report and analyze data on standardized health care quality measures for adults enrolled in Medicaid. In Allegheny County, this effort raised awareness regarding low participation rates in substance use disorder treatment, particularly for individuals showing up in hospital and emergency room settings.

The participating hospitals will use peer navigators (UPMC) and social workers (AGH) to build rapport with individuals identified with substance use disorder in the emergency room or upon inpatient admission. Upon discharge, these individuals will be referred to a community-based peer navigator or health plan care manager, with ongoing follow-up to ensure that the person is engaged in appropriate treatment.

The Allegheny County pilot is modeled after Project Engage, a successful initiative developed by Christiana Care Health System in Wilmington, Delaware, that has demonstrated substantial improvements in substance use treatment participation rates and related reductions in hospital admissions. Project Engage staff is providing training and technical support for the efforts in Allegheny County, with additional assistance from the Center for Health Care Strategies, a national non-profit health policy resource center. Lessons from the two-year pilot will be evaluated and shared statewide.

Within the D&A framework, DHS serves several target populations:

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

While DHS does not currently contract with a D&A provider that specifically targets older adults, most providers accept individuals age 60 and over into their treatment programs. Several of these providers provide inpatient treatment as well as outpatient levels of care. A number of Halfway Houses and Hospital-Based Detoxification programs are available for older individuals.

### **Adult Programs (ages 18 and above)**

DHS supports D&A inpatient/residential treatment as well as outpatient levels of care for adults; services include:

- Adult Outpatient Treatment
- Adult Residential and Rehabilitation Treatment
- Adult Halfway Housing and Recovery Housing
- Detoxification Programs
- Methadone and Suboxone Programs
- Case Management
- Forensics-related Treatment
- Hepatitis C Testing and Counseling
- Prevention, Intervention and Recovery Support Services

DHS contracts with a number of providers that offer specialty programs for women, including inpatient non-hospital-based rehabilitation for women with or without children; outpatient, intensive outpatient and partial hospitalization services for women; Halfway House services; and recovery-supportive housing specifically for women, pregnant women and women with children.

DHS also supports the Perinatal Addiction Center, which serves pregnant women and women with children through a continuum of services, such as outpatient, ambulatory detoxification and methadone maintenance.

### **Transition-Age Youth (ages 18 to 26) and Adolescents under Age 18**

The Commonwealth of Pennsylvania requires that counties provide a continuum of services for children and youth, 18 years of age and younger, who have substance use disorders. The continuum must offer Prevention, Intervention and Treatment services.

Prevention services are offered both in the community and in the schools. Community fairs provide opportunities to reach entire neighborhoods with a prevention message. Schools (elementary to secondary) host assemblies to educate students about the effects and dangers of controlled substances.

Intervention is initiated upon referral from school personnel, family members or the youth. Each school district in Pennsylvania is mandated to provide Student Assistance Program (SAP) intervention services. Most school districts in Allegheny County support a publicly-funded SAP, through which individual students may meet with behavioral health therapists one-on-one or in a group setting. SAP liaisons specialize in mental health and/or substance use (D&A) concerns. When a youth is referred to intervention services, a SAP team is established. The team consists of the student, the referring individual (often a teacher), the SAP agency liaison, the school counselor, and the principal or vice principal of the school. Working as a team, the student is supported in his/her efforts to make healthier choices.

Substance Use Treatment for those 18 years of age and under may be voluntary or involuntary. DHS contracts with a number of providers that provide outpatient treatment for the adolescent and transition-age youth population. For example, Gateway has a program for 18-through-26-year-olds called *Youth and Young Adult Program* as well as the *Youth Extended Services Program* for youth under 18. These programs provide inpatient detoxification, inpatient assessment, stabilization and rehabilitation at the agency's Aliquippa location. Gateway also provides outpatient, intensive outpatient and partial hospitalization services at numerous outpatient centers throughout the county.

DHS also supports programs that work with schools, parents, the legal system and healthcare providers to provide a range of services. Examples of these programs include:

1. Holy Family Institute – Community-based therapy and case management services for youth and transition-age youth
2. Abraxas – Residential Rehabilitation for long-term placement of adolescent referred by the justice system

Act 53 addresses the involuntary commitment of minors into drug and alcohol treatment. The purpose of ACT 53 is to provide a mechanism to intervene without requiring adjudication of delinquency or dependency; successful treatment can occur without establishing a criminal record for a minor.

### **Individuals with Co-occurring Psychiatric and Substance Abuse Disorders**

Treatment Services are provided to ensure that individuals with co-occurring disorders receive holistic treatment coordinated with recovery supports.

### **Criminal Justice-Involved Individuals**

DHS continues to support justice-involved clients with substance abuse issues by coordinating with its partners in the county. For example, the Allegheny County Jail Collaborative will serve an average of 600 jail inmates (men and women) who are within a year of being released, as well as ex-offenders in the community, who are at medium-to-high risk of re-offending (as determined by a validated assessment). Approximately 70 percent of this group has substance use disorders or co-occurring substance abuse and mental health disorders.

The Jail Collaborative Reentry Program provides service coordination, substance abuse treatment and counseling groups, education, employment and training services, transportation, and housing assistance to men and women in the target group. Services are coordinated with the Probation Office and the Courts, begin several months prior to release and continue for up to six months following release. In FY 15/16, block grant funds will be used to support these services.

### **Recovery-Oriented Services**

Allegheny County's recovery-oriented system of care (ROSC) is a framework to promote recovery by recognizing that substance use and mental illness can be lifelong challenges best addressed by services that are person-centered, culturally competent and strength-based. ROSC utilizes evidence-based prevention, intervention, treatment, recovery and wellness strategies. This approach uses information and stakeholder input to promote innovation and improvements to the recovery system.

Recovery-Oriented Services include recovery-supportive housing, recovery support services and case management.

- Recovery Supportive Housing is provided to men and women who have completed D&A treatment and/or have been referred from the Allegheny County Jail, probation office, or parole agencies. Residents must agree to total abstinence from drugs and alcohol and be willing to commit to a recovery program. These structured-living facilities include case management, 12-Step support meetings, random drug testing, employment coordination, and facilitation to legal services for those with criminal histories.
- Recovery Support Services are non-clinical services (e.g., mentoring, training and education, and telephone support) that assist individuals in their recovery from substance abuse. The services are designed to support individuals as they attempt to live a self-directed, healthy life and focus on achieving their full potential. While recovery support services are not included as a treatment modality within licensed treatment facilities or as a component of Recovery Supportive Housing, DHS believes that they are an essential element in the continuum of supports for individuals living in recovery.
- Individuals in treatment for substance abuse or addiction are often also involved with other systems (e.g., education, physical health, insurance, government, juvenile justice, criminal justice); the services provided by these various systems should be coordinated to achieve the best results. Case management/service coordination ensures that multiple systems and providers function in a coordinated way while helping consumers navigate and access services within these systems.

## **HUMAN SERVICES DEVELOPMENT FUND**

The Human Services Development Fund (HSDF) is an essential source of funding because it enables counties to deliver human services to individuals who do not qualify for categorically-funded services. In previous block grant plans, DHS shifted a portion of block grant funds to HSDF in order to fund several new programs that originated from the Call for Concepts and the Human Services Block Grant Case Reviews:

- Investing in services for criminal justice-involved populations
- Supporting neighborhood-based psychosocial groups in refugee and immigrant communities
- Creating individual care grants and an integrated service planning process for adults

DHS will continue to support these initiatives in FY 15/16 while maintaining funding for critically important HSDF-funded Adult Services and Specialized Services. In addition, DHS will use block grant funds to support service coordination for immigrants and internationals, a rent subsidy program for individuals who are ready to transition out of high levels of care toward independence or other housing supports and representation for parents involved in the child welfare system.

The county is committed to using funds to provide services to residents in least restrictive settings. This includes continued support for a full continuum of services as well as utilizing input from sources such as the Human Services Block Grant Advisory Board, Call for Concepts and Case Reviews to identify new strategies for serving residents in least restrictive settings. These efforts cross all program areas and are described throughout Allegheny County's plan.

DHS estimates that it will serve approximately 5,937 individuals with HSDF funds in FY 15/16 in the following cost centers:

Human Services Development Fund Cost Centers	Actuals as 14/15 (as of 3/31/15)	Planned Client Counts for FY 15/16
Adult Services	423	489
Aging Services	0	0
Children and Youth Services	410	520
Generic Services	0	0
Specialized Services	4328	4928
Total Planned Client Counts	5161	5937

## **ADULT SERVICES**

In FY 15/16, DHS will continue to fund homemaker services that help to keep low-income adults with disabilities, ages 18 through 59, in their homes; funds will also support life skills training, service planning and transportation services for at-risk and vulnerable population groups. DHS estimates \$1,039,401 in planned expenditures to support these services in FY 15/16.

**Program Name:** Homemaker Services

**Changes in Service Delivery from Previous Year:** None

**Specific Service:** A large number of adult service clients are expected to utilize homemaker services in FY 15/16. These participants are low-income (125% of federal poverty guidelines) disabled adults (18 through 59 years of age) who depend on homemaker services to allow them to live independently in their own homes rather than being placed in costly alternatives such as personal care homes or assisted living facilities. DHS served 202 participants in FY 14/15 (through March 2015) and estimates serving 220 clients in FY 15/16.

**Planned Expenditures:** See Adult Services Chart

**Program Name:** Service Planning

**Changes in Service Delivery from Previous Year:** None

**Specific Service:** Service planning is provided to 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. DHS served 156 participants in FY 14/15 (through March 2015) and expects to provide 192 participants with service planning in FY 15/16.

**Planned Expenditures:** See Adult Services Chart

**Program Name:** Life Skills Training

**Changes in Service Delivery from Previous Year:** None

**Specific Service:** Life skills training helps unemployed or under-employed, low-income adults (125% of federal poverty guidelines) to access a comprehensive self-sufficiency program designed to decrease their dependence upon publicly-funded services. DHS provided 29 participants with life skills training in FY 14/15 (through March 2015) and expects to provide 35 participants with life skills training in FY 15/16.

**Planned Expenditures:** See Adult Services Chart

**Program Name:** Transportation Assistance

**Changes in Service Delivery from Previous Year:** None

**Specific Service:** Transportation assistance helps unemployed or under-employed, low-income adults (125% of federal poverty guidelines) to access a comprehensive self-sufficiency program designed to decrease their dependence upon publicly-funded services. DHS provided 36 participants with transportation assistance in FY 14/15 (through March 2015) and expects to provide 42 participants with transportation services in FY 15/16.

**Planned Expenditures:** See Adult Services Chart

**Adult Services Chart**

Adult Services Cost Center	15/16 planned expenditures	14/15 client counts to date (through March 2015)	15/16 planned client counts
Service planning	\$312,231	156	192
Homemaker	\$672,500	202	220
Life Skills	\$27,334	29	35
Transportation	\$27,366	36	42
<b>Total Adult Services</b>	<b>\$1,039,431</b>	<b>423</b>	<b>489</b>

**AGING SERVICES**

DHS does not plan on utilizing the HSDF Aging Services Cost Center in FY 15/16.

**GENERIC SERVICES**

DHS does not plan on utilizing the HSDF Generic Services Cost Center in FY 15/16.

**SPECIALIZED SERVICES**

HSDF Specialized Services are defined as new services or a combination of 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 services and estimated client counts for FY 15/16 are as follows:

**Program Name:** Computer and Employment Skills Training

**Changes in Service Delivery:** None

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** In FY 15/16, block grant funds will be used to support computer and employment skills training for unemployed and under-employed low-income adults (125% of federal poverty guidelines). DHS estimates that 17 individuals will receive this service in FY 15/16 (unchanged from FY 14/15).

**Program Name:** Support for the Task Force on Disabilities

**Changes in Service Delivery:** None

**Specific Services:** In FY 15/16, block grant funds will be used to support the Task Force on Disabilities, a city/countywide 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.

In addition to these services, DHS will use Human Services Block Grant funds to support the following:

**Program Name:** Investing in Services for Criminal Justice-involved Populations

**Changes in Service Delivery:** On March 3, 2015, DHS issued a Request for Proposals (RFP) to provide reentry services to support the Jail Collaborative, including a range of services that existed in some form but that were redesigned to reflect best practice and be more evidence-based:

- Cognitive Behavioral Therapy in the jail, alternative housing and community resource centers
- Drug and Alcohol evaluation in community resource centers
- Housing with support services
- Adult education in the jail and one community resource center
- Job search assistance in community resource centers
- Family support services in both the jail and alternative housing

Proposing organizations were asked to submit responses that promoted: continuity in services between the jail and the community; strong communication between jail staff and other partners; and thoughtful ways to continually update information, make referrals and track participation and outcomes. The RFP specified that preference would be given to Proposers whose practices include hiring ex-offenders and incorporating CBT into their service delivery approach. The RFP also solicited innovative and creative solutions for reducing recidivism.

Proposals were received on April 13, 2015 and are currently under review by a review committee. Block Grant funds will help to support this work.

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** The Allegheny County Jail Collaborative, which was formed 12 years ago, is a partnership between the Department of Human Services, 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 (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 in locations including Adult Probation's Day Reporting Centers. This jail-community connection means that these programs are able to engage clients during a period when they are most focused on seeking services (while incarcerated) and keep them engaged, to a significant degree, 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 offenders and ex-offenders 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, positive family involvement, substance abuse treatment and reduced recidivism:

- The employment rate for participants is 58 percent
- The number of family calls and visits has more than doubled in two years
- More than 150 men per year, who would otherwise not have received substance abuse services, participated in group treatment in the Reentry Center
- Offenders in the Reentry Program (SCA) are on track to halving their rate of recidivism
- Coordinated release services have benefited more than 7,000 people per year
- Information and referral services in the jail (Mental Health America) have provided assistance to over 60,000 callers

With the support of Human Services Block Grant funds, in combination with federal, other state and private funds, the Jail Collaborative will serve men and women in the Allegheny County Jail, who are at medium- to high-risk of recidivism and within a year of release, through services provided both in the jail and when they return to the community. Services include case management and a variety of purchased services located throughout the county and in Adult Probation's Day Reporting Centers.

### Target groups

1. Men and women in the Allegheny County Jail who are within a year of being released and ex-offenders residing in the community; all are at medium- to high-risk of re-offending as measured by a validated assessment. Approximately 70 percent of this group will have substance use disorders or co-occurring substance abuse and mental health disorders.
2. Children and family members of incarcerated offenders

### Services

The Jail Collaborative Reentry Program provides service coordination, counseling groups, education, employment and training services, transportation, and housing assistance to men and women in the target group. Services, provided in coordination with Adult Probation and the Courts, begin several months prior to release and continue for up to six months post-release.

The specific services supported by the Human Services Block Grant 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, Mercy Behavioral Health (MBH), to deliver the evidence-based *Thinking for a Change* (T4C) curriculum through groups offered at each of the Day Reporting Centers (MBH currently delivers T4C in the jail). T4C teaches interpersonal skills and develops clients' attentiveness to attitudes, beliefs and thinking patterns. The self-insight and interpersonal skills learned by participants are also 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 Day Reporting Centers either as a requirement of probation or because they began the program while in jail but were released prior to completion.

- **Employment and Training:** The Human Services Block Grant will support career training and job readiness programs as well as job placement services.
- **Education:** Core educational programs include GED preparation and testing, literacy classes and pre-apprenticeship educational classes. Offenders serving a longer county sentence demonstrate high GED pass rates, but a large number are released to Adult Probation before they can complete their GED classes. Funding from other sources is currently used to make classes and testing available to offenders following their release from jail; block grant funding will augment these existing funds to expand service capacity.
- **Housing:** Individuals who are newly-released from jail and actively seeking employment will have access to short-term housing, for up to six months, provided on a sliding-fee scale; the expectation is that by the end of that time, they will be earning an income sufficient to support their transition to permanent housing. Allegheny County Adult Probation provides additional services and ensures that stays in temporary housing do not exceed six months, so that housing units are available for newly-released offenders.
- **Family Support:** The Collaborative's Family Support Program contracts with family support specialists who teach parenting and relationship classes, in the jail, using evidence-based curricula; provide direct assistance to children and families of the inmates; coordinate the important family contact visits on weekends; provide therapeutic oversight and guidance before, during and after these visits; arrange and supervise calls with children and family; and provide service coordination for inmates who do not have a case manager. In-jail service coordinators are responsible for ensuring that inmates are able to make phone calls and stay in touch with family and post-release service coordinators will integrate family support within their role.
- **Transportation:** Transportation assistance in the form of bus passes and gas cards is made available to participants in the reentry program for up to two months (longer when approved by the reentry program) upon their release from jail. This form of assistance helps participants to access community resources, attend appointments and participate in employment and training programs.

**Program Name:** Batterer Intervention Services

**Changes in Service Delivery:** New program funded with block grant funds

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** In recent years, 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 won't stop unless the community holds perpetrators accountable and until 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 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 out-of-pocket on a sliding scale, however, DHS entered into a contract with certified providers to supplement batterers' fees and allow the programs to be financially sustainable. Support for BIP programs in FY 14/15 was available through a grant from the FISA Foundation and the block grant.

With the support of Human Services Block Grant funds, DHS will continue funding certified BIP providers in FY 15/16. In Allegheny County, BIP classes are 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 United States. BIP helps perpetrators to understand their behavior as a means of controlling their partner and explores the cultural and social contexts in which they use violence. Facilitators incorporate Cognitive Behavioral Therapy, 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's Office of Community Services provides monitoring of the programs and offers continuous quality improvement. Data collection and reporting to the courts are supported through the Jail Collaborative Application.

**Program Name:** Human Services Needs and Municipal District Court Judges (MDJ)

**Changes in Service Delivery:** None

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** The Magisterial District Court is a community-based judicial system consisting of 46 districts handling over 200,000 case filings per year. These courts allow for the adjudication, expedient disposition or processing of the following:

- All summary criminal cases, traffic citations and non-traffic citations
- Civil matters – contracts, torts and landlord/tenant disputes not exceeding \$12,000
- Criminal matters –preliminary arraignments and hearings, setting bail and issuing warrants of arrest in misdemeanor and felony cases, and issuing search warrants
- Emergency Relief from Abuse petitions under the Protection From Abuse Act

Through its work with the Jail Collaborative, DHS became aware of the extent of human services needs of individuals involved in cases at district courts throughout the county. However, due to the large number and relative isolation of these offices, MDJs are often unaware of the types of services needed/available to meet these needs. For example, a recent review of BIP providers, conducted by DHS and the courts, indicated the need for better education about the availability of these programs, increased linkages with other services, and better monitoring and data collection.

In November 2013, a Resource Services Specialist (RSS) was hired to serve as a liaison between DHS and The Fifth Judicial District, Magisterial District Judge Courts. The RSS is available to any MDJ across Allegheny County, to provide assistance in identifying appropriate community/human services for individuals appearing before them.

The primary goals of the RSS are:

- To increase MDJ and staff knowledge about local human services and community resources
- To support MDJs and staff to strengthen their ties to their local community
- To perform a detailed audit and assessment of human services needs in MDJ courtrooms and develop a plan to support them in meeting these needs

The RSS has continued to work in close partnership with court administrators, MDJ's, providers and numerous other stakeholders to support the lower courts and address gaps in service delivery. Courtroom audits have continued, as well as one-on-one meetings with MDJs (As of 4/24/15, 32 meetings have been held; meetings with all 44 MDJs [there are currently two vacancies] will be completed by 5/29/15). Priority human service needs addressed in FY 14/15 include truancy summary citations and the availability of new BIP providers.

The RSS has worked closely with the MDJs, the Deputy Court Administrator and the DHS School Outreach Specialist to track the process for truancy summary citations and make recommendations for system improvements. The RSS presented a proposal to the Deputy Court Administrator for an adjudication alternative program specific to truancy for School Year 15/16. The RSS will present to the MDJs regarding truancy, DHS's work targeting improved school attendance and recommended changes at the yearly MDJ training.

Also in the past fiscal year, the RSS participated in the transition process following the completion of the BIP RFP. This included individual meetings with MDJs experiencing a provider change, courtroom observations to work out any problems, and problem-solving regarding identified challenges.

During nine months of FY 14/15, the RSS directly connected 90 individuals with resources. In FY 15/16, the RSS expects to serve at least 120 individuals directly while increasing opportunities for consumers to access readily-available services on their own. The RSS will continue observations in all of the district courts and meet with any newly-elected MDJs.

Creating manageable processes and procedures for service access will continue to be a priority. Priority focus areas will include increasing access to truancy adjudication alternative programming and improved service delivery to short-term jail inmates in need of behavioral health services. This will require increased training opportunities for MDJs, screening of referrals, monitoring of progress and reporting on outcomes.

**Program Name:** Support for Immigrants and Refugees Populations

**Changes in Service Delivery:** None

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** HSBG funding is being used to support two major initiatives addressing the specific needs of immigrant and refugee populations:

- **Neighborhood-Based Psychosocial Groups**

Through this initiative, created in response to the FY 13/14 Call for Concepts, neighborhood-based psychosocial support groups are developed in neighborhoods with growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino. These

populations face a number of behavioral health concerns (e.g., trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence) that are not effectively addressed by the current, formal service system. Obstacles to accessing existing services include the lack of interpretation services, lack of insurance, limited transportation and a host of cultural differences ranging from stigma attached to seeking help to no cultural tradition of one-on-one talk therapy.

The project trains and mentors immigrant community facilitators who lead support groups in the members' language. The facilitators are trained in emphatic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and use of appropriate topics to generate discussions. These groups address the common concerns of participants facing difficult transitions and challenges in their new lives. The goal of the project is also to build each community's capacity to reach out to struggling individuals and families, improve health and well-being, and avoid costly system involvement.

The program model was developed by four partnering organizations: (1) Jewish Family & Children's Service, a refugee resettlement agency; (2) Squirrel Hill Health Center, a federally-qualified health center; (3) Duquesne University's Psychological Services for Spanish Speakers; and (4) University of Pittsburgh's Center for Health Equity. In FY 14/15, as of April 2015, 216 individuals participated in the program, through a total of 16 support groups in communities including Bhutanese, Iraqi, Latino and Pan-African. By the end of FY 14/15, 326 individuals are expected to have participated in a total of 24 groups, up from 168 participants in FY 13/14.

- **Service Coordination for Immigrants and Refugees: *Immigrant Services and Connections (ISAC)***

The Immigrant Services and Connections (ISAC) Program began in January 2014 as a new initiative that provides culturally and linguistically appropriate service coordination to immigrants and refugees in Allegheny County, whose numbers are estimated at more than 70,000. The recent growth of these groups provides numerous benefits to the Pittsburgh area, but also poses unique challenges to the human services network (as documented in [Immigrants and Refugees in Allegheny County: Scan and Needs Assessment](#), DHS, 2013). ISAC aims to address these challenges, including gaps in existing service provision, and promote self-sufficiency and community empowerment for immigrants and refugees 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. Additional objectives include strengthening interagency collaboration, enhancing capacity within the human services network, and educating the provider community.

ISAC is implemented through a collaboration of community-based agencies with extensive experience in providing services to immigrants and refugees, led by Jewish Family and Children's Service (JF&CS) and including the Greater Pittsburgh Literacy Council, Northern Area Multiservice Center, Prospect Park Family Center (SHIM), Latino Family Center (AIU) and Casa San José.

FY 14/15 was ISAC's first full fiscal year of operation, during which time the collaborative strengthened its internal and collaborative capacity, outreach to immigrant communities and other providers, data collection and reporting (shared system developed for all collaborating agencies), and program policies, guidelines and protocols. ISAC is staffed by nine service coordinators and six navigators (spread across the six partnering agencies), a program director, an administrative coordinator, and additional administrative and leadership support from JF&CS. ISAC plans to add another part-time navigator to further increase culturally-competent communication and service delivery. In FY 14/15, as of April 2015,

ISAC had served 1,573 individuals from 70 different countries of origin, speaking 40 distinct languages. By the end of FY 14/15, ISAC expects to have served 1,775 individuals. The majority of service coordination for these individuals has focused on the provision of basic needs (e.g., clothing, food, housing, transportation, utilities), health care, financial stability, legal services and education. DHS will serve an expected 2,000 immigrant and refugee residents of Allegheny County.

**Program Name:** Rent Subsidy

**Changes in Service Delivery:** New program

**Planned Expenditures:** See Specialized Services Chart

**Specific Services:** In FY 15/16, DHS will expand our programming to include a Rent Subsidy Program. This expansion, which resulted from a concept submitted by DHS staff members, provides a rent subsidy, or small fixed monthly grants, to individuals who are ready to transition out of high levels of care but unable to do so because they will lose the affordable housing associated with the program.

In March 2015, DHS issued a Request for Proposals (RFP) to implement and manage a Rent Subsidy Program that will provide the short-term rental assistance (amount to be based upon income) and ancillary supports to 1) eligible individuals with a mental health or intellectual disability diagnosis and/or 2) youth aging out of child welfare placement, as they transition from high levels of care toward independence or other housing resources.

DHS expects individuals to participate in the program until their income has increased to a level sufficient to support a market-rate unit or until they have moved off of a waiting list for other housing supports. The Rent Subsidy provider will connect eligible individuals to housing units in the community, pay the cost of rent minus 30% of each individual's income per month (individuals will be expected to contribute 30% of their income toward rent) and provide supports to help individuals remain successfully housed. In most cases, individuals will participate in the program for a maximum of two years, at which time those still participating in the program will be connected to other resources and supports.

Proposals to implement the Rent Subsidy Program were received in April 2015 and are currently under review by an evaluation team. DHS anticipates that the program will serve 20 people in the first year.

**Program Name:** Creating individual care grants and an integrated service planning process for adults

**Changes in Service Delivery:** DHS is in the process of revamping the interagency process and rethinking ways in which individuals are connected to individual care grants, with a goal of improving the process and the availability of individual care grants to better serve those in need of such assistance.

**Planned Expenditures:** See Specialized Services Chart

**Specific Service:** Originally based on a proposal submitted by Family Services of Western Pennsylvania through DHS's FY 13/14 Call for Concepts process, this initiative provides individual care grants for individuals (and in certain cases, families) who are involved with multiple systems and have service needs that cannot be met with categorically-funded services. To design the initiative, DHS convened a committee and created a business process, from the point of referral to grant award, 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

In conjunction with these grants, the DHS committee established an integrated service planning process for adult consumers, modeled on a similar system that works across multiple child-serving systems. This process works with all involved systems (e.g., mental health, community services, drug and alcohol, aging, community services) to: meet goals at the individual or family level; reduce overlapping and conflicting services; prioritize areas for coordinated service delivery; and identify gaps in services or 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 related to the cases being reviewed, in order to identify systemic problems and recommend possible solutions

In FY 14/15, four individuals were served through the integrated planning process. Their issues included housing, appropriate service coordination, linkages to Intellectual Disability services, day programming, and Drug and Alcohol services. The four referrals were made by a criminal defense attorney, a Community Treatment Team, Operation Safety Net, and the Center for Hearing and Deaf Services. Only one request for an Individual Care Grant was received in FY 14/15, for support for bus transportation to a time-limited job coaching/employment training program, however, funding was provided through another source.

#### Specialized Services Chart

Specialized Services Cost Center	15/16 planned expenditures	14/15 client counts to date (through March 2015)	15/16 planned client counts
Employment and computer skills training	\$45,000	14	17
Support for Task Force Disabilities	\$9,000	N/A	N/A
Jail Collaborative Services			
CBT	\$154,949	275	445
Employment and Training	\$249,772	350	455
Housing	\$100,000	13	30
Family support	\$220,000	250	300
Education	\$210,000	750	736
Transportation	\$40,000	65	200

Subtotal Jail Collaborative	\$974,721	1375	1375
MDJ	\$75,000	90	120
Batterers Intervention	\$400,000	858	1006
Neighborhood Based Psychosocial Groups	\$ 97,660	216	350
Immigrants Services and Connections (ISAC)	\$980,000	1775	2000
Rent Subsidy	\$150,000	0	20
Interagency Coordination and Individual Care Grants	\$20,000	0	20
<b>Total Specialized Services</b>	<b>\$2,751,381</b>	<b>4328</b>	<b>4928</b>

### **CHILDREN AND YOUTH SERVICES**

**Program Name:** Supporting Parental Representation

**Changes in Service Delivery:** None

**Planned Expenditures:** \$1.4 million

**Specific Services:** 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 14/15, DHS served 410 individuals (as of April 2015) and plans to serve appropriately 520 individuals in FY 15/16.

Attachment 1

Concepts selected in the Call for Concepts with DHS staff for implementation in FY 14/15

Concept	Update
<p><b>Benefits Counselor for Persons Approaching Pre-sentence or Pre-release from the Allegheny County Jail</b></p>	<p>A Benefits Counselor was hired through a contract with the Consumer Health Coalition in November 2014. In December, the Benefits Counselor began to assist individuals who are at pre-release status in the Allegheny County Jail with enrollment for Medicaid, Medicare or other insurance coverage. There is a primary focus on serving individuals with serious mental illness or co-occurring mental and substance abuse disorders, as well as individuals being released to substance use treatment facilities. The Benefits Counselor has previous experience working in Justice Related Services and has served 111 individuals since December 2014. In FY 15/16, the Benefits Counselor is expected to serve an average of 25-30 individuals per month.</p>
<p><b>Home-Based Behavioral Health Services for Older Adults</b></p>	<p>DHS refined the original concept during the planning period in order to increase and improve awareness, information and access to behavioral health services for older adults. The two pronged approach includes training in-home workers who are engaged in regular contact with older adults within the Options Program and hiring a Geriatric Behavioral Health (BH) Specialist to provide technical assistance to AAA staff. DHS staff continues to develop a curriculum which will be used by the Geriatric BH Specialist to train in-home workers. Since the Geriatric BH Specialist was hired in March 2015, she has further developed a referral process, provided training on BH resources to Care Coordination Transition Program coaches, began to develop a tracking tool to monitor referrals and gained a greater familiarity with AAA work through field visits and staff interaction. She has also obtained a certification to accept OAPS (Older Adult Protective Services) reports. Moving forward, the Geriatric BH Specialist will assess and train care managers and service coordinators and develop tools and methods for referral and support. We estimate that she will coordinate and refer at least 75-100 older adults to BH services within the next year.</p>
<p><b>Rent Subsidy</b></p>	<p>DHS issued a Request for Proposals (RFP) on March 9, 2015 to implement and manage a Rental Subsidy Program that will provide short-term rental assistance, as determined by income, and ancillary supports to eligible individuals (20 in the first year) as they transition from high levels of care toward independence or other housing resources. DHS anticipates that individuals will participate in the program for approximately two years, in most cases, as they 1) secure employment (or better-paying employment), 2) find a roommate who can share the cost of the apartment, or 3) secure a Section 8 voucher for supplemental housing assistance after a period of time on the waiting list. In any case, nobody will be terminated from the program before an acceptable alternative is in place. Proposals were received on April 17, 2015 and are currently under review by a review team.</p>

<p><b>Human Service and School System Partnership</b></p>	<p>The Housing &amp; Education Alliance for Youth in Crisis, a multi-system partnership between the Woodland Hills School District, a community-based organization, a homeless provider agency, and DHS, was established in order to identify, support and engage children and families at the early stages of homelessness. In the 14/15 school year, the Alliance met monthly to discuss progress, trouble-shoot specific family situations and discuss next steps. This school year, the Alliance identified 168 students in the early stages of homelessness and referred 12 families for intensive case management. The Alliance has also increased information-sharing with the community about housing supports and community resources by inviting key persons and organizations to an email-list serve, distributing monthly newsletters and developing and distributing monthly affordable housing lists and timely information about changes in rental assistance programs. A Visual Voices© event was held on April 24, 2015 with 5 high school students who shared their own personal perspectives of experiencing a housing crisis through art and discussion. The findings of this event allowed the Alliance core team to gain the student voice regarding this work. Before the end of the school year, plans are underway to gain the perspective of parents/caretakers about their experience with a housing crisis while their child attended Woodland Hills School District.</p>
<p><b>Battering Intervention Program (BIP)</b></p>	<p>In June 2014, DHS, in partnership with the Allegheny County Jail, issued an RFP to provide Batterer Intervention Programs (BIP). BIP is the most commonly accepted intervention for perpetrators of intimate partner violence 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. As a result of the RFP, successful proposers 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. While offenders are expected to pay out of pocket on a sliding scale, DHS entered into a contract with the certified providers to supplement offenders' fees and improve the programs' financial sustainability. Further, DHS ensured that the certified providers use evidence-based curriculums, like the Duluth Model or Emerge, and incorporate Cognitive Behavioral Therapy (CBT), Motivational Interviewing and other psychotherapy techniques to shift perpetrator's attitudes, beliefs and behaviors into their practice. Support for BIP programs in FY 2014-2015 was available, in part, through the Human Services Block Grant. In FY 15/16, DHS will continue to fund certified BIP providers.</p>

**Concepts selected in the Call for Concepts with providers for implementation in FY 13/14 with continuation in FY 14/15**

Concept	Update
<b>Case Management in the Homeless System</b>	In FY 14/15 DHS expanded the case management program to its two remaining family shelters, Family Promise and Allegheny Valley Association of Churches, and served families being placed in hotels, serving 141 families. In order to accommodate the program expansion, DHS hired an additional case manager. The case management staff has continued to be successful in helping families create and maintain connections to community services.
<b>Service Review: Homeless System</b>	The homeless service review was conducted by DHS staff beginning in 2013 and concluded in 2014. Based on the review, DHS issued a report, Homeless in Allegheny County: The Client Perspective, in January 2015, which includes the findings from the qualitative portion of the homeless service review- examining client's experience, past and present, with accessing services and navigating the homelessness system of services and making recommendations for further action. The findings from the review have also been used to inform the work of the Homeless Advisory Board (a community oversight board for the homeless system) as well as a DHS three-year strategic plan to guide the delivery of services to individuals and families, served in all DHS programs, who are homeless or who may be at risk of homelessness. Additional reports will be forthcoming.
<b>Support Groups: A Natural Fit for Immigrants &amp; Refugees</b>	This initiative develops neighborhood-based psychosocial support groups in neighborhoods with growing refugee and immigrant communities. Through outreach efforts with immigrant community organizations and immigrant serving organizations, as well as meetings with community leaders, 20+ group leaders were recruited. Groups began meeting in December 2013. The meetings are ongoing with strong levels of participation and mentoring for community leaders. In FY 14/15, there were a total of 16 support groups in communities such as Bhutanese, Iraqi, Latino, and Pan-African. By the end of FY 14/15, 326 individuals are expected to have participated in a total of 24 groups, up from 168 participants in FY 13/14.
<b>An "Interagency Process" and Individual Care Grants for Adults</b>	In 14/15 the Adult Integrated Service Planning (AISP) process was created with the goal of connecting adults with multi-system involvement to appropriate services and resources. Over the course of the year, the AISP team convened 4 times. DHS is exploring why referrals were not being made to AISP. Individual care grants are a component of the AISP process if the individual has a need that cannot be met with other funding sources. One request for an Individual care Grant occurred in 14/15. DHS will continue to explore if this program is needed in FY 15/16.

<b>Re-entry and Day Reporting Centers</b>	<p>The Jail Collaborative serves individuals and families in the jail and community. Re-entry services supported with FY 14/15 block grant funds included family support services in the Jail, and information and referral services. Since the fall of 2013, block grants funds have also supported services in two Day Reporting Centers for adult probation clients living in the community. On March 3, 2015, DHS issued a Request for Proposals (RFP) for several re-entry services, as well as for innovative approaches for reducing recidivism. Proposals were received on April 13, 2015 and are currently under review by a review committee. Block Grant funds will help to support this work.</p>
<b>Understanding Human Services at Magisterial District Judges (MDJ) Court</b>	<p>In FY 13/14, DHS tasked a Resource Services Specialist (RSS) with understanding human services gaps and streamlining access to human services at the lower court, MDJ level. In FY 14/15, the RSS has continued to work in close partnership with court administrators, MDJ's, providers and numerous stakeholders to support the lower courts and address gaps in service delivery. Priority human service needs that were addressed this year include truancy summary citations and the transition of new battering intervention programming available to MDJs. In FY 14/15, the RSS has directly connected 90 individuals to resources.</p>
<b>Expanding/Improving Justice Related Services (JRS)</b>	<p>Due to the significant demand for JRS services, clients in need of these supports often encounter waitlists. Specialists also too often have caseloads that exceed DHS's goals for this target population. To better serve consumers, DHS hired three additional staff in FY 13/14. The investment in staff has helped to lower caseloads and improve waitlists.</p>
<b>Improving Provider Access to Client Data and Client Access to Their Own Data</b>	<p>Originally requested by a member of the Human Services Block Grant Advisory Board and supported by findings from the Case Reviews, DHS gathered requirements in FY 13/14 to build a portal that gives providers and clients access to data. In FY 14/15, the client and information portal has been given a new and formal name, "Allegheny County Client View" – a simple name that speaks to its intent of providing a window into a client's comprehensive service history. As a first step toward developing a user-friendly application that best meets its users' needs, DHS engaged the digital arm of Deloitte Consulting to gather feedback from users, both internal and external, and design a new interface for the application. This began in August and concluded in September 2014 with the completion of a final interface prototype that was used as the basis for system development. Full system development began at the end of September and continued through November. Currently the application has been rolled out internally to users within the Department.</p> <p>To further promote integrated case management and improved service provision for its contracted providers, DHS will begin development of a portal for Client View starting in July of this year that will allow providers to securely access information about clients they are serving from DHS's data warehouse. And in 2016, DHS expects to begin the final phase of Client View development by creating functionality to allow clients to access, view and provide updates to their own client record available in the warehouse.</p>

