

Allegheny County
FY 2016-17
Human Services
Block Grant Plan

Appendix B
Allegheny County Human Services Plan

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Part 1: Allegheny County Planning Process

1.1 Planning process

1.1.1 Allegheny County DHS Leadership and guidance from Advisory Board and public

The county’s leadership team is composed of the director of Allegheny County Department of Human Services (DHS), the department’s executive deputy director for Integrated Program Services, and deputy

directors and administrators from the offices within DHS, including Children, Youth, and Families (CYF), the Office of Behavioral Health (which includes the Single County Authority), the Office of Intellectual Disabilities, the Office of Community Services, the Office of Community Relations, the Area Agency on Aging, the leaders of AIMS (fiscal and information technology office) and the deputy director of DARE (research, planning, and evaluation office). This leadership group reviewed consumer feedback, program performance, and reports to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. This information included:

- The guidance and recommendations of DHS Advisory Boards and Councils (AAA Advisory Council, Drug and Alcohol Planning Council, Mental Health/ID Advisory Board, CYF Advisory Board, Children's Cabinet, Foster Parent Advisory Board, County Community Services Advisory Council, Housing Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, LGBTQ Community of Practice, and Systems Improvement Through Youth).
- The results of DHS's CART surveys and its telephone and in-person surveys and focus group interviews of youth who have been in child protective services and the homeless and housing system. These surveys and meetings provided information about ways in which DHS could strengthen its delivery system (e.g., transition-age youth expressed a need for more information about post-secondary education, employment and training and sexual health) as well as the value of services (for example, families found the homeless case manager (funded through the Block Grant) to be very respectful, consistent, and helpful).
- Current information about community needs and service gaps, collected and shared by DHS, Allegheny Health Choices, Inc. (AHC), Community Care Behavioral Health (CCBHO, the county's behavioral health Medicaid managed care organization), the Allegheny County Health Department (ACHD), and DHS Leadership Fellows.
- Opportunities for partnership that community members and providers, and city, county, and other staff identified. Examples of these opportunities include Partnerships with CareerLink and other aspects of the workforce system that are managed by Three Rivers Workforce Investment Board; and accessing more of the housing available through the city and county housing authorities.

Using this information, DHS developed its plans for improving the health and well-being of the county's most vulnerable children, youth, and adults using all available resources, including volunteers and leveraging the work of partner organizations. The DHS director, executive deputy and several other leaders then presented these priorities to the Allegheny County Block Grant Advisory Board to obtain the members' reactions, ideas, and suggestions. (The Advisory Board is composed of consumers of DHS services, family members, providers, and advocates. They provide guidance to DHS in using the Block Grant to integrate services and leverage other resources so that it can best serve the most vulnerable people in Allegheny County.) At the Advisory Board's May 31, 2016 meeting (held at 5:30 p.m. at One Smithfield Street, downtown Pittsburgh), the Board made these recommendations:

- Ensure accountability so that staff and providers are delivering the highest quality services for DHS clients
- Augment benefits coordination for inmates and defendants leaving the county jail
- Focus on more Rapid Rehousing, a proven approach, but recognize that Allegheny County may need a period to fully move toward this approach from transitional housing
- Consider schools and community centers as hosts for place-based strategies that streamline access to all DHS services within targeted, neighborhood-based locations

- Include opportunities for provider staff to be treated for secondary trauma

DHS then sought the guidance of the public at two public meetings: one at the Human Services Center, located in Turtle Creek (Mon Valley area of Allegheny County) and one in downtown Pittsburgh at the 412 Youth Zone. DHS invited the public to these meetings through public notices of the hearings that DHS posted in the *Pittsburgh Post Gazette*, the *Pittsburgh Courier*, and the *Pittsburgh Tribune Review*; through announcements on its web page, Facebook Page, and LinkedIn page; and through DHS agencies' announcements to participating adults, families, and youth.

At each of these meetings, the director of DHS explained the purpose of the Block Grant, how it would be used in the coming year to prevent and address behavioral health and human services needs, what the Block Grant has allowed the state and counties like Allegheny County to accomplish over the years, and the proposed changes that DHS is planning to address important needs. The members of the public made these comments and suggestions:

- Work on resolving the transportation issues that low-income families face, particularly in the areas outside of the City of Pittsburgh where bus service is especially poor.
- DHS could achieve even more service integration if it could have a presence in the poorest communities—a satellite or one-stop-shop.
- Train the staff who work with transition age youth in the opiate problem and how to use Narcan.
- We need much more housing—for people who have chronic mental illness, for families, for people who come out of jail and are homeless.
- We need providers to be competent in working with clients who have mental illness, are involved in the criminal justice system, and who have intellectual disabilities.
- We need to have options for children who are inpatient treatment but not ready to go home yet. Could there be more opportunities for step-down?
- Young children who are at risk need prevention services in the home—they need both a home visiting nurse and behavioral health expert.
- Low payment rates for providers do not cover costs of staff and health care.
- We need true co-occurring treatment in Allegheny County.

1.2 Using funds to serve people in the least-restrictive settings

DHS has participated in the County Human Services Block Grant since the year it was initiated because it has allowed Allegheny County to address the needs of vulnerable children, adults, and families in integrated ways—serving more people with a full range of support and services that prevent issues and build their health and well-being within least-restrictive settings.

During the 16-17 year, Allegheny County will use the flexibility of the Block Grant to further integrate services so that, whether someone seeks one service only or also needs housing, food, treatment, or transportation, they can quickly receive the full set of support and assistance they need. This level of service integration will improve the lives of individuals and families and help them remain safely in their homes and with family members.

1.3 Aims

Allegheny County's 16-17 Block Grant Plan will use the flexibility provided by the Commonwealth to meet the following aims:

1. Improve the health and well-being of children, youth, and adults living in areas of high trauma and persistent poverty.
2. Address this county's most pressing behavioral health and human services issues.
3. Prevent the needs of individuals and families from deepening and therefore requiring more restrictive/intensive services; and provide services in the least-restrictive setting possible.
4. Build upon the strengths present within people and their communities.
5. Make this county's human services system responsive, simple to access, effective, and connected with the other public entities that are crucial to neighborhoods.

1.4 Substantial programmatic or funding changes

In response to the community needs identified during 2015-16, DHS will:

1. Increase funding to implement an **opiate treatment and prevention** program that reduces the size of the waiting list for treatment and targets key points of intervention, to save lives and assist people reliant upon the publicly-funded behavioral health system in securing the treatment and supports they need for recovery. (See section 4.5)
2. Increase the **homeless assistance program** to reduce the size of the program waiting list. (See section 4.3)
3. Address the long waiting list for **housing for individuals with serious mental illness** by expanding the county's capacity to promote access to safe, affordable housing for people with serious and persistent mental illness and co-occurring disorders where treatment and support services are available based on each person's needs, capabilities, and choice. (See section 4.1.)
4. Develop a **community-based strategy for reducing poverty and trauma at the neighborhood level**. During 2016-17, DHS and its Block Grant Advisory Board will identify areas of the city and county with high needs and work with those communities and DHS's partners in the region (e.g., housing authorities, foundations, police, health providers) to develop comprehensive prevention/intervention strategies. DHS will seek to support those strategies that increase access to health and human services and supports, strengthen communities, and make a marked difference in the safety and well-being of individuals and adults in communities facing a combination of stress factors. [No Block Grant funds required to prepare this plan in 16-17]

1.5 Data systems used for client count projections

DHS uses its data warehouse and enterprise financial system to monitor the quality and impact of its programs, manage contracts and spending, and inform its approach to further service integration. DHS continues to develop these databases; most recently, it has developed a set of dashboards for mental health services data and piloted a new "client view" application that allows service providers to quickly see the other services that clients have accessed and use this information to improve their service planning and referrals. For many of the programs funded by the Block Grant, this is the source of client count information. There are, however, programs that are not yet fully piloted or part of the new data system. For these programs, DHS must continue to aggregate client counts from provider reports.

(These currently include HSDF, HAP, and Drug & Alcohol services). As all providers convert to the new system in the next year, their client counts will become more accurate as the system promotes greater adherence to definitions and eliminates duplication. The unduplicated count of consumers served within a program area will therefore change as providers begin using the new system; when client counts change significantly between years, DHS will provide notations to indicate whether the change is due to providers' now using a new system or reflective of a true change in the quantity of services provided.

Part 2: Public Hearing Notice

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

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

- June 1, 2016 at 10 a.m., Human Services Center, Turtle Creek
- June 1, 2016 at 2 p.m., 412 Youth Zone, Downtown Pittsburgh

Over 50 individuals attended the public hearings, including consumers, family members of consumers, members of advocacy groups, contracted providers, and staff. The director of DHS and staff members presented information about the issues Allegheny County had identified; asked the participants to discuss community needs and their ideas for addressing those needs; and the director and staff facilitated a discussion with participants, collecting their comments and suggestions and using their input in developing the Block Grant plan.

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

Part 3: Minimum Expenditure Level

N/A

Part 4: Human Services Narrative

4.1 Mental Health Services

4.1.1 Program Highlights for FY 2015-2016

The Block Grant has been crucial in implementing a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance—a system that is integrated with other services and supports that consumers need for their health and well-being. During 2015-16, Allegheny County DHS continued to integrate these services by:

- **Increasing access to health insurance and treatment** for people who are about to leave the Allegheny County Jail (ACJ). DHS embedded a Benefits Counselor at the ACJ who meets with clients with mental health and/or substance use issues (particularly those individuals involved in Drug Court, Mental Health Court, or the Justice Related Services of DHS) and, if they lack health

insurance, the counselor enrolls them in Medicaid before their release, working directly with the PA-DHS's county assistance office and coordinating discharge planning with the ACJ's medical department. During the first several months of her work, the Benefits Counselor assisted consumers in completing 274 Medicaid applications, of which 264 were approved within five days, which made it possible for 123 more individuals leaving the jail to go directly to treatment, covered by Medical Assistance. During this calendar year, she has assisted 355 people in the jail in applying for Medicaid.

- At the recommendation of the Allegheny County Block Grant Advisory Board, DHS will hire a second Benefits Counselor to serve more individuals, optimize access to Medical Assistance, and expand the scope of benefits applications to include SNAP, TANF, as well as Medicaid.
- **Providing permanent supportive housing and other services** and supports that promote recovery and independence for transition age youth who are exiting CYF, Juvenile Justice, or RTF placement. These youth receive services through a four-person mobile treatment team.
- **Advancing the Community of Practice** among BH providers serving children and families. The Community of Practice is a set of 29 providers who have made it a priority to serve CYF-involved children, adolescents and their caregivers, and biological, adoptive and foster families. These providers and DHS work together to solve problems and improve the service delivery system to this target population. During 15-16, the Community of Practice developed the elements of their shared practice; updated their needs analysis through 14 focus group meetings with Family Support Center partners, family members, behavioral health (BH) and CYF providers and staff; and conducted a geographic analysis to identify areas of the county with a higher concentration of children and families and map the location of providers in comparison with areas of need. In the coming year, the Community of Practice will be integrating conferencing and teaming as its values-based service delivery approach.
- **Building the expertise of aging services workers** (in-home care managers and other staff) in recognizing BH issues in seniors and their family members, by placing a Behavioral Health Specialist within AAA offices. This specialist is a resource to the AAA social workers in other ways as well, providing training and assisting in problem solving. She has helped staff understand depression and other mental health issues, intervene at an early point, and strategize in overcoming seniors' resistance to services.
- **Expanding the Student Assistance Program (SAP)** to all middle schools and 70 elementary schools in Allegheny County. This expansion is possible at no additional cost because DHS has integrated the staffing of D&A and MH SAP staff, which has allowed Allegheny County DHS to serve more schools.
- **Improving the efficiency of the housing referral system for individuals with mental illness** by implementing a new automated system that identifies the appropriate level of care needed to support an individual in the community and expedite the referral system.
- **Enhancing the capacity of family members and school teachers to support children and youth with mental illness** by adding community and school based BH teams in the Woodland Hills, Clairton and Sto-Rox School districts; and adding three education specialists to coordinate services with families through their children's schools.
- **Increasing services for individuals coming out of state hospitals and the Torrance forensic system.** In late 15-16, DHS issued a second Request for Proposals to contract with an agency that will develop a LTSR for these individuals. This program will be implemented in 2016-17.

- **Better educating the community to respond appropriately** to people who are struggling with their mental illness. This includes expanded CIT training (training more police forces and correctional officers at the ACJ); and mental health first aid for the community.

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

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

4.1.2 Priority Populations

Services available to priority populations (children, transition age youth, adults, older adults)

The four priority populations have access to a continuum of evidence-based mental health services made possible through the Block Grant, Reinvestment funds, HealthChoices, foundation grants, and county tax dollars. These MH services are outlined in Table 1, with a discussion of the strengths and needs of each priority population following the table.

Table 1: MH Services available to the four priority populations

<i>MH Service</i>	<i>Description</i>	<i>Priority populations</i>	<i>Funding sources</i>
Early Intervention	Promotion of the social, emotional, developmental and physical wellness of children	Birth-3	Early Intervention
Emergency Crisis intervention	Controlling and resolving critical or dangerous problems	Children, Transition Age Youth, Adults, Older Adults	Block Grant HealthChoices
Treatment	Alleviates symptoms and distress. Treatment includes these and other services: <ul style="list-style-type: none"> • Outpatient • Partial Hospitalization • Psych. Inpatient Hospitalization • Mobile Therapy • Assertive Community Treatment/ Community Treatment Teams • Mobile Medications • Extended acute 	Children, Transition Age Youth, Adults, Older Adults	Block Grant HealthChoices

<p>Rehabilitation</p>	<ul style="list-style-type: none"> • BHRS for Children & Adolescents • Vocational, social and psychiatric rehabilitation for people in recovery. Includes: <ul style="list-style-type: none"> • Facility-Based Vocational Rehabilitation • Community Employment/Employment-Related Services • Psychiatric Rehabilitation 	<p>Children, Transition Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>
<p>Residential and Housing Support services</p>	<p>These services help to ensure that individuals with mental and/or substance use disorders can live in the least restrictive setting possible; and to prevent their homelessness, hospitalization, incarceration, or psychiatric emergencies. Services include:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation (CRR) • MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing, • Domiciliary Care • Permanent Supportive Housing (PSH) • Housing support services <p>Clinically-intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> • Residential Treatment Facilities for Adults (RTFA) • Long-term Structured Residences (LTSRs) • Community-Based Extended Acute Care 	<p>Children, Transition Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>
<p>Peer support & consumer-driven services</p>	<p>The county supports peer mentors, warm line services, drop-in services, and Certified Peer Specialists to improve recovery outcomes and community integration for people with mental and co-occurring disorders.</p> <p>Through the Peer Support and Advocacy Network, Allegheny Family Network and Allegheny County Coalition for Recovery, Allegheny County residents experiencing mental illness personally or through family</p>	<p>Children, Transition Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>

	members can access a consumer- and family-operated system of support, socialization, education and advocacy.		
Service coordination	Service coordinators work with consumers so that they gain access to the services needed to achieve their plans. These services may include treatment, medical, social and other services. To increase access to services and support that are important to least restrictive living and recovery, service coordinators help adults, youth, and families arrange for services as well as advocate.	Children, Transition Age Youth, Adults, Older Adults	Block Grant HealthChoices
Medication	The Behavioral Health Pharmacy Benefit Program is a payer-of-last-resort option for people who need BH medication. It provides limited psychiatric medications at no cost to eligible ¹ individuals.	Children, Transition Age Youth, Adults, Older Adults	Block Grant
Training	DHS and its partner organizations provide extensive training for providers, consumers and community members. Training includes: <ul style="list-style-type: none"> • Mental Health First Aid (MHFA), which educates community members and non-professionals about the risk factors and warning signs of mental illness so that they can understand how to engage youth and adults in available supports and are aware of the impact of their actions on people with mental illness. • LGBTQI training (see special populations, below) • CIT training of Police and Allegheny County Jail correctional officers 	Children, Transition Age Youth, Adults, Older Adults	Block Grant HealthChoices
Enrichment	Engages consumers in fulfilling and satisfying activities	Children, Transition Age Youth, Adults, Older Adults	County

¹ 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).

Wellness/ prevention	Promotes healthy life styles	Children, Transition Age Youth, Adults, Older Adults	Block Grant Health Choices
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Strengths and needs of priority populations

Older Adults

Strengths:

- Allegheny County has a network of AAA services that serves many different communities and is highly-regarded by seniors and families
- AAA services are available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members
- Allegheny County DHS has improved the degree of integration of its aging and BH services

Needs:

- Affordable housing
- Age-appropriate long-term residential treatment and care for those who cannot be well-served in their own homes
- Earlier identification of BH needs
- More access to treatment services that will come to the seniors (e.g., mobile treatment services that will go to senior high rises)

In addition to the array of BH services shown in Table 1, DHS will address the need for treatment and housing services for the geriatric population by:

- Continuing its Geriatric LTSRs, Domiciliary Care Services, Mental Health Personal Care Home for seniors, and its In-Home Geriatric Program, which provides a clinical team to assess and provide service planning and support for seniors so they can remain in their current residences.
- Conducting case reviews with program offices (AAA and the Office of Behavioral Health) in complex cases.
- Continuing to embed a behavioral health specialist within AAA to train Options Program in-home workers to identify and serve the BH needs of seniors. This Geriatric BH Specialist, hired through the Block Grant to further integrate BH and aging services, has developed a referral process, provided training to Care Coordination Transition Program coaches at AAA, implemented a tracking tool to monitor referrals, and increased her knowledge of AAA's work through her field visits and staff interaction. She also has obtained certification to accept OAPS (Older Adult Protective Services) reports, and coordinates services and referrals of older adults to BH services.

Adults

Strengths:

- Array of services that meet the needs of many specific populations
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN))
- An effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with mental illness and/or substance use disorders as well as their family members)

and friends, behavioral health professionals, and government officials. ACCR is increasing awareness of behavioral health recovery and promoting the use of recovery principles and practices in behavioral health services in Allegheny County)

- Providers, peers, consumers and family members who are recovery-oriented

Needs:

- Safe and appropriate housing for people with serious mental illness (the current waiting list for housing is 300 people, with the largest number of people waiting for a CRR apartment)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, individuals with serious mental illness, people with co-occurring disorders, and people with sex offending behaviors who are not on the Megan's Law Registry
- Further opportunities for diversion from the criminal justice system
- Opportunities for employment and connection to natural supports and other important aspects of life in the community
- Treatment programs for people with co-occurring mental and substance use disorders
- Turnover in the workforce, particularly in residential programs where wages are low and responsibility is high. This is expected to worsen with the U.S. Department of Labor's changes to the overtime rule.
- Training for frontline workers who do not get the opportunities they need to develop their skills and understanding and yet who most often interact with consumers
- Supported education, an evidence-based service DHS is not currently providing
- Greater availability of psychiatrists

In addition to the array of BH services shown in Table 1, DHS will address several needs by:

- Expanding its capacity to provide safe, affordable, appropriate housing for people with serious and persistent mental illness or co-occurring disorders. Depending upon consumers' needs, capabilities, and choices, this housing will allow for treatment and other supports, companionship and social opportunities, recovery-focused staff support (up to 24 hours/day), and subsidies that make housing affordable.
- Conducting a careful review of the needs and services available across the sequential intercepts, as part of the national Stepping Up initiative. The Allegheny County Executive, with leaders from the Jail, DHS, and the Courts, launched the county's planning effort during the April 2016 National Summit that was sponsored by the Council of State Governments, the National Association of Counties, and the American Psychiatric Association. Local stakeholders in the human services, health, and criminal justice system will:
 - Conduct an objective assessment of the current strategies for diversion and treatment, identifying changes that will reduce the number of nonviolent and low-level offenders with behavioral health issues who enter the criminal justice system.
 - Develop a comprehensive plan for making improvements across the sequential intercepts (from police and prosecution to jail and reentry).
 - Implement the plan and regularly monitor results, to continue to improve diversion from the criminal justice system, the quality of programs, and the county's impact.
- Continuing its Justice Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or intellectual disabilities. (Please see detailed description under Special/Underserved Populations section of this plan.) DHS

will be working with the office of the U.S. Attorney for the Western District on a pilot program for diverting individuals with BH needs from Federal Court.

- Continuing supported employment (a SAMHSA evidence-based program), which has demonstrated that people with mental illness can work successfully and be engaged in the community, with the right supports. DHS will continue to implement supported employment that is based upon individual choice, integrated with comprehensive mental health treatment, and focused on employment as the ultimate goal. Allegheny County includes supported employment as part of its ACT teams.

Transition-Age Youth (ages 18-26)

Strengths:

- Motivation to strive for independence, including planning one's individual path to employment and self-sufficiency
- Peer and family support (for some of the youth)

Needs:

- Knowledge of available services
- Culturally accessible services
- Age-appropriate housing and treatment
- Supported job skills training and independent living skills training
- Higher risk of suicide

DHS will build upon these strengths and address these needs through the continuum of BH services shown in Table 1 as well as through a set of programs specifically designed to support the youth in making healthy, safe transitions to independence and health:

- Supported housing for transition age youth. DHS will continue to fund supported housing for transition-aged youth who have mental illness.
- LIFE (Living in Family Environments) Project. The LIFE Project team provides service coordination for children and adolescents who require intensive behavioral health treatment. The LIFE team plans, implements, and coordinates all services that meet child/family needs in the least restrictive setting possible.
- Assertive Community Treatment (ACT). The ACT team for transition-age youth includes a psychiatrist, nurse, therapist, case manager and vocational specialist, who jointly serve youth (ages 16 through 24) at high risk for hospitalization, incarceration, psychiatric emergency, or homelessness. This comprehensive and intensive mental health team helps the transition-age youth maintain their stability within the community.
- Transition Age Supported Housing and Mobile Transition Age Youth Team.
- Community Residential Rehabilitation (CRR)/Host Home. Allegheny County DHS contracts for 8 beds at CRR/Host Homes for youth with mental illness who can no longer live at home. The program provides the young people with therapeutic services in a residential, host-home setting.
- First episode of psychosis education and support for youth and families. DHS has applied for state funding these educational services (to be provided through WPIC and Family Services of Western PA).

Children

Strengths:

- Integrated services for children with complex and multi-system needs
- School-based mental health services that have expanded to more districts in the county
- Integrated SAP program, also expanded significantly

Needs:

- Access to more comprehensive school-based mental health services and supports
- Earlier identification of behavioral health conditions in children (prevention)
- Improved D&A services for children and youth

DHS will address children’s behavioral health needs and build upon strengths through the services listed in Table 1 and through these initiatives:

- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range from 1:1 to 4:1, depending upon each child’s needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support. The homes are staffed by highly-skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst, and social worker with clinical expertise in intellectual disabilities, developmental disabilities, and child psychopathology.
- Children, Youth & Families Liaison. DHS will continue to embed mental health program specialists within CYF offices so they can provide child welfare personnel with information and assistance in securing behavioral health services for children.
- Integrated Student Assistance Program (SAP). SAP is a prevention/intervention program that helps high school and middle school students with mental health and/or substance abuse problems get the help they need to succeed in school. The team, composed of people from within the school and community agencies, identifies students’ barriers to learning and in partnership with families, connects students to services that help them succeed. DHS has integrated D/A and MH Student Assistance by moving to one cross-trained “Behavioral Health Liaison” at each school, which has allowed it to expand SAP coverage into 31 additional middle/elementary schools, at no additional cost. The SAP program also has become integrated through joint provider meetings with a shared agenda; joint trainings; a common monitoring tool; and a common fee-for-service rate of payment.
- Shuman Center Project, which provides case management to children and adolescents with mental health issues who are being detained at Shuman Detention Center. These staff ensure that children and youth receive mental health treatment upon their release from detention, make direct linkages to their probation officers, and advocate for the services and assistance they need.
- Juvenile Justice-Related Services Program (JJRS), which provides service coordination to youth involved in the juvenile justice system and their families. JJRS staff are vital links between the behavioral health and justice systems, ensuring that planning and services are coordinated, client-driven, family focused, and least-restrictive.

- Child and Adolescent Service System Program (CASSP), which is the comprehensive system of care for children and adolescents who have or are at risk of developing serious emotional disturbances and/or substance use disorders and their families. DHS develops these services in collaboration with the child or adolescent, their family, the behavioral health system, the school, and all other agencies involved in the child's or adolescent's life.
- Community Residential Rehabilitation (CRR)/Host Home. (Please see the Transition-Aged Youth section of the plan.)
- LIFE (Living in Family Environments) Project. (Please see the Transition-Aged Youth section of the plan.)
- Children, Youth & Families Liaison. (Please see the Transition-Aged Youth section of the plan.)

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

- Partial Hospitalization Program (PHP). PHP is a non-residential, intensive mental health treatment program in a freestanding or special school-based program for 3-6 hours per day. The program's 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 for him/her to return to school and to more stable functioning within the family. PHP often is recommended for a child transitioning home from an inpatient hospital.
- Family-Based Mental Health Services. These comprehensive services are designed to assist families in caring for their children and adolescents at home. Services (available 24 hours a day, seven days a week) are provided by a team of mental health professionals in the family's home. They may include treatment for the child and other family members, case management, and family support services.
- Behavioral Health Rehabilitation Services (BHRS). These in-home services provide focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, BHRS aims to develop stability, improve the child's functioning in the family, at school, and in the community, and help the child's mental health improve. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide BHRS.
- Family-Focused Solution-Based Treatment. Family Focused Solutions Based (FFSB) services for children/adolescents aims to meet the treatment needs of children and adolescents with serious emotional disturbance and families involved with the child welfare and/or juvenile justice systems. This group of children/adolescents experiences child abuse and neglect or juvenile justice involvement, often as a result of untreated behavioral health conditions, many of which were associated with child abuse/neglect, combined with complex family systems issues. FFSB services are designed to serve families where the parent is the identified person with significant behavioral health challenges. FFSB is delivered by a team of mental health professionals and BH workers, in the home, combining structural family therapy, cognitive behavioral therapy, and conflict resolution approaches with families impacted by mental illness and/or co-occurring substance use disorders to help them address the challenges that resulted in CYF/JPO involvement. DHS Offices of Behavioral Health and CYF, in partnership with Community Care and licensed mental health treatment providers who were providing in-home mental health services and supports to families developed this service.

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

4.1.3 Special populations

Individuals Transitioning Out of State Hospitals

Strengths:

- Community support planning process for individuals in State Hospitals
- Full continuum of care for individuals needing residential supports

Needs:

- Community-based alternatives to institutionalization

DHS will build on the strengths and address the needs of individuals transitioning out of state hospital by continuing to support community-based alternatives for individuals discharged from state hospital, services for people who previously would have been served in state mental health facilities or community inpatient facilities, and services for those who are being diverted from those levels of care. Community Hospital Integration Projects Program (CHIPP)-supported services include 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.

DHS continues to pursue CHIPP opportunities for developing additional resources to support individuals discharged from State Hospital or who would have previously been served in a State Hospital, including individuals in the Torrance Regional Forensic Center.

People with Co-Occurring Mental and Substance Use Disorders

Strengths:

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

Needs:

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

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

- An Assertive Community Treatment team that includes a D&A Specialist.
- The Integrated Dual Disorders Treatment (IDDT) program, a SAMHSA evidence-based practice that is improving treatment outcomes and reducing recidivism through a multi-disciplinary team that links consumers with services, including permanent supported housing.

- The Justice-Mental Health Collaboration project, which is identifying sentenced individuals in the county jail who have co-occurring disorders, providing them with specialized service coordination before their release and treatment, housing, and supports after release. (This program is funded by a grant from the U.S. Department of Justice.)

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

Justice-involved Individuals

Strengths:

- Mental health and substance abuse services in the jail
- Competency to Stand Trial evaluations completed while at the County Jail (by Pretrial Services' Behavioral Assessment Unit)
- Benefits Counselor available at the Jail to assist individuals being released to enroll with Medicaid or through MarketPlace. This initiative has made hundreds of people with BH issues eligible for health insurance and a large subset able to access MA-funded treatment.
- Peer support for individuals who have been involved in the criminal justice system.

Needs:

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

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

- Its Justice Related Services, which provide specialized service coordination and advocacy for consumers involved in the criminal justice system who have serious mental illness or co-occurring mental and substance use disorders. JRS serves individuals through:
 - Mental Health Court, Drug Court, DUI Court, and Veterans Court
 - A Diversion and Supports program that spans pre-arraignment through sentencing
 - An IMPACT program that provides BH evaluations or schedules evaluations of parents and guardians who come before dependency judges, providing the adults with support in reaching their treatment goals
 - Justice-Related State Support services for people who have served their maximum state sentence at a State Correctional Institution or who are on parole and have an approved home plan
- FUSE, an initiative that uses administrative data to identify frequent users of the mental health, criminal justice, and homelessness systems and actively connects these individuals with services, thereby improving behavioral health and other outcomes, including reducing criminal justice involvement.

- Diversion services, including diversion to the Central Recovery Center by Crisis Intervention Training (CIT)-trained officers.
- An outpatient-level treatment program based in the Allegheny County Jail, begun through a federal Justice Reinvestment grant and sustained by DHS.

The Block Grant will continue to fund a Benefits Counselor in the Allegheny County Jail, which has increased the number of individuals enrolled in Medicaid and in treatment after release. Because of the success of this initiative and the opportunity for consumers to be able to initiate their enrollment in other benefits programs while they are in the jail, DHS will hire a second Benefits Counselor. (This is upon the recommendation of the Block Grant Advisory Board.)

DHS also will continue to be involved in the Allegheny County Jail Collaborative, a 16-year initiative of the county and courts that aims to reduce recidivism and improve the employment, health, and housing outcomes of people in/leaving the jail. The Collaborative leadership is composed of the Director of DHS, the Warden of the Allegheny County Jail, the Director of the Allegheny County Health Department, the President and Administrative Judges of the Allegheny County Court of Common Pleas, and the chief of staff of the County Executive. The other members of the Collaborative include probation and pre-trial services, service providers, faith-based community organizations, formerly incarcerated individuals, families and the community at large. The members work with DHS and other local government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

Veterans

Strengths:

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

Needs:

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

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

- Providing Seeking Safety trauma treatment for veterans with PTSD
- Supporting veterans involved with Veterans Court who are not eligible for VA services. This includes collaboration with the Veterans Justice Outreach specialist of the VA, who determines Veteran status and VA eligibility. Local agencies offer VA-ineligible veterans trauma-specific services by staff trained in the Seeking Safety (trauma-specific) treatment model.
- As part of Veteran’s Court, presenting a JRS treatment plan at the appropriate level of the criminal justice system and if the court agrees, the veteran is given either bond or probation conditions to comply with treatment in lieu of incarceration.

Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQI) Populations

Strengths:

- Availability of specialized Mental Health services in the community

- Sexual Orientation, Gender Identity and Expression (SOGIE) Related Education and Training
- DHS LGBTQA Champions Group (DHS and provider agency representatives)
- DHS LGBTQ Community of Practice

Needs:

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

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

- **Standards of Practice.** DHS has developed and implemented SOGIE-related Standards of Practice for serving individuals and families, and these are available to DHS staff and the provider network. Standards of Practice are fundamental guidelines that help to ensure that staff are using best practices and honoring regulatory requirements in their work with the individuals they serve and with their colleagues.
- **Education and Training.** One way in which DHS addresses the needs of LGBTQI individuals with mental health issues and builds upon their strengths is by promoting staff's cultural responsiveness through education and training. DHS provides ongoing opportunities for training, education and case consultation related to sexual orientation, gender identity and expression. DHS's full-time SOGIE project manager also provides case consultations to DHS staff, program providers, and community members.
- **Community of Practice.** DHS will continue to address systemic barriers that impact its ability to competently serve LGBTQI individuals with mental health issues through the DHS LGBTQ Community of Practice. These meetings provide a public forum to discuss issues of concern for LGBTQ individuals across DHS-serving systems. The Community of Practice is designed to:
 - Enhance stakeholder awareness of issues that are impacting the LGBTQ community
 - Promote communication and foster collaborations and information-sharing among community groups, individuals, and DHS staff
 - Identify unmet needs of the community and engage in action planning to address those needs

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

Racial/Ethnic/Linguistic Minorities

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 through the Immigrant Services and Connections program

- Emerging mental health services that are culturally and linguistically appropriate

Needs:

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

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

- Immigrant Services and Connections (ISAC), which provides culturally- and linguistically-appropriate service coordination to Allegheny County's immigrants and refugees. ISAC aims to address the gaps in existing service provision to immigrants and refugees and promote their self-sufficiency and community empowerment by employing culturally-competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains. The program also strengthens interagency collaboration, enhances capacity across the human services network, and educates the provider community.

ISAC is a collaboration of community-based agencies with extensive experience in providing services to immigrants and refugees that includes Jewish Family and Children's Service (JF&CS), the Greater Pittsburgh Literacy Council, Northern Area Multiservice Center, Prospect Park Family Center (operated by South Hills Interfaith Ministry), the Latino Family Center (operated by the AIU) and Casa San Jose. It includes service coordinators and navigators, a program director, an administrative coordinator, and additional administrative and leadership support from JF&CS. The program's service coordination has primarily focused on basic provisions (e.g., clothing, food, housing, transportation and utilities), health care, financial stability, legal services and education.

- Neighborhood-Based Psychosocial Groups for Immigrants and Refugees. These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces behavioral health concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence. The formal, traditional service system may not address these issues effectively; and refugees and immigrants face obstacles to accessing existing services (e.g., lack of interpretation services, no health insurance, limited transportation, and cultural differences ranging from the stigma attached to seeking help to not having a cultural tradition of one-on-one talk therapy).

The project trains and mentors immigrant community facilitators who lead support groups in the members' languages. These mentors are skilled in empathic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics that help to generate discussions. The goal of the project is to build each community's capacity to reach struggling individuals and families, improve health and well-being, and avoid costly system involvement.

- DHS's Immigrants and Internationals Advisory Council. The Advisory Council is a key source of information about the human services needs of immigrant and international county residents. It includes members of the immigrant and international communities, consumers of DHS services, and representatives of service provider agencies that work with the immigrant and international communities. Representing diverse cultural and provider groups in Allegheny County, the Advisory Council serves as a channel for communication between DHS and immigrant and international communities in the region.

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

Strengths:

- Availability of specialized mental health housing services
- Availability of specialized mental health outpatient treatment and case management
- The county's Deaf, Hard of Hearing and Deaf-Blind Task Force
- The healthbridges.info website of resources for individuals who are deaf, hard of hearing, or deaf-blind

Needs:

- Affordable and accessible housing
- Coordinated services and outreach with service providers who have ASL-fluent staff
- Group treatment with interpreters for D&A issues
- Increased workforce development to increase the pool of ASL-fluent MH professionals

In continuing to convene a Behavioral Health Task Force for Persons who are Deaf, Deaf-Blind or Hard of Hearing in Allegheny County, DHS will build upon the strengths and address the needs of people who are deaf, hard of hearing, and deaf-blind as augment the system accomplishments they have helped DHS to achieve by sharing their knowledge and resources. The Task Force, formed by DHS and the Center for Hearing and Deaf Services, is composed of consumers, providers and educators who work together to reduce disparities and assist individuals who are deaf, hard of hearing or deaf-blind, and who also may have an intellectual disability. The Task Force identifies service needs, opportunities for training/education, and areas where DHS can support greater coordination of care.

People with Hoarding Behavior

Strengths:

- Hoarding Task Force that identifies needs for education/training, coordination of supports, and services for individuals with hoarding behavior
- 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 services personnel about hoarding, its causes, and its treatment
- Additional services for clean-up of property and assistance with utilities
- Community consensus that hoarding is a community concern, as opposed to simply a DHS concern

DHS will build upon the strengths and, with others, help to address the needs of people who have hoarding behaviors through the Hoarding Task Force, which is exploring ways of enhancing and expanding community supports for people with hoarding behaviors.

Other: MH/ID population

Strengths:

- Dual Diagnosis Treatment Team (DDTT)
- JRS collaboration with ID staff to assist individuals who have intellectual disabilities who are involved in the criminal justice system

- Ongoing collaboration between MH and ID staff to assist individuals with multiple challenges and to prevent and address crises

Needs:

- Residential and housing supports to assist individuals with MH/ID so they can live successfully in the community
- Step-down unit for individuals being discharged from community psychiatric inpatient care

DHS will build upon the strengths and address the needs of people who have both a mental illness and an intellectual disability by continuing its DDTT as well as the collaborations within DHS program offices and among providers.

4.1.4 Recovery-Oriented Systems Transformation

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

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

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

<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
1. Supported employment services	Current and throughout 2016-17	\$1.7 million in Block Grant funds	Web-based database and Fidelity Scale
<p>DHS is committed to helping people with serious mental illness find and keep jobs through supported employment services. The plan for supported employment in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, supported employment providers have increased the percentage of program participants who are working from 22% to 45% in FY 15-16 with an average starting salary of \$9.54/hour. These individuals have an average job tenure of almost two years.</p>			
2. Justice-related services (JRS)	Current and throughout 2016-17	\$8.5 million in Block Grant, private grant funding, and CCBH funds	Jail Collaborative computer application; HSAO record system
<p>DHS has expanded Justice Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record developed by the primary provider of Justice Related Services, HSAO. Please see the Justice-Related Services page of the Allegheny County website for</p>			

more information about JRS: <http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx>

3. BH Housing	Current and throughout 2016-17	\$65 million in Block Grant, CCBH and reinvestment funds	Internal tracking databases; and tracking of outcomes by Allegheny HealthChoices, Inc. (AHCI)
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The *Housing as Home* plan was developed to reduce the use of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts benefit consumers and their families by providing evidence-based practices in community recovery and resiliency services as an alternative to hospitalization. DHS recently automated its Centralized Housing Referral process (see below). In 2016-17, Allegheny County will invest more funding in housing for individuals with serious mental illness.

<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
4. Special populations			
<i>LBGTQ</i>	Current and throughout 2016-17	\$150,000 in funding (includes grant funding and non-Block Grant funding to support activities including the development of Standards of Practice, case consultations, training of LBGTQ Champions, SOGIE 101 trainings, and quarterly LBGTQ)	Contract and licensing monitoring
<i>Persons with hoarding behaviors</i>	Current and throughout 2016-17	\$120,000 in Block Grant funding. Includes case management, clean-up services, and Community of Practice meetings with community stakeholders and contracted providers	Annual monitoring
<i>Transition aged youth</i>	Current and throughout 2016-17	\$567,000 in Block Grant and CCBH funding	Annual monitoring

		Please see section on TAY for detailed description of strategy.	
<i>Children</i>	Current and throughout 2016-17	\$1.5 million in Block Grant and CCBH Please see section on Children’s MH for detailed description of strategy	Annual monitoring
<i>Elderly – MH resources for in-home</i>	Current and throughout 2016-17	\$50,000 in Block Grant Please see section on older adults for detailed description of strategy	Annual monitoring
5. Consumer-driven services and peer support services	On-going	\$4.6 million in Block Grant, CCBH and reinvestment funds	Annual monitoring
DHS and CCBH provide a variety of consumer services including Certified Peer Specialists, Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, CPS Trainings, Peer Mentoring, monthly Consumer Support Program (CSP) meetings, Self-Directed Care, and Shared Decision-Making.			

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

- IRES Electronic Modernization. DHS is responsible for the 302 Civil Commitment Process and Orphans’ Court of the Allegheny County Court of Common Pleas is responsible for the 303 through 306 Civil Commitment Processes. DHS’s Information, Referral and Emergency Services (IRES) has developed an electronic 302 system, which is advancing the efficiency of the process by eliminating the need for hand-written documents, faxing, or using US mail. The system 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. The system also creates a paperless workflow and enhances the county’s ability to collect and share statistical data that contribute to data-driven decision making. All IRES staff, hospital and emergency department staff, and re:solve crisis network staff receive training in the use of this system. Additionally, an electronic data bridge has been developed between DHS and the Courts so that the two systems share information about commitments.
- Incident Follow Up and Root Cause Analysis. Contracted providers are required to submit Incident Reports to DHS when a defined event occurs. These incident report data are entered into an established database. DHS contacts the provider for information about disposition, updates, and

resolution, and that information also becomes part of the database. If an event is determined to be a “Sentinel Event,”^[1] a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee that includes DHS and provider staff meets quarterly to review system improvement recommendations and determine the need for training and appropriate actions, including designating special work groups to address specific system improvement recommendations. These work groups have helped to improve outcomes, increase cross-training, and develop treatment for co-occurring mental and substance use disorders.

- **Centralized Housing Referral Process.** DHS’s Office of Behavioral Health is the central location for mental health residential and supportive housing referrals submitted electronically by behavioral health service coordinators, CTT members, Enhanced Clinical Service Coordinators, inpatient staff, JRS, and other staff. OBH monitors and reviews each referral to determine appropriate matches for people in need of available and appropriate housing. (Referrals remain active for one year.) Individuals not in need of specific Mental Health Residential Services will be referred to the LINK for additional housing resources, especially individuals who are at imminent risk of homelessness. This centralized process has allowed for a more efficient way of matching individuals to the most appropriate available housing option.
- **Disaster Response.** DHS is a partner agency in the emergency response system with other public and private providers within Allegheny County, local government offices, and providers from surrounding counties and the state. When a natural or man-made disaster occurs, a designated DHS staff person functions as the BH Disaster Coordinator—the point-person in charge of coordinating assessment and deployment of mental health services to victims and other first responders, including coordinating BH providers or staffing locations for as long as behavioral health services are necessary. This can involve conducting door-to-door canvassing of victims to tell them about available services. Additionally, where there is a fire in the community that affects multiple families, the Disaster Coordinator leads/coordinates community meetings that includes the victims and local resources, to assist the families in their recovery.
- **CCRI.** Allegheny County is a Phase 4 county under the PA-DHS Consolidated Community Reporting Initiative (CCRI), the statewide data infrastructure for reporting consumer-level service use and outcome information for people receiving County base-funded mental health services. As part of the CCRI design, OMHSAS leveraged three of DHS’s enterprise systems: the Home and Community Services Information System (HCSIS), the Client Information System (CIS) and the Provider Reimbursement Operations Management Information System in electronic format (PROMISe). Allegheny County worked with mental health services providers that were required to enroll in PROMISe to prepare for encounter reporting to the state.

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

4.1.5 Evidence-based practices survey

<i>Evidenced Based Practice</i>	<i>Service available in the county (Y/N)</i>	<i>Approximate number served in the county</i>	<i>Fidelity measure used</i>	<i>Who measures fidelity</i>	<i>How often fidelity is measured</i>	<i>SAMHSA EBP Toolkit used as guide (Y/N)</i>	<i>Staff specifically trained to implement the EBP (Y/N)</i>	<i>Comment</i>
Assertive Community Treatment	Y	268	TMACT	AHCI	Annually	Yes	Y	
Supportive Housing	Y	415	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	700	S.E. Fidelity Scale	DHS	Annually	Yes	Y	
Integrated Treatment for Co-occurring Disorders (IDDT)	Y	100	IDDT Fidelity Scale	Agency	Annually	Yes	Y	
Illness Management/ Recovery	N							
Medication Manage. (MedTEAM)	N	120				Yes		Clinical model developed by CCBH, which reviews level of care and follows service description
Therapeutic Foster Care	N					N/A		
Multisystemic Therapy	Y	45	TAM-R	Agency	Every 4 weeks	N/A		

Functional Family Therapy	Y					N/A		
Family Psycho-Education	Y					Yes	Delivered by NAMI	

4.1.6 Recovery-oriented and Promising Practices Survey

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Y	1,500	
Family Satisfaction Team	Y	650	
Compeer	Y	50 150	County funded County and private funding
Fairweather Lodge	Y	7-10	TSI and Mercy Behavioral Health provide these
MA Funded Certified Peer Specialist	Y	87	Peer specialists also are integrated within services throughout the system
Other Funded Certified Peer Specialist	N		
Dialectical Behavioral Therapy	Y	N/A	This service is not disaggregated in billing/reporting
Mobile Services/In Home Meds	Y	104	
Wellness Recovery Action Plan (WRAP)	Y	N/A	This service is not disaggregated in billing/reporting
Shared Decision Making	Y	1500	
Psychiatric Rehabilitation Services	Y	134	Includes clubhouse
Self-Directed Care	Y	N/A	One person within each CPS team provides this service. It is not disaggregated in billing/reporting.
Supported Education	N	N/A	

Treatment of Depression in Older Adults	Y	N/A	Geriatric in-home team; not reported separately
Consumer Operated Services	Y	2,256	Consumer-driven services
Parent Child Interaction Therapy	Y	N/A	Part of outpatient therapy, not
Sanctuary	Y	N/A	A process
Trauma Focused Cognitive Behavioral Therapy	Y	N/A	Part of outpatient service and not reported separately
Eye Movement Desensitization And Reprocessing (EMDR)	Y	N/A	Allegheny County has practitioners who provide EMDR, but this is not a separate DHS program service
Other (Specify)	Y	Warmline (PSAN)	CCBH-reinvestment funded

4.2 Intellectual Disability Services

4.2.1 Background

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

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

OID accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures.
- Working with Supports Coordination Organizations (SCOs) to identify (through PUNS reviews) people who may be interested in Lifesharing and competitive employment opportunities.
- Collaborating with local provider workgroups and associations.

- Evaluating Individual Support Plans (ISPs) on a regular basis, to ensure that all registrants have an active and current plan that is implemented according to standards required by the AE Operating Agreement. DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA 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.
- Providing oversight to IM4Q, the quality management effort that is offered through a contract with Chatham University.

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

4.2.2 Continuum of services

DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. DHS estimates that it will serve 2,227 individuals in FY 16-17, consistent with FY 15-16. Its planned expenditures also will be consistent.

Table 2: Number of individuals served through base or Block Grant funds, by service

	Estimated Individuals served in FY 15-16	Percent of total Individuals Served	Projected Individuals to be served in FY 16-17	Percent of total Individuals Served
Supported Employment	65	3%	65	3%
Sheltered Workshop	65	3%	65	3%
Adult Training Facility	31	1%	31	1%
Base Funded Supports Coordination	1,859	83%	1,859	83%
Residential (6400)/unlicensed	15	1%	15	1%
Life sharing (6500)/unlicensed	2	0%	2	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	0	0%	0	0%
Other Base Services	190	9%	190	9%
TOTAL	2,227		2,227	

4.2.3 Service descriptions

Supported Employment

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

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

Since 2007, DHS has participated in ODP's Base Employment Pilot, which originally was designed to be a pilot in which individuals with limited needs would receive supports to maintain community employment. DHS enjoyed considerable success with this pilot and is now entering its ninth year of participation. Services typically are limited to supported employment (e.g., Job Coaching) and/or transportation (most often in the form of a bus pass). Limited Habilitation supports also are used to support life skills that contribute to successful employment outcomes.

DHS will use Block Grant funds to provide employment supports to approximately 65 individuals in 2016-17. Examples of the types of supported employment that DHS will provide include:

- *Project SEARCH*. Since school year 08/09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forgo their last year of school-based training to participate in an employer-based training-to-work curriculum that includes a series of externship opportunities that enhance the individual's career exploration and real work experience portfolio. Project SEARCH is a true multi-agency collaborative effort that uses "braided" funding among local School Districts, the Office of Vocational Rehabilitation (OVR) and OI. The original program has expanded into training sites at UPMC-Mercy and UPMC-Passavant. Fifty-one individuals involved with or potentially eligible for OI supports have graduated from Project SEARCH since 2009; 41 of these graduates currently are employed (with or without on-site job supports) and 17 are unemployed. Project Search also makes available Job Club and on-going Job Development for people who are interested, regardless of employment status. Thirty-one past graduates currently are enrolled in a waiver. The roster for School Year 16-17 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, providing support to individuals with minimal needs through integrated, community-based employment. DHS distributes Pilot funds through individual allocations to 21 individuals who are receiving supports from 6 service providers. Of the 21 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 11 are working in part-time positions of fewer than 20 hours/week. These participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging).
- *ACDHS-OI Base Pilot "Group 2"*. OI 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-four individuals currently are authorized for funding through this Pilot. DHS has targeted additional individuals for participation in this pilot when they have completed OVR initial job supports (OID will provide long-term funding after OVR funds end). Eleven individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports, which has maximized funding opportunities, since those waiver slots can be redirected to emergency-level individuals who may have higher total service needs.

- *Community Partnerships.* Other examples of DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities.
- *Customized Employment Training.* In FY 16-17, OID plans to offer Customized/Discovery Employment Training for approximately 15 providers to increase the local capacity to develop integrated, competitive employment opportunities for those with an Intellectual Disability in our community.

DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCC), which provides information and networking opportunities for school district transition and special education staff, OVR counselors, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students, and families.

Supports Coordination

DHS estimates that it will serve approximately 1,859 individuals with base-funded supports coordination in FY 16-17. 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 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 % of these individuals reside in a State Center (132 of 5,605).

Beginning in FY 11/12, individuals were identified for movement into the community through the Benjamin Litigation. In FY 12/13, 12 additional individuals were identified for community placement consideration, however, transitioning and planning ceased in November 2012 due to a court injunction that was obtained on behalf of individuals without a family/guardian who were unable to express preference. During these fiscal years and through FY 13/14, a total of 4 individuals were placed into the community from state centers, which is what they and/or their families desired.

In FY 14/15, ODP and DRN re-negotiated the stipulations resulting from the Benjamin Litigation and are using this litigation to offer individuals in state centers the option to move into the community. Money Follows the Person (MFP) funding also is being used. All individuals who reside in public ICF/ID (state

centers) are considered part of the Benjamin Litigation, but development of 1-page description and Essential Lifestyle Plan (ELP) varies with individual and family preference for community placement.

Since the injunction was lifted, the planning list for community placement consideration remains fluid. (For example, after the stay was lifted, there were 16 individuals being considered, which was decreased to 8 individuals, since 8 were removed from consideration for various reasons; two more people were added, bringing the total to 10. Of these 10 individuals, 2 have been placed in the community in FY 15-16; 3 of these individuals have identified providers and are in various stages in transition into the community, and 5 do not have a community-based provider identified.

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. In addition, increased collaboration across other AE/Joiners and State Regions also is occurring to maximize community-based options for individuals.

- *Case Management Services.* In FY 16-17, DHS estimates that 1,859 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 16-17, DHS estimates that 327 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 15-16, 74 individuals (two funded through child welfare) were served through Lifesharing programs offered by 11 agencies, with two individuals supported through Base funds. Efforts to expand the number of Lifesharing providers and participants in Allegheny County (and to fill vacancies) occurred throughout FY 15-16 and will continue in FY 16-17. These efforts include:

- Hosting bi-monthly Allegheny County Lifesharing Coalition meetings, attended by agency members, supports coordination organizations, and other interested stakeholders to share information received at State Subcommittee Meetings and provide information on various topics of interest
- Celebrating Lifesharing Awareness Month in Allegheny County with an Information Fair to attract providers, participants and agencies to Lifesharing
- Attending PA and Western Region Lifesharing Coalition meetings
- 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 monthly Lifesharing Vacancy list with information regarding available Lifesharing and respite openings in Lifesharing homes.

- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parents are given information about Lifesharing as an option for continuing to share their home.
- Inviting Lifesharing agencies to provider presentation meetings for 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
- Planning for the Fourth Annual Lifesharing Information Fair to be held by the Allegheny County Lifesharing Coalition in October 2016
- Facilitating an article featuring Lifesharing in the *Pittsburgh Post-Gazette* (<http://www.post-gazette.com/news/health/2015/12/18/Lifesharing-program-offers-alternative-to-group-home-setting-for-people-with-intellectual-disabilities/stories/201511260102>)

As DHS expands this program, it will continue to work with ODP to assist. Suggested strategies include:

1. A quicker turnaround in licensing and rate/site loading into HCSIS/PROMISe
2. A state-led campaign to make the community at large aware of Lifesharing as a state priority (similar to the advertising done for foster care families).
3. Certification of Lifesharing sites (instead of licensing). Individual Lifesharing providers often report feeling as though the licensing process disrupts the family atmosphere that Lifesharing is intended to provide. There also have been concerns about Lifesharing providers' lack of privacy.
4. Lifesharing providers also seek an assessment that may indicate individuals' support needs from other systems such as mental health needs or physical health needs. They have made suggestions about incorporating this evaluation into the SIS.
5. Lifesharing providers often mention that when an individual is in a non-eligible setting such as a hospital, their stipend stops. Could ODP consider continued payment of only the state portion of the approved rate during such times?
6. Looking at Lifesharing as a residential model that might be included on a rate schedule, as a way of addressing the disparity in Lifesharing stipend payments across agencies.

Cross Systems Communications and Training

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

- *Developing intervention strategies for older adults with ID.* Mirage is a committee that strives to use the resources available between DHS's OID and Area Agency on Aging (AAA) to develop effective and collaborative intervention strategies for older adults with ID. This work is accomplished through cross-systems training and networking opportunities, information sharing, and individual plan review meetings at which recommendations are developed to address individuals' needs. In December 2016, the Mirage committee will apply for 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 regularly collaborates with three SCUs on to encourage consistent implementation of ODP policy and practice. OID and the SCUs discuss their joint expectations, waiting lists, and implementing initiatives. This work will continue in FY 16-17.
- *Agreement with UPMC Health Plan and Community Care Behavioral Health.* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication among shared members and services. As part of the agreement, OID is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member health, improving satisfaction with services, and coordinating resources for physical and behavioral healthcare for persons with ID.
- *Integrating services for children and youth with complex needs.* DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by three providers in three homes licensed under 3800 regulations. The newest provider opened its first RESPOND bed in April 2016. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs.

The group homes also are supported by a shared Mobile Treatment Team (MTT) 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.

- *Engaging families and individuals through school districts.* OID staff people sit on the Transition Councils for local school districts, including Pittsburgh Public Schools. This is a critical way of conveying information to families and individuals, beginning at an early age. OID's Intake and Registration staff also visit schools through the year, informing families, individuals, and school district personnel on the importance of registration; and they participate in outreach activities in schools.
- *Integrating services for adults with complex needs.* Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served 44 individuals in Allegheny County. This collaborative effort between OBH/OID, CCBH and Northwestern Human Services (NHS) uses 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. In the spring of 2015, NHS recruited additional staff and increased its capacity to 30 individuals. OID and OBH continue to interface regularly with the DDTT and CCBH 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.) The team has noted outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.
- *Collaboration with Justice Related Services.* The OID/JRS collaboration has been effective and continues to meet a significant need to support individuals with ID who are in jail or involved with the criminal justice system. The partners continue to communicate on a regular basis and work to

improve and streamline communication. Since this collaboration began in 2014, there have been a total of 54 Inquiries between JRS/OID, 35 of which were Open and Active with OID. Of these cases, 32 involved Joint Planning between JRS and OID. They are also working to either divert individuals from Torrance State Hospital or conduct discharge planning from Torrance into needed services. Areas identified for improvement include:

- Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but who are incarcerated or have legal/court involvement. JRS has been providing “Administrative Assistance” for these cases, which has been beneficial for the Teams and individuals served to best meet the individuals’ needs.
 - Increased collaboration with the Allegheny County Jail so that OID is notified when individuals with ID are incarcerated. Although this has improved somewhat, this continues to be an area of needed improvement.
 - Streamlining funding timelines that accommodate jail release, identified needs, and Waiver stipulations. This remains an area in need of improvement.
 - Barriers to newly OID-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains an area in need of improvement.
 - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
 - Reinstatement of Medical Assistance upon release from jail continues to be an area of need.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* OID is involved in a number of collaborative activities with ODP and other counties:
 - OID frequently works with other counties in the region to review potential common data elements and explore reporting needs.
 - OID reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve quality of life for individuals involved in the Risk Management process
 - OID is involved with ODP’s Positive Practices Committee, whose mission 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

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

- Enacting ODP’s Unanticipated Emergency Request Process when an individual’s health and safety is at immediate risk.
- Exploring alternative waivers and services to meet the individual’s needs, such as Independence Waiver, Autism Waiver, Dom Care, or Personal Care Boarding Homes.
- Partnering with AAA and Mirage to review service delivery to meet the needs of aging caregivers and individuals.

- Working in conjunction with OBH, re:solve and MH housing to meet the needs of individuals dually diagnosed with mental health issues and ID.
- Relying on community resources, such as the Allegheny Link, low-income housing, homeless shelters, and natural supports.
- Coordinating efforts with Dom Care, PCHs, re:solve, Allegheny Link, CCBHO, and system options meetings.

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

Administrative Funding

Once PA Family Network is fully operational, OID will reach out to arrange a meet-and-greet that will include county staff, SCOs, and providers. Once there is a fuller understanding of the scope of activity that the PA Family Network is looking to accomplish, this group will work together to assure connections are made. The group has opportunities to arrange information sessions through their working relationships with several locations that could accommodate larger groups of stakeholders.

For years, OID has shared information through Key Communicators. This is an e-mail distribution list of over 700 interested stakeholders, including families, providers, and community individuals. DHS will use this mechanism to educate the community at large about the activities related to PA Family Network.

HCQU

OID has an on-going relationship with its HCQU and regularly shares data with them for discussion (e.g., potential areas of training). OID also regularly reaches out to them on individual situations for input and resources.

IM4Q

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

Other reports include:

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

- The Independent Monitoring for Quality (IM4Q) State Centers Report, which is specific to State Centers in Pennsylvania and presents information collected through face-to-face interviews with 222 individuals living in state centers and receiving supports through the Office of Developmental Programs.

Trends from these reports have been incorporated into our Quality Management Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY16-17.

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

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

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

4.2.4 Risk management

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

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

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

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

documented in an annual report. Findings are used to inform OID Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

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

4.2.5 County housing coordinator

OID has a consistent, active representative on the DHS Housing Committee. These staff share data and system information as it relates to those with individual disability. During FY 15-16 the county issued an RFP seeking an agency to coordinate a Deep Rent Subsidy program for individuals active with DHS. OID was involved in the review and selection process of this vendor and has since submitted candidates for the Deep Rent Subsidy program.

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

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

4.2.6 Providers' emergency preparedness plan

OID continues to enforce the bulletins and regulations that require providers to have Contingency Plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes, day and vocational programs.

OID is available to offer technical assistance in the development of these plans, regardless of funding source, since the safety of all individuals in our system is of the utmost importance.

Finally, OID functions as the local AE and DHS/OID personnel 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.

4.2.7 Participant directed services (PDS)

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

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

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

4.2.8 Community for all

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

4.3 Homeless Assistance Services

4.3.1 Continuum of Services to people who are homeless or facing eviction

DHS is committed to preventing homelessness and, when homelessness does occur, rendering it “rare, brief, and non-recurring” (Laura Green Zeilinger, U.S. Interagency Council on Homelessness, 2014). With its community partners, the support of the Block Grant, and other state and federal resources, DHS has built a continuum of prevention and intervention services that are integrated with its other human services. This integrated approach is preventing evictions, reducing the number of people who are facing a housing crisis, and finding permanent housing for people as a first resort.

The county’s continuum of services includes:

- Outreach and Day shelter programs
- Supportive Services programs
- Emergency Shelter
- Bridge and Transitional Housing
- Rental Assistance and case management (Homeless prevention services)
- Rapid Rehousing
- Permanent Supportive Housing

4.3.2 Improvements

In FY 15-16, Allegheny County made system improvements and added resources to prevent homelessness and housing instability and to continue to increase the degree of prevention and, where homelessness does occur, to employ a Housing First approach. These improvements include:

Coordinated Intake: When people in Allegheny County need housing because of homelessness, they can call the coordinated intake number at the Allegheny Link that is part of DHS. The Allegheny Link staff began providing coordinated intake for the homeless/housing system in March 2015 and they now use the VI-SPDAT² to conduct assessments of the callers’ risks, needs, and potential for diversion (e.g., living

² This is the Vulnerability Index-Service Prioritization Data Assistance Tool, a validated instrument for determining the severity of clients’ needs and triaging them to the most appropriate levels of care,

with family and friends or mediation with landlords). They then help callers access the most appropriate resources from within the local continuum of care, based on the urgency of their need for housing/shelter. The Link uses the automated HMIS system to refer clients to resources including prevention and diversion, permanent housing, permanent supportive housing, transitional housing, and shelter. Clients are then placed on a list for providers to contact in chronological order. DHS reviews any referrals that providers deny, to ensure that households are treated fairly and providers are following applicable laws and regulations.

Greater investments in rehousing and PSH: To align spending with community needs and HUD priorities, Allegheny County’s Continuum of Care shifted some funding from transitional housing projects funded by HUD to rapid re-housing projects; and some funding from Safe Haven projects to permanent supportive housing (PSH) projects. Additional shifts in funding are expected to occur in FY 16/17.

Expanded use of Section 8: Allegheny County DHS has negotiated with the Housing Authority of the City of Pittsburgh for 200 Section 8 vouchers, and with the Housing Authority of Allegheny County for 50 of these vouchers—for those clients who have successfully completed the services that are part of their transitional supportive housing (TSH) or PSH. As these individuals move into subsidized housing through this opportunity, it opens TSH or PSH to more people in the county who need it.

Prevention and Diversion: Allegheny Link staff actively seek to divert individuals and families to safe options outside of the homeless system—mediating with family members over the telephone, calling landlords, and when required, engaging a local agency to meet with clients face-to-face to assist them in obtaining the resources they need to be able to live in good stead with family and friends and prevent evictions. As part of this prevention/diversion approach, DHS has developed a program for clients in subsidized housing, funded by the Block Grant. If the client agrees to pay one-half of the rent that is in arrears on a payment plan, DHS will pay the other half, and the housing authorities agree to not move forward with an eviction.

4.3.3 Unmet needs and gaps

Affordable housing: Allegheny County, which includes the City of Pittsburgh, is part of a metro region with one of the lowest rates of homelessness per capita, but it has recently begun to experience increases in its poverty rate, a decline in the stock of subsidized housing, and pressure on the private market from new city dwellers with higher incomes. The result is an affordable housing crisis that is on a path to getting much worse. “More very low-income renters spend more than half their income on housing in Pittsburgh (66 percent) than anywhere else” in Pennsylvania, New Jersey, or Delaware, the three states studied by the region’s Federal Reserve (2012 Affordability Analysis).

Housing providers already are seeing the effects of this shortage of housing in their lengthening waiting lists; and homeless services providers are finding that individuals and families are experiencing longer periods of homelessness and longer stays in shelters, as they wait for housing and services.

Housing for families with young children: On a given day, the waiting list for permanent housing is approximately 120 for families and 475 for singles.

which may include rapid rehousing, permanent supportive housing or shelter. Applying this tool during clients’ calls to coordinated intake helps make sure that people with the highest needs are getting services before those with lower needs.

Housing for individuals in transition: As in the rest of the country, homelessness in Allegheny County is tied not just to income but also to medical debt, health, behavioral health, and social needs:

- Of those who entered permanent supportive housing in Allegheny County, 14 percent were entering directly from a psychiatric hospital, de-tox or hospital.
- 35 percent of individuals who are homeless report that they have a physical or behavioral health-related disability (DHS).
- Of those who entered transitional housing, 10 percent were entering from a juvenile or criminal justice facility.

These statistics reflect those individuals whom the homeless system was able to serve. The need for transitional housing among people with behavioral health and other complex needs is many times the number the county can serve.

To develop a clear and strategic plan for meeting these needs, the county’s Housing Advisory Board (for which DHS is the Infrastructure Organization) has selected a national consultant to lead a community planning process that:

- Engages funders and decision makers, consumers, and staff of local government, civic, nonprofit, business, schools, faith-based and other organizations who have important information to share about how the system currently is working, models/best practices to consider applying locally; and who also are key to implementing the plan.
 - Learns from planning participants about needs/gaps and program performance; and informs them about local and national data on best practices and community support.
- Is driven by information: the experiences of people who have used the system; data on consumer needs for housing and other services; and the supply of housing and other services.
- Identifies opportunities that can be leveraged, including funding and volunteer resources in the housing, homelessness, health care, human services, and private sectors.

This process will guide the development of a strategic plan for preventing and ending homelessness. The Block Grant will be a pivotal resource in implementing that plan in future years.

4.3.4 Services, efficacy, and proposed changes

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

Table 3: Services and measures of efficacy

<i>Service</i>	<i>How DHS evaluates efficacy</i>
Bridge Housing: provides individuals and families in temporary housing with the opportunity to move to supportive long-term living arrangements for up to 12 months.	Measure: Share of people served by Bridge Housing who exit to permanent housing. In 2015-16: 55% (199 of the 363 clients who exited Bridge Housing) exited to permanent housing.

<p>Case Management assists individuals and families in achieving independent living through strategies that include goal setting for 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.</p> <p>The case management staff has continued to successfully help families access and maintain connections to community services. For example, case managers help families secure and maintain benefits, including MA, TANF and SNAP, by helping them complete renewal applications, update housing status and troubleshoot problems (with the assistance of the County Assistance Office ombudsman). Case managers also complete the Ages and Stages Assessment on all children ages five and under (with guardian permission) and connect families with young children to developmental supports, such as Head Start and the Alliance for Infants and Toddlers.</p> <p>Over the course of FY 15-16, DHS assisted families in completing 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)³ Champion.</p>	<p>Measure: Number of homeless individuals assisted</p>
<p>Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. 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.</p>	<p>Measure: Number of people for whom eviction is prevented, through rental assistance</p> <p>In FY 15-16, 188 clients will have received rental assistance</p>
<p>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.</p>	<p>Measure: Number of people prevented from being street homeless through shelter (including shelter for people who are victims of IPV)</p> <p>In 2015-16: 2,992 individuals were prevented from becoming street homeless</p>

³ 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.

<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture assistance, and rental and utility assistance. These staff address client needs holistically, ensuring they can access housing, behavioral health services, physical health services, education support, food and transportation assistance, furniture, and clothing. One of the program’s primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.</p> <p>DHS also contracts with two agencies to conduct street outreach with chronically homeless individuals; and to provide basic health and housing. These street outreach teams also work to connect homeless consumers with benefits and sources of income, and they 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.</p>	<p>Measure: Number of chronically homeless individuals assisted</p> <p>In FY 15-16: DHS provided approximately 118 clients with other housing supports</p>
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Proposed changes in 2016-17 include:

- DHS will train all case managers as SOAR Champions
- DHS will increase the share of Block Grant funding for Homeless Assistance Program services, to reduce the waiting list for housing and services.

4.3.5 Current status of HMIS implementation

Allegheny County’s Homeless Management Information System is fully functioning and is now integrated with coordinated intake (Allegheny Link). DHS continues to make improvements to meet HUD requirements for data standards. Allegheny County has dedicated HMIS staff and a homelessness/housing analytics team working to continually improve HMIS to benefit clients, the systems’ users, program managers, and for data analysis and research purposes. The Allegheny County CoC has a Data and Planning Committee, which uses HMIS data to measure and track homeless system performance and to use the data to inform policy decisions about homelessness for the community.

4.4 Children and Youth Services

4.4.1 Successes and challenges of the county’s child welfare system

DHS provides a full continuum of accessible, supportive services to families who are empowered to have a voice and active role in decision-making. This continuum is funded through the Block Grant, Needs-Based Budget, and Title IV-E funding.

For a thorough review of DHS's programmatic and administrative successes and challenges over the past several years, please see the Needs Based Plan and Budget (15-16 plan and forthcoming 16-17 plan), the Child Welfare Demonstration Project (CWDP) proposal, subsequent Initial Design and Implementation Reports (I and II), CWDP quarterly monitoring reports to the state, and the Semi-Annual Reports to ACF. These plans and reports also describe Allegheny County's strategies for achieving its goals and desired outcomes.

The child welfare system's successes and challenges include:

Successes

- Integrated substance use disorder treatment and support services with the child welfare system. (DHS has selected providers to implement this initiative, which was framed through a competitive RFP process.)
- Improved efficiencies, notably in scheduling, coordinating, and managing transportation services for children and youth. (This also entailed a competitive RFP process for selecting providers.)
- Development of a predictive risk modeling tool that will improve the decisions of child welfare workers, which will be assessed in the coming year.
- Increases in the number of family foster care homes for young people, through a focused initiative.
- Underway in the current year and to be fully in effect in 16-17 are:
 - Development of standards and locations for coached supervised visitation and visitation space. (Providers are being selected.)
 - Family violence and intimate partner violence training for child welfare staff.

Challenges

- Need for community-based family support services in geographic areas with a large number of families that are at a significant distance from Family Support Centers and CYF Regional Offices.
- Increase in calls to intake, which has increased the number of children and families whom Allegheny County CYF needs to serve
- High level of truancy in some families
- The number of children who re-enter the system within a year of being reunited with their families
- Identifying resource families and building resource family capacity

4.4.2 Service Outcomes and measurement

Block Grant funds will provide a number of important services at DHS during 2016-17, including housing supports for families with children, Multi-Systemic Therapy (MST), Family Development Credentialing (FDC), truancy intervention, and family engagement strategies including Conferencing and Teaming and High Fidelity Wraparound (HFW). These services, in conjunction with those funded through the Needs-Based Plan and Budget, will help DHS achieve improved safety, permanency and well-being outcomes for children and families.

In FY 15-16, DHS provided HFW to several priority populations (outlined below by funding stream) for the period 7/1/15 through 4/30/16:

CYF-Funded HFW:

HFW served 112 families with 225 children and youth. Of those served:

- 26 of the youth in the families had a Youth Support Partner (YSP)
- 46 families had a Family Support Partner (FSP)

Managed Care Organization⁴-Funded HFW:

- 131 families, who are high-end users of behavioral health services, received HFW/Joint Planning Team (JPT), paid through CCBH funding. Of those 131 families:
 - 54 were active in child welfare
 - 75 youth had a YSP
 - 75 families had a FSP

Additional Stand-Alone Support Partners

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

As of April 2016:

- 455 unduplicated youth received the services of a YSP
- 13 referrals (from various referral sources) were pending
- Of the 455 youth assigned a YSP:
 - 185 youth who were receiving independent living services also had a YSP
 - 144 youth generally referred via CYF, JPO, court orders, or other sources without independent living services also had a YSP
 - 25 youth were served by Time-Limited Family Reunification (TLFR) Grant from Pa-DHS
- 118 FSP referrals were made

YSP/FSP Efforts funded by other grants:

- A Time-Limited Family Reunification Grant supported YSPs for:
 - 25 youth in Kinship Care
- Diligent Recruitment Grant supported FSPs for:
 - 20 families providing Kinship Care

The county’s outcomes for 2016-17 are shown in the table below.

Table 4: Allegheny County outcomes and measurements (2016-17)

<i>Outcome</i>	<i>Measurement</i>	<i>Child welfare services in the HSBG that contribute to this outcome</i>
Safety		

⁴ Allegheny County’s managed care organization for behavioral health is Community Care Behavioral Health Organization (CCBH)

Children are protected from abuse and neglect	Reductions in substantiated re-abuse	MST HFW Truancy Intervention
Permanency		
Children have permanency and stability in their living arrangement (timely reunification)	More children/youth achieving permanency (reunification) with 1 year, which is measured by: <ul style="list-style-type: none"> % of youth achieving reunification within 12 months of spell start date 	Housing supports for families FDC HFW
Child & family well-being		
Families have enhanced capacity to provide for their children's needs.	Improvement in FAST and CANS scores, as measured by: <ul style="list-style-type: none"> Decrease in the % of actionable items (items with a score of 2 or 3) 	Conferencing & Teaming MST HFW Truancy Intervention
Children receive adequate services to meet their physical and behavioral health needs.	Improved linkages between individual needs/strengths and services provided, as measured by: <ul style="list-style-type: none"> The rate at which workers are able to link children and caregivers with services that directly address their needs 	Housing Supports for Families Conferencing & Teaming MST HFW Truancy Intervention Focus on Attendance

4.4.3 Programs funded through the Block Grant

Program Name:	The Family Housing Stabilization Program (FHSP)
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Status				
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

FHSP is designed to prevent 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 who receive rental assistance (both through the Housing Assistance Program and CYF) also receive budget counseling. Of the families who participated in FHSP during 2015-16 (as of April):

- 953 received assistance to preserve family housing and prevent housing instability. Of this total number:
 - 618 were at risk of homelessness due to eviction. The rental assistance resolved the housing crisis and prevented eviction.

- 42 were “literally homeless” or living in unstable housing. All regained stable housing following enrollment in the rental assistance program.
- 758 gained permanent housing following enrollment in rental assistance.

	FY 15-16	FY 16-17
	Target population: Families with children facing homelessness due to eviction	Target population: Families with children facing homelessness due to eviction
# of Referrals	1,267	1,267
# Successfully completing program	1100	1100
Cost per year	\$1,010,000	\$803,009*
Program funded amount	\$1,010,000	\$803,009
Name of provider	Urban League of Pittsburgh	Urban League of Pittsburgh

*Other funding sources will pay for the balance of the program.

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

Yes No

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

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

	FY 15-16	FY 16-17
	Target population: Families with children, with housing unaffordability	Target population: Families with children, with housing unaffordability
# of Referrals	268	268
# Successfully completing program	43	50
Cost per year	\$244,051	\$244,051
Program funded amount	\$244,051	\$244,051
Name of provider	Community Human Services	Community Human Services

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

Yes No

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

Allegheny County’s goal is to reduce the number of families who experience stays in emergency shelters and the length of those stays—helping them to secure stable housing in the event of a crisis, instead. The county has experienced an increase in the number of homeless families and therefore Allegheny County needs to increase the supportive services that emergency shelters use to assist families in rapidly transitioning to housing.

	FY 15-16	FY 16-17
	Target population: Individuals within families who are homeless and need shelter	Target population: Individuals within families who are homeless and need shelter
# of Referrals	1,072	1,072
# Successfully completing program	210 individuals	250 individuals
Cost per year	\$250,000	\$250,000
Program funded amount	\$250,000	\$250,000
Name of provider	Family Promise of Southwestern Pennsylvania, the Salvation Army Family Caring Center, and Womanspace East	Family Promise of Southwestern Pennsylvania, the Salvation Army Family Caring Center, and Womanspace East

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

Yes No

Program Name:	Bridge/Transitional and Permanent Housing
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Status				
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

Agencies receive CYF Housing funds to assist families with their rapid transition out of emergency shelter and into available bridge, transitional and permanent housing units.

	FY 15-16	FY 16-17
	Target population: Individuals in families	Target population: Individuals in families
# of Referrals	473	473
# Successfully completing program	190 individuals	200 individuals
Cost per year	\$210,000	\$210,000
Per Diem Cost/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

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

Yes No

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

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

Formerly known as FDC, SFW is an enhanced training and credentialing process that, like FDC, builds the capacity of family development workers to facilitate families' ability to obtain and maintain self-sufficiency. SFW is competency-based, has clearly-articulated connections to learning objectives, uses precise measures to demonstrate competence, and includes a process for continuing professional development and credential renewal.

Features of SFW include:

- Comprehensive classroom instruction by trained community-based family development instructors
- Portfolio coaching by a trained coach
- Trainees demonstrate core family worker skills
- An assessment exam that is based on specific learning objectives
- Includes a leadership training component

SFW classes in 2015-16 are continuing, with an additional 31 staff expected to complete the training by the end of the fiscal year. The Leadership SFW is complete (7 people have successfully completed the course).

	FY 15-16	FY 16-17
	Target population: DHS staff, staff of Provider agencies and other non-profit agencies	Target population: DHS staff, staff of Provider agencies and other non-profit agencies
# of Referrals	115	120
# Successfully completing program	38	75
Cost per year	\$282,000	\$188,726**
Per Diem Cost/Program funded amount	\$282,000	\$188,726
Name of provider	DHS	DHS

**Other funding sources cover the difference

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

Yes No

Program Name: High Fidelity Wraparound (HFW)

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

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 and Youth Support Partners are available as part of the HFW process to ensure that the voices and choices of the individuals they represent are honored.

DHS continues to move to a universal practice model across DHS: Conferencing and Teaming, which emerged from blending the best of Family Team Conferencing, Family Group Decision Making and High Fidelity Wraparound. (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.

YSPs and FSPs are available to children and families who are active in the child welfare system to enable children and families to have a greater voice in the process. Juvenile Court judges have recognized the value added by YSPs and FSPs and have significantly increased their referrals. As the unit has grown to meet this increased demand, DHS has enhanced the program's infrastructure so that the partners have appropriate coaching and supervision. Given the staff promotions necessary to provide the coaching and supervision, along with vacancies due to the budget delays of the current fiscal year, the program has not operated at full staff capacity in 2015-16.

The number of people served for the period 7/1/15 through 4/30/16 are indicated below, by funding source:

CYF-Funded HFW:

- HFW served 87 families with 116 cases. Of those served:
 - 26 of the youth had a Youth Support Partner
 - 46 families had a Family Support Partner

Managed Care Organization-Funded HFW:

- 131 families, who are high-end users of behavioral health services, received HFW/Joint Planning Team (JPT), paid by CCBH funding. Of those 131 families:
 - 54 were active in child welfare
 - 75 youth had a YSP
 - 75 families had a FSP

Funded by Block Grant: Additional Stand-Alone Support Partners

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

As of April 2016:

- 455 unduplicated youth received the services of a YSP
- 13 referrals (from various referral sources) were pending
 - Of the 455 youth assigned a YSP:
 - 185 youth receiving independent living services also had a YSP
 - 144 youth generally referred via CYF, JPO, court orders, or other sources without independent living services also had a YSP
 - 25 youth were served by TLFR grant
 - 118 FSP referrals were made

YSP/FSP Efforts funded by other grants:

- A TLFR grant supported YSPs for:
 - 25 youth in Kinship Care
- Diligent Recruitment Grant supported FSPs for:
 - 37 families providing Kinship Care

	FY 15-16	FY 16-17
	Target population: Children and families active in the child welfare system	Target population: Children and families active in the child welfare system
# of Referrals	510	600
# Successfully completing program	455	550
Cost per year	\$1,759,672	\$1,079,854*
Program funded amount	\$1,759,672	\$1,079,854
Name of provider	Diversified Care Management	Diversified Care Management

*Other sources of funding comprise the difference

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

Yes No

4.5 Drug and Alcohol Services

4.5.1 Substance abuse service system: all sources

Description of service system

Allegheny County DHS aims to prevent, intervene, and treat substance use disorders (SUDs) within a D&A system rooted in the philosophy that individuals with SUDs can recover, when given the quality treatment, support, and services that evidence shows can help people become healthier and build connections to family, community, and peers.

This D&A system is built upon partnerships with health and other service providers, funders (particularly Community Care Behavioral Health (CCBH), the county's managed care organization), consumers, peers, and family members, and it leverages community resources so that the county's children, youth, adults and families have a network of services and supports that make a positive impact in their lives. DHS and its partners work to ensure that this system is accessible, trauma-informed, and culturally competent. They also hold a high standard for their investments of resources. They seek a strong base of evidence, expecting that service providers tap each consumer's internal motivation for recovery, and evaluate the impact of services upon individuals and this community.

The county's D&A system includes the full continuum of services, which are described in detail in the *Allegheny County SCA Needs Assessment (January 2016)*; and *Allegheny County Treatment Plan (2015-2016)*. Table 5, below, provides a summary of funding for the categories of services in this system.

Update on changes made in 2015-16

DHS made these notable changes during 2015-16:

- **New Justice-Mental Health program that provides co-occurring treatment and services** for individuals re-entering society after serving a sentence in the Allegheny County Jail. This program, funded by a Justice Mental Health Collaboration grant from the U.S. Department of Justice, identifies individuals with mental and substance use disorders while they are in the jail, connects

them with a skilled service coordinator who develops their treatment plan and secures post-release supported housing, and, when consumers qualify and accept the service, participation in the evidence-based Integrated Dual Disorders Treatment (IDDT) program. IDDT provides the services of a multi-disciplinary team of medical and behavioral health specialists, as well as long-term housing.

- **Piloting the Coordinating Care for Individuals with Substance Use Disorders (CCISUD)** project, which links individuals with substance use disorders to appropriate treatment and addresses substance use disorders as an underlying cause of hospital admissions. This two-year collaborative program is being funded by the Centers for Medicare & Medicaid Services and includes Allegheny Health Network's Allegheny General Hospital, three University of Pittsburgh Medical Center hospitals (UPMC East, UPMC McKeesport, and UPMC Mercy), 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.), DHS and Allegheny County HealthChoices, Inc. (ACHI). 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 participating hospitals use peer navigators and social workers to build rapport with individuals identified with substance use disorder when they are in the emergency room or when they are admitted to the hospital. Upon discharge, these individuals are referred to a community-based peer navigator or health plan care manager who provides them with ongoing follow-up to ensure that they are engaged in appropriate treatment.
- **Piloting a Medication Assisted Treatment (MAT)** project with the Allegheny County Jail. This project, funded through a grant from the PA Commission on Crime and Delinquency, is providing screening and assessment for opioid use disorder, and, for 36 participating individuals, providing education on overdose prevention, distribution of Naloxone, selecting appropriate MAT based on the clinical decision support tools developed by CCBH, service coordination, and rapid enrollment in Medicaid. The project is making important changes in the D&A and criminal justice systems, notably: expanding the number of available MAT slots available to the re-entering population; and increasing the acceptance of evidence-based treatment, including MAT, among judges, jail staff, probation officers and treatment providers.
- **Assessing the system's co-occurring disorder treatment capacity.** Case Western Reserve University is conducting an assessment with DHS to determine where Allegheny County stands in meeting its goal of providing consumers who have co-occurring mental and substance use disorders with the services they need, and with fidelity to the models they employ. Case Western has been interviewing 15 providers and will guide 6 of them through a process of become either "co-occurring capable" or "co-occurring competent."
- **Continuing the review of the D&A service system.** DHS completed several elements of this review:
 - A series of community forums to engage consumers, family members and the community in identifying strengths of the D&A system and areas for improvement.
 - An analysis of episodes of care
 - A network survey of providers about their clinical capacities and the public's understanding of how to access SUD resources.
- **Issuing a Joint Position Statement on Medication-Assisted Treatment (June 2016).** DHS, CCBH, and ACHI prepared this statement to make it clear to providers, government agency staff, and the general public that MAT is a standard of care for opiate disorders; that "all individuals who enter behavioral health treatment with an opioid disorder should be offered or referred to MAT as an

option;” and that “treatment providers who do not offer MAT cannot be considered evidence-based.”

D&A system

The county’s D&A system, which is described in detail in the *Allegheny County Treatment Plan (2015-2016)*, describes services for Allegheny County residents, with plans of action for priority populations. The table below highlights the funding sources that comprise many of the publicly-funded services within the D&A system in Allegheny County.

Table 5: Funding Sources for publicly-funded D&A Services in Allegheny County

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

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

4.5.2 Community needs

Increased needs

The SCA Treatment Needs Assessment, which used the National Survey for Drug Use and Health (NSDUH) for 2012, showed that Allegheny County youth between the ages of 12-17 report significant use of illicit drugs and alcohol; and of needing but not receiving treatment at rates higher than the PA

average and the average for Philadelphia. This survey also showed that almost every age group reported an increase in their nonmedical use of pain relievers within the past year.

Waiting list

The average daily waiting list is 169 slots, with the greatest need for Inpatient Rehab; Halfway House; and Outpatient.

Table 6: Waiting list for D&A services (daily average, for 2015-16 period)

<i>Service</i>	<i>Waiting list (2015-16)</i>
Inpatient Rehab	58
Halfway House	47
Outpatient	46
Partial Hospitalization	9
Intensive Outpatient	7
Detox	1
Total	168

The root of this issue is that the county’s supply of beds needs to be expanded. In the Current Situation Assessment: Survey of County Overdose Prevention Efforts conducted with the University of Pittsburgh School of Pharmacy, DHS was able to identify the following as the universe of SUD treatment available, by PA Client Placement Criteria (PCPC) level of care—for use by any payer, from Medicaid to private insurance. This capacity is significantly lower than the estimated need at any point in time during this year.

Table 7: SUD Treatment Capacity in Allegheny County (2016)

<i>Type of program</i>	<i>PA PCPC level</i>	<i>Capacity: Greatest number who can receive treatment at any point in time</i>
Intensive intervention	.5	0
Outpatient	1A	3,153
Outpatient/IOP	1A/1B	3,370
Partial Hospitalization	2A	771
Halfway House	2B	343
Medically Monitored Inpatient Detox	3A	180
Medically Monitored Short Term Residential	3B	1,060
Medically Monitored Long Term Residential	3C	688

Medically Managed Inpatient Detox	4A	18
Medically Managed Inpatient Residential	4B	0
Total Point-in-time capacity		9,583

While capacity needs to be expanded across levels of care, Allegheny County has particular limits in the area of Medication Assisted Treatment with counseling. It has just 9 physicians who prescribe pharmacotherapy and ensure patients access psychosocial counseling and intensive case management (PERU survey, 2016).

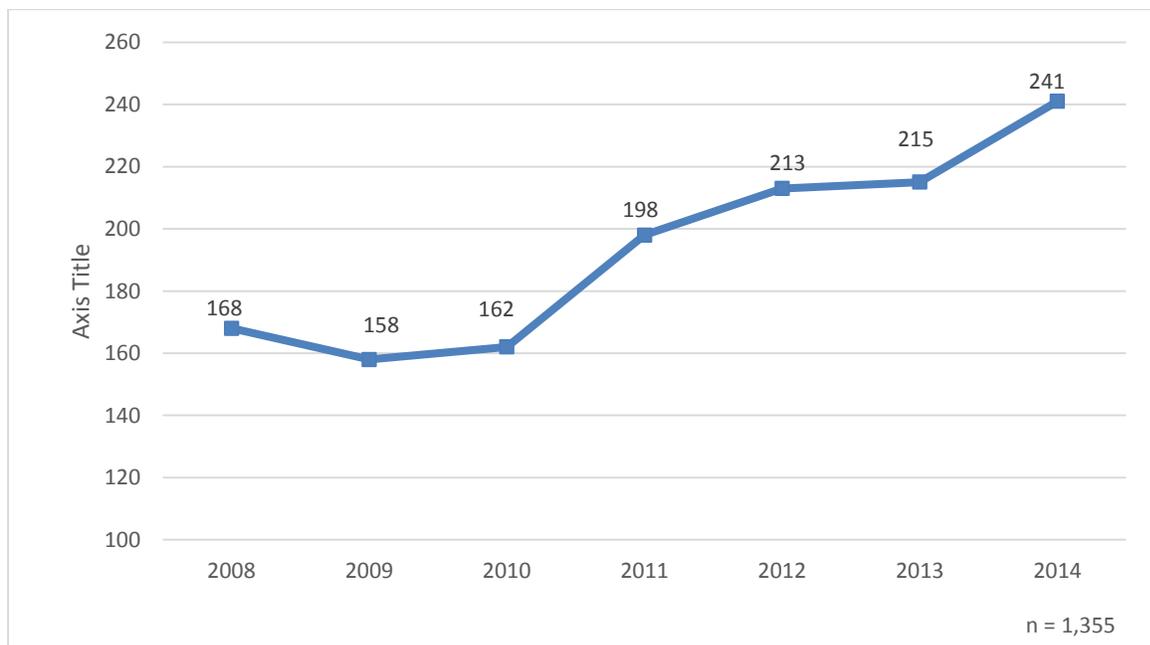
During 2016-17, Allegheny County will work with its partners to reduce this waiting list by working with providers to:

- Prioritize use of these treatment beds
- Expand the total number of treatment beds
- Increase the availability of MAT in Allegheny County.

Opiate issue

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

Figure 1: Overdose Deaths in Allegheny County (2008-2014)



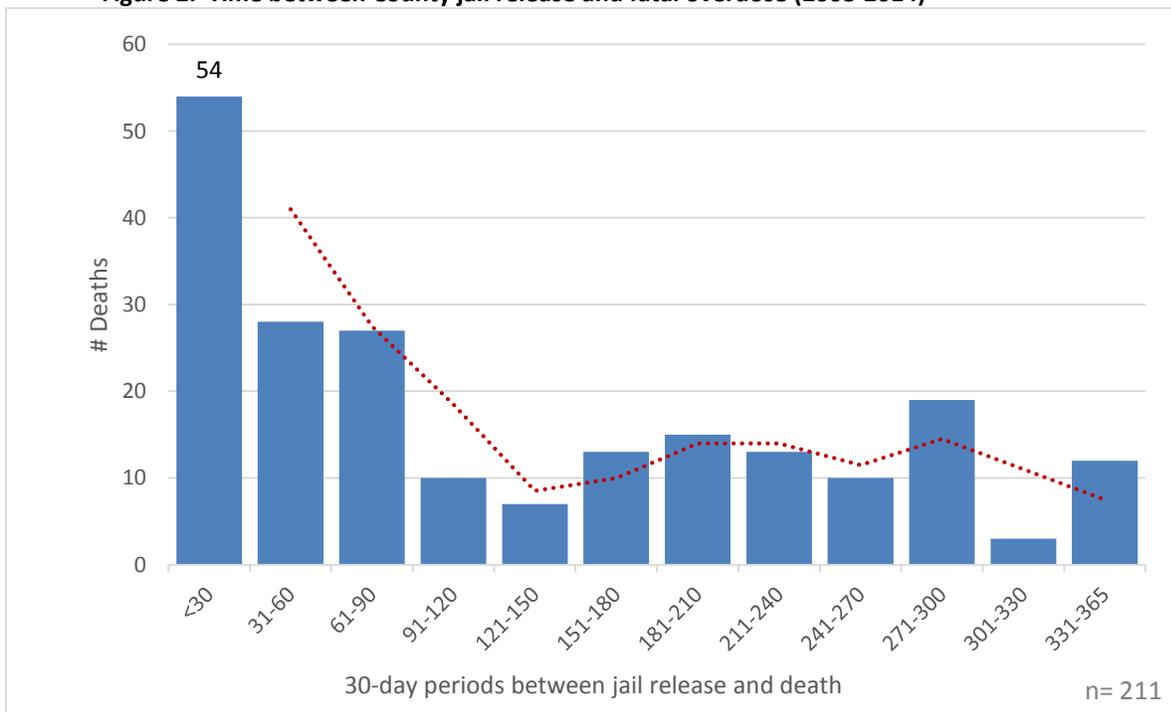
Source: *Opiate-Related Overdose Deaths in Allegheny County 2008-2014: Current Risks, Interventions and Opportunities for Intervention*. A collaborative effort of the Allegheny County Department of Human Services and Allegheny County Health Department (forthcoming)

Not indicated in Figure 1 is the fact that, in 2015, the total number of overdose deaths increased to 409 people.

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

- Stopping the initial addiction of people by increasing the public’s awareness.
- Reversing opioid overdose (from pain medications or heroin) by widely distributing naloxone (Narcan), the emergency antidote, and helping to ensure that treatment providers and others at key intercept points are prepared to use it, when needed.
- Getting people to treatment and recovery support, particularly at the critical points of intervention, for example, after leaving facilities in which they have undergone withdrawal and no longer can tolerate the same level of drug use. This includes the Allegheny County Jail and treatment facilities:
 - People with opiate addictions who leave the jail are at high risk of OD. Across a six-year period, over 100 people died within the first 90 days after their release from the county jail and half of those deaths occurred within 30 days (DHS 2016 analysis). After having had a period removed from opiates, their tolerance of drugs is lower and they are returning to environments that trigger their drug use (Binswanger 2012: Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors).

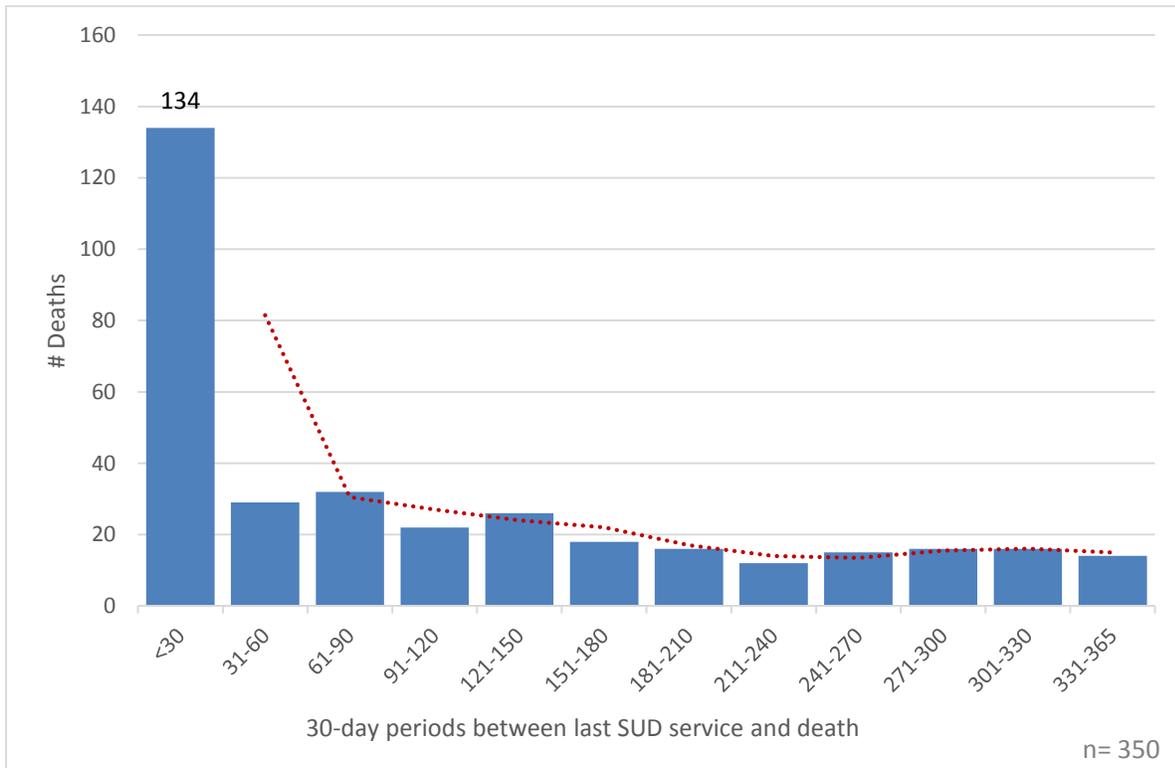
Figure 2. Time between County jail release and fatal overdose (2008-2014)



Source: *Opiate-Related Overdose Deaths in Allegheny County 2008-2014: Current Risks, Interventions and Opportunities for Intervention*. A collaborative effort of the Allegheny County Department of Human Services and Allegheny County Health Department (forthcoming)

Similarly, the county found that, during the 2008-2014 time period, 350 people who had been served by publicly-funded SUD treatment within the prior year had an opiate-related overdose. In close to 40 percent of these individuals, their fatal overdoses took place within 30 days of their most recent SUD treatment service—and most, within one week. A total of 36 of these deaths took place within 30 days of the individual leaving non-hospital rehabilitation service.

Figure 3. 30-day periods following last SUD service (2008-2014)



Source: *Opiate-Related Overdose Deaths in Allegheny County 2008-2014: Current Risks, Interventions and Opportunities for Intervention*. A collaborative effort of the Allegheny County Department of Human Services and Allegheny County Health Department (forthcoming)

The Block Grant will be a critical resource in implementing the county’s plan for addressing this very serious opiate issue.

Key facets of Allegheny County’s Opiate Overdose Prevention Plan

- Goal 1. Reduce overdoses and deaths** by expanding the availability/use of Naloxone for people with opioid addictions and others who are in contact with them; by increasing access to

treatment; and by focusing resources at key intercept points (points of danger for overdose, such as the period prior to and after release from treatment and incarceration).

Goal 2. Increase the long-term effectiveness of treatment by expanding the use of MAT with counseling and other evidence-based approaches; expanding the use of post-treatment recovery services and support; and reducing barriers to these approaches in health, human services, criminal justice and other systems.

Goal 3. Prevent addiction through prevention education.

Goal 4. Increase the number of people in treatment and recovery by prioritizing use of the D&A treatment beds; and expanding the D&A system's treatment capacity.

Waiting lists

The waiting lists for each service are shown above.

Capacity issues/limits

As described in its *Treatment Needs Assessment and Plan* (submitted to DDAP, January 2016), Allegheny County lacks enough beds at higher levels of care.

Impact of opioid epidemic on the county system

Please see the opioid discussion and plan, above.

Emerging substance use trends that impact county's ability to provide services

These issues are described above (e.g., opioid epidemic; increase in SUDs among 12-17 year olds)

4.5.3 D&A Services and needs, by target population

This section provides an overview of the specific services as well as the gaps/unmet needs for the county's target populations.

Adults

Services: DHS supports all levels of care for adults. This includes:

- Outpatient treatment
- Residential and rehabilitation treatment
- Halfway housing and recovery housing
- Detoxification programs
- Medication Assisted Treatment, including Methadone maintenance and Suboxone programs
- Case management
- Forensics-related treatment
- Hepatitis C testing and counseling
- Prevention, intervention and recovery support services

Gaps/unmet needs: Several programs for adults have waiting lists and there are indications that, even among those receiving services, the D&A system may not be reaching the highest-risk. There also are key transitions at which the system needs to be able to intervene and support people (e.g., quickly connecting people who have survived an overdose with an appropriate level of care; and in the days and

weeks after exiting treatment). Because of the dramatic increase in the number of people with SUDs in the county, the system needs to expand the capacity for evidence-based treatment.

In partnership with other funders and community members, DHS will address these needs during 2016-17 by reducing the waiting list for treatment by expanding treatment capacity and working with partners to prioritize treatment beds; and building upon mechanisms (such as the MAT pilot program) for intervening and assisting people at crucial transition points.

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

Services for transition-age youth: DHS provides D&A services through its independent living programs, including the 412 Youth Zone. These young people also can receive the full range of services available to adults, which are listed in the section above (Adults).

Services for adolescents under age 18: DHS supports the continuum of care, with prevention, intervention, and treatment services for children and youth provided in the community, schools, and homes:

- The D&A system provides prevention services through community fairs, which provide opportunities to reach entire neighborhoods with a prevention message; and through schools (elementary to secondary), which host assemblies to educate students about the effects and dangers of controlled substances.
- The county provides Intervention services upon referral from school personnel, family members or the youth through the integrated (MH and D&A) Student Assistance Program (SAP) liaisons based in schools. When the youth requests or is referred to intervention services, the SAP liaison establishes an SAP team. This 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. They work together to support the young person 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 for outpatient treatment for the adolescent and transition-age youth population. This includes the Youth and Young Adult Program and the Youth Extended Services Program (Gateway). 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 several outpatient centers throughout the county.

DHS also supports programs that work with schools, parents, the legal system, and healthcare providers to deliver a range of services, including Holy Family Institute's community-based therapy and case management services for youth and transition-age youth; and Abraxas' residential rehabilitation for the long-term placement of adolescents referred by the juvenile justice system

Act 53 provides for the involuntary commitment of minors into drug and alcohol treatment, ensuring minors can receive treatment without requiring adjudication of delinquency or dependency.

Gaps/unmet needs: The number of Act 53 petitions increased in the past year (from 18 to 31). Meeting the treatment/recovery needs of these youth has been limited by the capacity of programs and their locations. First, there are only two adolescent rehabilitation resources available and these are located in the northern suburbs of Allegheny County and in Beaver County. Their limited number of beds has delayed admission to treatment for some of the youth and some parents have found it difficult to

participate in their children's treatment because they live in the City of Pittsburgh, with limited transportation options. Pittsburgh needs an inpatient rehabilitation facility to meet these needs. The city also needs additional adolescent, short-term halfway houses for both males and females.

Criminal Justice Involved Individuals

Services: DHS continues to support justice-involved clients through its Justice Related Services and the Allegheny County Jail Collaborative, which targets individuals who are at higher risk of re-offending. Approximately 70 percent of this group has substance use disorders or co-occurring mental and substance use disorders. The Jail Collaborative's Reentry Program provides service coordination, substance abuse treatment and counseling, access to the treatment program operated within the jail, education, employment and training services, transportation, and housing assistance to men and women in the target group. This program is coordinated with Allegheny County Court of Common Pleas, including Pretrial Services and Adult Probation and Parole, beginning several months prior to release and continuing for up to seven months after release.

Gaps/unmet needs: The primary needs of this group of individuals are: overdose prevention education prior to release; more treatment in the jail; co-occurring treatment in the jail; continuity of care to treatment and recovery services for people leaving the jail; and recovery housing.

Allegheny County is developing a comprehensive plan for diverting individuals with mental and substance use disorders from any/further criminal justice involvement, as part of its participation in the national Stepping Up initiative. The Allegheny County Executive, with leaders from the jail, DHS, and the Courts, launched the county's planning effort during the National Summit sponsored by the Council of State Governments, the National Association of Counties, and the American Psychiatric Association in the spring of 2016. The county, courts and other stakeholders in the human services, health, and criminal justice system will:

- Conduct an objective assessment of the current strategies for diversion and treatment, identifying changes that will make greater impact on the issue (of nonviolent and low-level offenders with behavioral health issues entering the criminal justice system).
- Develop a comprehensive plan for making improvements across the sequential intercepts (from police and prosecution to jail and reentry)
- Implement the plan and regularly monitor results, to continue to improve the quality and impact.

Women with Children

Services: DHS contracts with a number of providers of specialty programs for women, including inpatient non-hospital-based rehabilitation for women with 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 (priority populations).

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

Gaps/unmet needs: The rate of child welfare-involved families receiving treatment for SUDs (14 percent in 2013) is lower than national estimates of its prevalence in this subset of families. Allegheny County needs to better identify needs, make referrals, and ensure these caregivers receive the treatment and recovery supports they need. DHS also needs to remove barriers to families who seek to access SUD

assessment and treatment, which can include the location of these services, waiting lists, and fears of their children being removed from the home.

DHS will address this need during 2016-17 by continuing the program (developed through an RFP process between the Office of Behavioral Health and CYF) that is making it a DHS priority to better identify substance use needs among child welfare-involved caregivers and to intervene to address those needs.

4.5.4 Recovery-Oriented Services

Allegheny County's recovery-oriented system of care (ROSC) is a framework for promoting recovery that is built on the recognition that substance use and mental illness can be lifelong challenges best addressed by services that are person-centered, culturally competent and strengths-based. ROSC uses evidence-based prevention, intervention, treatment, recovery and wellness strategies, including:

- Recovery Supportive Housing for men and women who have completed D&A treatment and/or have been referred from the Allegheny County Jail, probation office, or parole agencies. These structured-living facilities include case management, random drug testing, employment coordination, and facilitation to legal services for individuals with criminal histories.
- Recovery Support Services, the non-clinical services (such as mentoring, training and education, and telephone support) that assist individuals in their recovery from substance abuse disorders. The services are designed to support people in living self-directed, healthy lives and in focusing on achieving their full potential.
- Case management, which is important for individuals in treatment for substance use disorders because they often are involved with other systems (including education, physical health, insurance, government, juvenile justice, or criminal justice) and their multiple services need to be coordinated to make sure that they are achieving their goals. Case management/service coordination ensures that multiple systems and providers are working in concert and jointly focused on helping consumers navigate and secure the services they need for their recovery.

4.6 Human services and supports/HSDf

4.6.1 Introduction

DHS will use Block Grant funds to support critically important Adult Services and Specialized Services, including 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.

4.6.2 Adult Services

In FY 16-17, DHS will continue to fund homemaker services that help to keep adults with disabilities who are low-income in their homes, as well as life skills training, service planning and transportation services for at-risk and vulnerable population groups. Each of these programs is described below:

Homemaker Services

Description of Services: DHS will provide homemaker services to low-income (125% of federal poverty guidelines), disabled adults (18 through 59 years of age) who depend on these services to allow them to live independently in their own homes rather in more restrictive, costly alternatives such as personal care homes or assisted living facilities. The service's In-Home Specialists assist clients with light

housekeeping, organizing their papers and collected items, personal care and grooming, errands, making telephone calls, and managing mail and bills. These staff also help participants address safety issues in their homes, such as reducing tripping hazards, removing rotten foods, and providing reminders about keeping doors and windows locked. They also encourage participants to engage in healthy living practices such as keeping regular doctor appointments, taking medications as prescribed, becoming more active, eating healthy, well balanced meals, and connecting with informal supports. Clients receive an in-home assessment to determine their physical and mental health needs and their unique strengths, and the provider and the client create a service plan that details the types and frequency of service, the specific tasks the In-Home Specialist will do, and the tasks that the participant will receive support in completing.

Service Category: Homemaker

Planned Expenditures: \$672,500

Service Planning

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

Service Category: Case Management

Planned Expenditures: \$320,828

Program Name: Life Skills Training

Description of Services: 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 on publicly-funded services. Clients include financially struggling adults and families, those seeking assistance for the first time, and female heads of household. An interdisciplinary team helps clients to access the resources they need, which include WIC (Women, Infants and Children Food and Nutrition Service), pregnancy and parenting support services, employment training and life skills, and classes that include opportunities to learn about advocacy and other benefits that lead clients to achieving greater stability and success. The team helps connect clients who are eligible with the financial assistance for basic needs and/or intensive case management services they need. (The program does not provide direct financial assistance.) Clients receive intensive, goal-oriented case management and develop personal goals through individualized service plans that include budgeting practices. The service plans often include workforce development, more intense financial literacy classes, activities of daily living classes, other classes that can help clients achieve success, and parenting referrals. When clients have transportation barriers, the program also may provide bus passes or tickets. Clients meet with a caseworker regularly to assess progress and adjust/develop additional goals based on their individual progress.

Service Category: Life Skills Education

Planned Expenditures: \$20,700

Transportation Assistance

Description of Service: Transportation assistance helps unemployed or under-employed, low-income adults (125% of federal poverty guidelines) access a comprehensive self-sufficiency program designed to decrease their dependence upon publicly-funded services.

Service Category: Transportation

Planned Expenditures: \$20,700

Table 8: Summary of 2016-17 Planned Expenditures and Client Counts: Adult Services

<i>Adult Services</i>	<i>16-17 planned expenditures</i>	<i>16-17 planned client counts</i>
Service planning	\$320,828	200
Homemaker	\$672,500	220
Life Skills	\$20,700	40
Transportation	\$20,700	55
Total Adult Services	\$1,034,728	515

4.6.3 Aging Services

DHS did not use the Aging Services cost center in FY 15-16 and does not plan to use this cost center in FY 16-17.

4.6.4 Children and Youth Services

DHS did not use the Children and Youth Services cost center in FY 15-16 and does not plan to use the Children and Youth Services cost center in FY 16-17.

4.6.5 Generic Services

DHS did not use the Generic Services cost center in FY 15-16 and does not plan to use the Generic Services cost center in FY 16-17.

4.6.6 Specialized Services

HSDf Specialized Services are services designed to meet the unique needs of individuals that are unmet by categorical funding. The goal is to help adults maintain the highest degree of independence possible while avoiding higher intensity, more costly services. These services and estimated client counts for FY 16-17 are as follows:

Computer and Employment Skills Training

Description of Services: In FY 16-17, DHS will use Block Grant funds to support computer and employment skills training for the target group of unemployed and under-employed low-income adults (125% of federal poverty guidelines).

Planned Expenditures: \$45,000

Investing in Services for Criminal Justice-involved Populations

Description of Services: The Allegheny County Jail Collaborative, which was formed 16 years ago, is a partnership among DHS, the Allegheny County Jail, the Health Department and the Courts. The Collaborative has been widely recognized locally and nationally: cited by Attorney General Eric Holder in his March 2013 NACO speech; featured in a number of newspaper and journal articles (Pittsburgh Quarterly - March 2013, Pittsburgh Post-Gazette: *Allegheny County Jail Improves Prison Release Measures* - 2012, and City Paper – 2012); spotlighted in a series about the Collaborative's Reentry Program by WESA radio (station 90.5) - February 2013; and recognized as a Best Practice by the Reentry Council of the Council of State Governments.

The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and throughout the community, including Adult Probation's Community Resource Centers. This jail-community connection means that these programs can engage clients while incarcerated and keep them engaged when they return home. Through this approach, the Collaborative has been able to:

- Reach and serve some of the highest-risk individuals and families in Allegheny County. Many of these 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, reductions in criminal thinking, and job/career training. Following are outcomes and participation rates during 2015-16:
 - The employment rate for participants was 53%
 - 246 individuals received service coordination and planning services
 - 452 individuals completed cognitive behavioral therapy services
 - 48 individuals enrolled in a career training program and 30 obtained certifications
 - 131 individuals received transportation assistance following release that assisted them in accessing community services and resources

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

- **Cognitive Behavioral Therapy (CBT):** CBT strategies have been shown to increase long-term success rates for men and women who are transitioning from prison, by developing skills in recognizing and managing risk, increasing accountability for their actions, and thinking through decisions, rather than simply reacting. Allegheny County will contract with an experienced CBT provider to deliver the evidence-based *Thinking for a Change* (T4C) curriculum through groups offered at each of the Community Resource Centers. T4C teaches interpersonal skills and develops clients' attentiveness to attitudes, beliefs and thinking patterns. The self-insight and interpersonal skills participants learn also are applicable to other treatment programs, which can be provided simultaneously or consecutively with this core cognitive-based curriculum. Participants will attend T4C groups at the 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 Jail Collaborative provides career training and job readiness programs as well as job placement services at the Community Resource Centers.

- **Housing:** This service is funded through Homeless Assistance. (Please see the Homeless Assistance section of the Block Grant Narrative for more information.)
- **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 individuals in the jail; coordinate the important family telephone calls each week and the contact visits on weekends; provide therapeutic oversight and guidance before, during and after these visits; and provide service coordination for inmates who do not have a case manager.
- **Service Coordination:** Service Coordinators work intensively with individuals prior to release and following release to develop service plans that build upon clients' strengths and reduce their criminogenic risks, and to support them in achieving those goals. Service Coordinators are critical to ensuring that clients receive substance use disorder treatment, mental health services, housing, education and training, employment assistance, transportation assistance, and understand the terms of their probation and maintain a positive connection with probation and the services of the Community Resource Centers.
- **Transportation:** The program provides transportation assistance in the form of bus passes and gas cards to participants for up to two months (longer when approved by the Reentry Program's administrator) upon their release from jail. This form of assistance helps participants access community resources, attend appointments, and participate in employment and training programs.

Planned Expenditures: \$1,084,766

Batterer Intervention Services

Description of Services: DHS has been working with criminal justice and community partners to improve the local response to intimate partner violence (IPV), an epidemic that affects many individuals in Allegheny County, including many of DHS's clients. IPV has serious health, social and economic consequences for victims. Children who are exposed to IPV are at increased risk of becoming direct victims of child abuse. Intimate partner violence can be reduced when the community holds perpetrators accountable and perpetrators change their behaviors.

In 2014, DHS, in partnership with the Allegheny County Jail, issued an RFP to select providers of Battering Intervention Programs (BIP). BIP is the most commonly-accepted intervention for perpetrators of IPV in the United States. It is structured as a set of curriculum-based, psycho-educational group classes, the main purpose of which is to hold offenders accountable and to ensure victims' safety. Participants learn to take responsibility for abusive behavior and explore the negative effects of their violence.

As a result of the RFP, providers were certified by DHS and the Fifth Judicial District of Pennsylvania to provide BIP for offenders referred by the courts, child welfare and other sources. Perpetrators are expected to pay for their participation in the program on a sliding scale, but that precluded participation of those with very low incomes. DHS therefore entered into a contract with certified providers to supplement batterers' fees and allow the programs to be financially sustainable.

With the support of Block Grant funds, DHS will continue to fund certified BIP providers in FY 16-17. These BIP classes will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but most organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S.. BIP helps perpetrators to

understand their behavior as a means of controlling their partners and facilitators incorporate CBT, Motivational Interviewing, and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis.

DHS's Office of Community Services monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting to the courts.

Planned Expenditures: \$509,148

This is an increase over the amount budgeted in 15-16 because district justices and others in the criminal justice system have made more referrals to BIP than anticipated, required DHS and its partners to establish more sites and run more groups to meet the demand; and because more clients are at the lower end of the sliding scale and the difference between the program fee and what they can pay is funded by this program.

Resource Specialists at district courts

Description of 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:

- 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

Due to the large number and relative isolation of these offices, MDJs often were unaware of the types of services available to meet the needs of the individuals and families who are in their offices. In November 2013, DHS hired a Resource Services Specialist (RSS) to serve as a liaison between DHS and the Magisterial District Judge Courts. The RSS provides any MDJ in Allegheny County with information about the community/human services that are available 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
- Support MDJs and staff in strengthening their ties to their local community
- Perform a detailed audit and assessment of human services needs in MDJ courtrooms and develop a plan to support them in meeting these needs

In 15-16, the RSS continued to work in close partnership with court administrators, MDJs, providers and 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. Priority focus areas include increasing access to truancy adjudication alternative programming; and working with MDJs to support the roll out of reformed BIP programming in Allegheny County (see Batterer Intervention Services, above). The RSS has increased training opportunities for MDJs, screened referrals, monitored progress, and

reported on outcomes. During the first ten months of FY 15-16, the RSS provided direct consultation on 178 truancy citation cases and directly connected 139 individuals with services and resources.

Planned Expenditures: \$75,000

Support for Immigrant and Refugee Populations

Description of Services: The Block Grant will continue to support two major initiatives that are addressing the specific needs of people who are immigrants and refugees: The Immigrant Services and Connections program, which provides service coordination; and Neighborhood-based Psycho-social Groups for Immigrants and Refugees:

Service Coordination for Immigrants and Refugees: ISAC

The Immigrant Services and Connections (ISAC) program began in January 2014 to provide culturally and linguistically appropriate service coordination to immigrants and refugees in Allegheny County, whose numbers are estimated at 70,000 people. 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.

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. In FY 15-16, as of April 2016, ISAC had served 1,838 individuals from 91 different countries of origin, speaking 61 distinct languages. By the end of FY 15-16, ISAC expects to have served 2,200 individuals. The majority of service coordination for these individuals has focused on the provision of food access, employment, physical health resources, enrollment in Medical Assistance, and housing.

Neighborhood-Based Psychosocial Groups for Immigrants and Refugees

These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces behavioral health concerns. The experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence may not be effectively addressed by the formal, traditional service system and refugees and immigrants face obstacles to accessing existing services (lack of interpretation services, no health insurance, limited transportation and a host of cultural differences ranging from the stigma attached to seeking help to not having a cultural tradition of one-on-one talk therapy).

The project trains and mentors immigrant community facilitators who lead support groups in the members' languages. These mentors are skilled in empathic listening, non-judgmental feedback, role-

playing, ethical issues, community resources for referrals, and topics that help to generate discussions. The goal of the project is 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: Jewish Family & Children's Service, a refugee resettlement agency; Squirrel Hill Health Center, a federally-qualified health center; Duquesne University's Psychological Services for Spanish Speakers; and the University of Pittsburgh's Center for Health Equity.

Planned Expenditures: \$1,000,000 for ISAC; and \$75,000 for Neighborhood-Based Support Groups

Rent Subsidy

Description of Services: DHS expanded its services during 2015-16 to include a Rent Subsidy Program that provides small 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. (These payments also may be made to a provider acting on behalf of the individual.) This service is designed to help those in more restrictive levels of housing care move to less restrictive housing with rental assistance. These individuals are not homeless; they are transitioning from high levels of Behavioral Health, Intellectual Disability and/or Independent Living supports to independence.

In March 2015, DHS issued an RFP to implement and manage the Rent Subsidy Program to provide short-term rental assistance (based on income) and ancillary supports to eligible individuals with a mental health or intellectual disability diagnosis; and 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 connects eligible individuals to housing units in the community, pays the cost of rent, less 30% of each individual's income per month, and provides 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.

DHS delayed the launch of the new program until April of 2016, due to the state budget impasse; nonetheless, DHS expects that 20 individuals will be enrolled in the program by the end of FY 15-16 and projects that 20 individuals will be served in FY 16-17.

Planned Expenditures: \$150,000

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

Description of Services: A subset of adults served by DHS (and in certain cases, families) who are involved with multiple systems have complex service needs that cannot be met with categorically-funded services, and are involved in DHS's Adult Interagency Planning process. The goal of interagency planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process, DHS provides Individual Care Grants through one of its provider partners, to pay for a specific service need that none of the existing funding streams can provide. These resources are only approved as a last

resort. As examples: DHS administered one Individual Care Grant to assist with moving the belongings of an elderly client from a hospital to the community; and to pay for bus passes for another consumer to complete a workforce training program.

The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted). The Individual Care Grants are part of Specialized Services and are not used for rent subsidies. They are for individuals with complex and multiple needs; while some may be homeless, many are not.

To design the initiative, DHS convened a committee and created a business process (from the point of referral to the awarding of an Individual Care Grant) that is based on the following criteria:

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

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

With improved technology and the increase of accessibility and information exchange, DHS anticipates more requests for Individual Care Grants in FY 16-17.

Planned Expenditures: \$20,000

Supporting Parental Representation

Description of Service: 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 15-16, DHS served 457 individuals (as of April 2016) and plans to serve approximately 520 individuals in FY 16-17.

Planned Expenditures: \$1.4 million

Table 9: Summary of 2016-17 Planned Expenditures and Client Counts: Specialized Services

<i>Specialized Service</i>	<i>16-17 planned expenditures</i>	<i>16-17 planned client counts</i>
Employment and computer skills training	\$45,000	15

Jail Collaborative Services	\$1,084,766	1,530
MDJ	\$75,000	150
Batterers' Intervention	\$509,148	970
Neighborhood Based Psychosocial Groups	\$75,000	300
Immigrants Services and Connections (ISAC)	\$1,000,000	2,200
Rent Subsidy	\$150,000	20
Interagency Coordination and Individual Care Grants	\$20,000	20
Supporting Parental Representation	\$1,400,000	520
Total Specialized Services	\$4,358,914	5,725

4.6.7 Interagency Coordination

Support for the City-County Task Force on Disabilities

Description of Services: Block Grant funds will be used to support the Task Force on Disabilities, a coalition of organizations working with city and county government to eliminate barriers to full participation in the range of activities and opportunities available throughout the region. The City-County Task Force on Disabilities is a 13-member panel of advocates, service providers, and consumers appointed by the Mayor of the City of Pittsburgh and the Allegheny County Executive who advise the City and County on issues that affect people with disabilities in the region. Six of the members are appointed by the Mayor, six are appointed by the County Executive, and one member is elected and appointed by the members of the Task Force. The Task Force meets monthly to discuss challenges that citizens with disabilities face and to plan advocacy efforts and recommendations for policy leaders. Meetings are public and often there are additional attendees. Over the years, the members have addressed issues including accessibility, ADA compliance, housing needs, safety, and emergency preparedness for citizens. Block Grant dollars support the committee by providing interpretation for visually and hearing impaired participants and assisting with transportation. (Because this is not a direct service for the community at large, client counts have been reported as "not applicable.")

Planned Expenditures: \$9,000

Part 5: Attachments

- **Public hearing notices and sign-in sheets**
- **Emergency plan (provided as a separate PDF)**



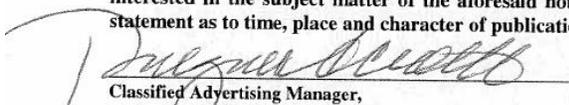
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Proof of Publication of Notice in The Tribune-Review Under the Act of July 9, 1976, P.L. 877, No. 160

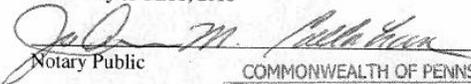
Commonwealth of Pennsylvania }
County of Allegheny } SS:

DALYNN SCIOTTO, Multi-Media Classified Advertising Manager of Trib Total Media, Inc., a corporation of the Commonwealth of Pennsylvania with place of business in Pittsburgh, Allegheny County, Pennsylvania (and general circulation in Allegheny County and Westmoreland County), being duly sworn, deposes and says that the Tribune-Review is a daily newspaper circulated in Southwestern Pennsylvania. Said corporation was established in the year 1924. A copy of the printed notice of publication is attached hereto exactly as the same was printed and published in the regular editions of the said daily newspaper on the following dates, viz: **LEGAL# 6315015, RE: HUMAN SERVICE BLOCK GRANT APPLICATION; 19TH DAY OF MAY, 2016.**

Affiant further deposes that s/he is an officer duly Authorized by the Trib Total Media, Inc., publisher of the Tribune-Review, to verify the foregoing statement under oath and also declares that affiant is not interested in the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.


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Sworn to and subscribed before me this
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City of Greensburg, Westmoreland County
My Commission Expires July 1, 2016

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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DEPARTMENT OF HUMAN SERVICES
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LEGAL NOTICE
Allegheny County Department of Human Services Public
Meetings/Hearings on
Human Service Block Grant application

The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings to talk about the plan and its implementation:

- The first meeting/hearing is in **Turtle Creek: June 1, 2016 from 10 a.m. to 12:00 p.m.** at the Human Services Center, 413 Penn Ave Ext., Turtle Creek, PA 15145.
- The second meeting/hearing is in **downtown Pittsburgh: June 1, 2016 from 2 p.m. to 4:00 p.m.** at the 412 Youth Zone, 304 Wood Street, Pittsburgh, PA 15222.

People interested in testifying or commenting on the plan will have the opportunity to speak at the meetings. DHS makes reasonable efforts to accommodate people with disabilities. Please call the Director's Action Line at 1-800-862-6783, weekdays between 8 a.m. and 5 p.m., up to a week prior to the meeting you will attend, if you are in need of special accommodations.

To read the previous Block Grant Plans (and the proposed 2016-2017 plan when it becomes available), visit www.alleghenycounty.us/dhs/plansbudgets.aspx.

Marc Cherna
Director
Allegheny County Department of Human Services
6315015(5-19-16)

Name (last, first)	Organization, if any	Email	Telephone
Quincy Wain	MHS	Quincy.Wain@county.com	
Erin Zank	MHS Human Services	erin.zank@county.com	
Kathy McKeedy	DHS		
Christy Spsher	CC 840 Community Care	christy.spsher@cc840.com	712-924-2665
How Fern	Pressing Ridge	afeme@pressingridge.org	
Wendy Alwan	WVCA	wallman@wvca.org Dpmo@wvca.org wvca.org	402-257-1992
Gemma Coad	DHS		(612) 923-8605
Katka Klodde	DHS		
Yancy Baur	N/A		
Amber Dvorak	N/A	amber.dvorak@county.com	
Logan Monroe	CHS	Logan-Monroe@chs.org	412-330-8119

Public Hearing: Allegheny County 2010-12 Annual Executive Board Status
 Annual Directors' Meeting, Tucker Center, Tucker Center, PA
 June 1, 2010 from 10:00 am - 12:00 pm

<i>John West</i>			
<i>Edward M. ...</i>			
<i>Sara Berg</i>	<i>CHS</i>	<i>Sheng@clismp.org</i>	
<i>John Fong</i>	<i>CHS</i>	<i>john@clismp.org</i>	

The Southside Street, downtown, Pittsburgh
 May 24, 2006 from 5:30 PM - 7:30 PM.

Address (person, party)	Address or Email or meeting address	Telephone
Shirley Kwelein	Shirley Kwelein family network.org	412-559-9188
Marice Marvey	marvey@patt.edu	412-383-1024
Doug Givens	.	
Driver Clemons		412-513-3035
Carl Salkowstein		
Ruby Shindley	ruby@penn.com ruby@penn.com	412-227-0402
Robert J. Shimmern		412-520-1625
Sohn & Fogus	Traynor@aol.com	412-952-5102
Wesley Madhwa	WesleyMadhwa@gmail.com	412-394-1405
Mavis Bessene	mavis@patt.edu	412-383-2327
JGM LYDON		412-673-5866 x130

Allegany County Board of Health Meeting
 Mason Service Building
 One Sandford Street, downtown Pittsburgh
 May 21, 2020 from 5:30 PM - 7:30 PM

**Please
SIGN IN**

Name (please print)	Address to Email or meeting address	Telephone
Ashira D Lytle	Amma.kyale@allegany.com	(412) 350-5363
Clare Tozko	ctoizko@kuc-emp.org	412-405-8114
Lea Ann Jenkins	leajenkins@centralalleganycollaboration.org	412-458-1877
Jane Macera	amaceraj@allegany.com	412-528-5212
Deby Nickay	nickay@allegany.com	412-528-5457
Marie Slava	mslava@allegany.com	(412) 528-6111
Chris Michael	cmichael@allegany.com	(412) 344-3778
Whe Jones	wjones@allegany.com	412-358-2637
Bob Curran	bc@allegany.com	412-215-3462
Luddy Hester	lhester@allegany.com	412-460-3663

Allegany County Board of Health Meeting
 Mason Service Building
 One Sandford Street, downtown Pittsburgh
 May 21, 2020 from 5:30 PM - 7:30 PM

Name (please print)	Address to Email or meeting address	Telephone
RESA DAVIS		

Public Hearing: Allegheny County 2016-17 Human Services Board Grant
 Hearing Services Center, Harris Creek, PA
 June 1, 2016 from 3:00 p.m. - 5:00 p.m.

TRIP SIGN IN

Name (please print)	Organization, if any	Email	Telephone
Bronck/Bronck	ALCOHOL CAD	Bronck.Bronck@alcoholcad.org	412-476-2824
Michelle Yarnsworth	AC-DHS OIG		412-253-1263
Debra E DUEH	COMMUNITY CARE	duehnd@cccsh.com	412-454-7159
Debra McLaughlin			412-726-8582
Angela Beecher	DHS		83439
Breanna Jay	CHS	bjay@chscorp.org	412-246-1639

