



REACHING OUT



FILLING GAPS



OFFERING SUPPORT



FINDING A WAY



OPENING DOORS



Many of the people we see, at the Allegheny County Department of Human Services (DHS) and through our 300 provider agencies, are dealing with problems that are overwhelming their lives—homelessness, addiction, mental and physical disabilities, progressive infirmities of aging, or the imminent placement of their children in foster care. Our case management and crisis intervention services, highly individualized and offered with respect and compassion, are critically important. We are often, in effect, the last hope for independence and, in some cases, for survival itself. These are the cases that, to many, define DHS and consume the lion's share of the human services budget, but they represent only one segment of the continuum of services we provide.

Equally important are the services at the beginning of the service continuum: *information sharing, prevention, and early intervention*. These preventive services, which rarely make headlines, empower individuals and families to resolve problems before they become crises and—in the long run—reduce the need for more costly and intrusive interventions. That's why, over the last five years since the redesign of the Department began, we have more than doubled our investment in these prevention efforts—from \$50 million to \$100 million—largely by attracting additional non-County dollars to support them.

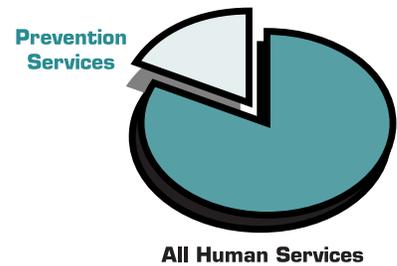
Although prevention and early intervention represent only about one-fifth of the DHS budget, they pay generous dividends, in both financial and human terms. Supportive services that allow older people to remain in their own homes cost a fraction of the alternative, nursing home care. A year of after-school care to strengthen families and keep children safe costs about as much as two months of foster care. For those directly affected, the benefits of preventive services—family stability, independence, and safety—are priceless.

As we have empowered individuals and families, we have ourselves become less dependent on county tax dollars to support these vital human services. By attracting additional funding and investing in prevention, we have cut the County's share of our budget in half—from 8.6 percent in 1996 to 3.2 percent in 2002. At the same time, we're serving more people—and serving them better with a wider array of services.

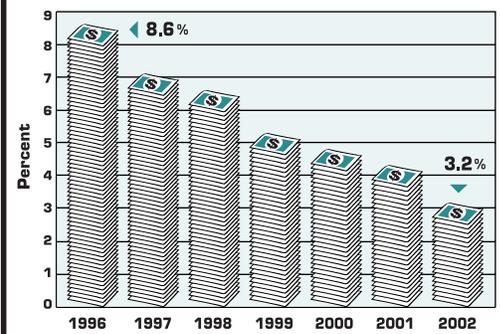
This annual report focuses on our prevention strategies. As you learn more about the resources that are available to all County residents, we hope that you will encourage someone you know to get help with a problem *before* it reaches crisis proportions. Sometimes, as some of the stories in this report point out, that help is just a phone call away.

To learn more about DHS, visit our web page at [www.county.allegheny.pa.us/dhs](http://www.county.allegheny.pa.us/dhs) or call 1-800-862-6783. Prevention is a community effort, and we invite you to join us in making it work for Allegheny County.

Prevention Costs as a Percent of Total DHS Budget



County Tax Dollars as Percent of Total DHS Budget



Marc Cherna  
Marc Cherna, Director



## REACHING OUT

- ▶ **“Director’s Action Line...may I help you?”** At first, there was silence, then—in hushed tones—a teenage girl said, “I don’t know whether you can help—but I didn’t know where else to call. I’m worried about Michael. He’s just not himself anymore.” Encouraged by the DAL operator, she explained that she was concerned about her friend because he had lost interest in sports and school activities, his grades had dropped, and he seemed “to be in another world” much of the time. She was afraid he was either into drugs or so depressed that “he might hurt himself.”
- ▶ **“My next-door neighbor is elderly, and I haven’t seen her for several days. She doesn’t answer her phone. What should I do?”**
- ▶ **“They gave a number to call on TV about becoming a foster parent, but I missed it. How can I find out more about it?”**
- ▶ **“I really don’t want to get involved, but I’m afraid that a friend of my child’s is being abused. Should I report it to somebody?”**

### In 2001:

- ▶ 8,210 individuals received information and referrals from the Director’s Action Line (DAL); another 1,500 had concerns investigated and resolved (with a 98% satisfaction rate) by DAL staff.
- ▶ 4,330 calls per month were fielded by SeniorLine and another 3,000 per month by the Behavioral Health Crisis Line.
- ▶ 1,521 behavioral health crises received 24/7 responses from the mobile crisis unit.
- ▶ 3,500 people received assistance with their queries, concerns, or complaints about senior care facilities.
- ▶ 4,355 copies of *A Parent’s Handbook* and 102,000 copies of other DHS materials were distributed.
- ▶ More than 150,000 County residents learned about DHS through public forums, town meetings, and community events.

### DHS Information & Referral Lines

#### Director’s Action Line

1-800-862-6783

#### SeniorLine

412-350-5460

1-800-344-4319

#### Behavioral Health Crisis Line

1-888-424-2287

#### CYF Child Abuse Line

412-473-2000

For these callers—and for some 100,000 others last year—a phone call opened the door to services or information they needed.

The teenager who was worried about Michael was transferred immediately to a mental health specialist in the Office of Behavioral Health—but not before she was reassured that she did the right thing by calling. The DAL operator also gave her the 24-hour Crisis Line number **(1-888-424-2287)** “just in case.” The mental health specialist suggested that she encourage Michael to talk with the Student Assistance Program (SAP) Specialist in their school. If she felt she couldn’t do that or if Michael refused, she herself could confide in a trusted teacher or counselor, who in turn could bring her concerns to the weekly meeting of SAP and school personnel (the “core team”), and the team would reach out to Michael. The mental health specialist made sure that the caller had the Crisis Line number and assured her that the 24-hour mobile crisis unit was available, if the situation reached a crisis level.

The second caller was transferred immediately to SeniorLine **(412-350-5460)**, where a trained social worker checked the computer system and found that the neighbor was registered at her local senior center but attended only occasionally. A social worker from the senior center called the neighbor’s brother, who was listed as the emergency contact person on her registration, and accompanied him to his sister’s home. They found the woman weak from not eating properly or caring for herself. After a brief hospital stay, the Area Agency on Aging (AAA) worked with her to develop a care plan that would allow her to remain safely in her home. She now receives home-delivered meals, bathing assistance, and visits from a senior companion to ease her loneliness and depression.

The prospective foster parent and the caller reporting possible child abuse were both referred to the Office of Children, Youth, and Families (CYF). The first caller was given the number to call for information about becoming a foster parent **(412-473-2400)**. The DAL staff took the time to reassure the second caller, who was alleging abuse, that reporting such cases is important, that each report is carefully checked out, and that her call would remain anonymous. Then he gave her the CYF 24-hour intake number **(412-473-2000)** and transferred her immediately. At the intake office, a call screener elicited specific information from the caller to determine whether emergency intervention was needed or the situation involved more investigation by CYF staff.

Trained operators at DHS information/referral lines offer reassurance to callers as well as referral to sources of help and emergency services. They understand the need for confidentiality and the right to anonymity, and they never press callers to identify themselves. The top priority is always helping the caller find the information or help that is needed.

This capacity for rapid response was particularly valuable during the September 11 crisis. Through a coordinated countywide emergency effort, two 24-hour hotlines—one for adults and one for

children—were activated immediately by the DHS service provider Contact Pittsburgh. More than 1,000 calls were fielded in the first 24 hours after the attack. Mental health professionals from the Office of Behavioral Health worked with AAA to reach out to older people in senior centers and high rises, with a provider agency to assist passengers stranded at the Greater Pittsburgh International Airport and family members of Flight 93 victims in Somerset County, and with Student Assistance Liaisons in the schools to help students cope with the tragedy. Meanwhile, the Office of Community Services collaborated with other employment-related services to quickly open the Airlines Industry Rapid Response Center to provide information and job search assistance to laid-off workers in the airport corridor.

Whether the problem is a national emergency, a family crisis, or a non-emergency request for help, access to timely, accurate information is an important prevention tool. In addition to the 24-hour response capability, the DHS Office of Community Relations reaches out through a monthly newsletter and the local news media to let people know about available resources and how to use them. Holding community meetings and participating in or hosting public events, such as the Allegheny County Music Festival, the Pittsburgh Children's Festival, the Family Support Conference, the Families United Celebration, and the FOI Art Exhibit for special needs artists, raise awareness of DHS services. Informative brochures on all DHS services, as well as more detailed guides to mental retardation services and to the Pittsburgh Regional Service Centers, are widely distributed. A *Parent's Handbook*, developed locally to help parents of children in the child welfare system understand their rights and responsibilities, has reached 50,000 consumers and interested stakeholders in the last five years and has become a model nationally for such publications.



## FILLING GAPS

- ▶ **Jackie has an emotionally disturbed son, Todd, who is out of control—but how can she think about dealing with him when she's four months late on her rent and there's no food in the house?**
- ▶ **John, at 84, has missed two appointments with his doctor because he didn't have money for bus fare to get there. ("That's just as well," he says, "since he'd just get on me for not taking my medicines.") His wife, Marie, is worried about him, but she says there's not enough money for prescriptions after they pay the utility bills.**
- ▶ **Marian's doctor is worried because she has lost 20 pounds. "Meal time was always family time," she says. "Now that I'm alone, I don't bother to eat."**
- ▶ **Tom, a single father, was trying hard to keep his family intact after his wife left, but managing three children in a small apartment and holding down a job wasn't easy. The home visitor from a Family Preservation program was helping him line up after-school child care and housekeeping assistance. But he needed coats for the children, and he was dreading the holiday season. "I'm trying to keep up with the bills, but my hours have been cut back," he says. "There's just no money for presents this year. That may seem like a small thing but it isn't to the kids."**

Hardly big ticket items in the overall human services budget...a bag of groceries, a rent voucher, an energy assistance grant, transportation to doctor appointments and senior citizen centers, coats and toys for the kids. But to the individuals involved, they are critical needs, and filling these gaps is often the gateway to solving other more complex problems.

When Jackie was referred to *Community Connections for Families (CCF)*, a federally funded initiative in the DHS Office of Behavior Health for families with a severely emotionally disturbed child, the service coordinator realized that pressing tangible needs had to be met before the family could address Todd's problems. With CCF's help, Jackie learned to access local resources—the food pantry, housing assistance grants to catch up on her rent, and *pro bono* optical services to replace Todd's broken glasses. Then she was ready to apply for Medical Assistance, which covered a comprehensive medical and psychiatric evaluation for Todd, meet with the school to discuss his transition into a special education program, and involve the whole family in learning the best ways to support Todd's development at home. Todd is now doing well at school, and Jackie is more confident in her ability to find help when she needs it.

### In 2001:

- ▶ 5,191 homebound seniors received 636,231 home-delivered meals.
- ▶ 8.5 million pounds of food were distributed to more than 90,000 people in need.
- ▶ 10,145 children per day ate approximately 548,000 free, nutritious meals during the summer.
- ▶ 511,000 low-income and elderly residents received more than one million rides to medical appointments, senior centers, etc.
- ▶ 12,000 families' homes were made warmer during the winter through our energy assistance program (double last year's total).
- ▶ Caring Allegheny County residents and businesses donated \$433,000 to help meet the tangible needs of individuals and families with items such as eye-glasses, toys, books, blankets, clothing, and learning aids for children served by CYF.

Marie and John are both breathing easier now that he's seeing his physician regularly and taking his medications. Through the DHS Office of Community Services, they qualified for help with their heating bill from the Low-Income Home Energy Assistance Program (LIHEAP) and medical transportation for John to get to his doctor appointments. And an Area Agency on Aging (AAA) caseworker helped them apply for the state PACE program, which covers most of the cost of their prescription drugs.

A call to SeniorLine put Marian in touch with a nearby DHS/AAA senior center where she regularly enjoys nutritious meals in the good company of other seniors. Just looking forward to her days at the center gives her the motivation to take care of herself at home.

And Tom's children weren't disappointed. Angel's Closet, a community agency DHS partners with, provided new winter coats, and the DHS Holiday Project, which has attracted over \$1.3 million dollars over the last six years from generous residents and businesses, made it possible for Tom to play Santa after all.

Coordination among DHS program areas, provider agencies, and community groups makes it possible to fill small but important gaps in tangible assistance to families and, in doing so, to relieve anxiety and stress that can lead to more serious problems. For example, staff from the DHS Bureau of Hunger and Housing collaborate with the hunger providers and hunger advocates within the community to help them maximize available resources, strengthen existing programs, and work together to develop new strategies to combat hunger. Each year more than 85,000 individuals (from almost 28,000 families) receive food products from food pantries, congregate meals, or home delivered meals. In addition, approximately 11,000 children receive meals and snacks at after school programs and summer recreational programs.



## OFFERING SUPPORT

- ▶ **When the welfare reform legislation led Delores to look for a job, she was hopeful. Maybe, she thought, this was the push she needed to get on her feet. She enjoyed going to work, and getting a paycheck, even a small one, was a boost to her morale. But she was worried about her children. She suspected they were hanging out with some older kids who spent their time looking for trouble. Summer would be here soon, she thought, and they'd be alone all day. What's more, she found the stress level rising when they were clamoring for dinner as soon as she walked in the door, and there never was time to help them with homework any more. "It just isn't worth it," she thought, "—but what choice do I have?"**
- ▶ **"Everything's out of control," Christina told her neighbor. "I've always wanted children, but these two are driving me crazy. I think there's something wrong with Sean. He can't stay focused on anything, he won't listen to me, and his grades are awful. The baby cries all the time, and my husband, Harry, won't even talk to me about it. I can't stand it anymore."**
- ▶ **After 45 unexcused absences in five months, Michelle, a ninth grader, was ordered to appear before the local district justice. Her father, who accompanied her to the hearing, was overwhelmed. He had no idea why she was truant, and the prospect of being referred to CYF frightened him. Could he lose his daughter? He didn't know where to turn for help.**

Delores found the answer to her question in the form of a flyer from her community's Resident Council promoting the year round program sponsored by The Pittsburgh Foundation Beverly Jewel Wall Lovelace Fund for Children's Programs. With substantial DHS support, these 19 programs in public housing communities, operated by the local resident councils, give working mothers like Delores peace of mind in knowing that their children are safe and well fed in the care of people they know. Dinner time becomes less frantic, and the children's school performance often improves because of the homework assistance and the stimulating activities and field trips the programs offer.

Christina's neighbor, who was an outreach worker for the local Family Support Center, knew exactly how to respond to her friend's distress. "Look," she said, "we all need a little help with raising kids. Come with me to the Center tomorrow." Christina joined the parenting group and made arrangements to have Sean evaluated by a child development specialist. Just having some time to talk with other adults while the children were in child care was a help, and she was planning to ask Harry to go with her to a session on parental communications.

### In 2001:

- ▶ 1,384 preschoolers were readied for school through DHS Head Start programs.
- ▶ 880 children took part in summer and after-school programs in public housing communities. Thousands of other children were served in other after-school programs funded by DHS.
- ▶ 656 abused or neglected children attended a residential or a day camp during the summer.
- ▶ 2,615 children from birth to age 5 received Early Intervention Services related to developmental delays.
- ▶ 4,440 families and their children were served by 29 Family Support Centers.
- ▶ 4,500 young people have participated in YouthPlace and Reach programming at 17 sites throughout the county over the last three years.
- ▶ 8,721 children in grades 5-12 were helped by the Student Assistance Program (SAP), and more than 1/3 of them showed improvement in academic performance.

Recognizing that Michelle needed help, the district judge referred her to the local Truancy Intervention Program, operated by a DHS behavioral health service provider, and he asked her father to attend the program with her. In assessing Michelle, the program leader confirmed that she was clinically depressed and discovered, as she came to know her better, that Michelle had been the victim of cruel bullying at school. Her father agreed to enroll her in a treatment program in the same building with the truancy program. Four months after entering treatment, Michelle had a perfect attendance record at school, her grades had improved, and she described herself as “a happier, normal kid.”

DHS recognizes that the most powerful protective factors in children’s lives are their families, teachers, and role models in the community. That’s why a significant portion of the expenditures for preventive strategies are for Family Support Centers (like the one that helped Christina), after-school programs in both public housing and neighborhood settings, Early Intervention, Head Start, and—for older children and teens—YouthPlaces/Reach activities.



VISION

TO CREATE AN ACCESSIBLE, CULTURALLY COMPETENT, INTEGRATED, AND COMPREHENSIVE HUMAN SERVICES SYSTEM THAT ENSURES INDIVIDUALLY TAILORED, SEAMLESS, AND HOLISTIC SERVICES TO ALLEGHENY COUNTY RESIDENTS, IN PARTICULAR, THE COUNTY’S VULNERABLE POPULATIONS.

DEPARTMENT OVERVIEW

300,000 persons served annually

Total Staff: 800

Service Providers: 300

650 contracts for over 1,800 discrete services

Total Budget: \$615.9 million

Total includes the Allegheny HealthChoices Program. Of the total budget, only 3.1% or \$19.1 million are County funds.

Funding Sources: 78



GUIDING PRINCIPLES

All services will be:

- ▶ **High quality** — reflecting best practices in case management, counseling, and treatment.
- ▶ **Readily accessible** — in natural, least-restrictive settings, often community-based.
- ▶ **Strengths-based** — focusing on the capabilities of individuals and families, not their deficits.
- ▶ **Culturally competent** — demonstrating respect for individuals, their goals, and preferences.
- ▶ **Individually tailored and empowering** — by building confidence and shared decision-making as routes to independence rather than dependency.
- ▶ **Holistic** — serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services—

*Information Exchange  
Prevention  
Early Intervention  
Case Management & Crisis  
Intervention  
After Care*



## FINDING A WAY

- ▶ **In 41 years of marriage, Elsa had been the homemaker and Sam, the provider. They took care of each other and thought it would always be this way...until Sam's massive stroke placed more responsibility on Elsa than she could manage. There was no money for the continuous home care he required, but Elsa resisted putting him in a nursing home. Overwhelmed and drained, she sank into a depression that made her even less able to cope with Sam's needs.**
- ▶ **Steve's 16-year-old son Tony was totally out of control. He was chronically truant and in a drug treatment program (which he refused to attend), and the district justice had called in CYF. Steve, a single parent, was afraid he'd lose his son, but he also knew Tony needed more help than he could give him.**
- ▶ **Ruth was a young grandmother—but not young enough to cope with the five young children she was left to rear when her daughter abandoned them. Her apartment was too small, and the oldest—a nine-year-old—was having serious problems in school. But they were, after all, her grandbabies.**

Elsa reluctantly agreed to visit the local senior center while a friend stayed with Sam. The caseworker at the center sensed her desperation and urged her to contact the Family Caregiver Support Program at the Area Agency on Aging. There the case manager assessed the couple's needs and arranged for Elsa to receive reimbursement for caregiving expenses, including respite care so she could participate in the senior center activities. She guided Elsa to other community resources and helped her to apply for home modifications that would help her in caring for Sam at home: a wheelchair ramp to the front door, grab bars in the bathroom, and improved access to the shower. She also referred Elsa to the Office of Behavioral Health for consultation and short-term therapy for her depression and suggested that the couple join a support group for people who are affected by strokes.

That was a year ago. Today Elsa is actively engaged in Center programming and is confident in her caregiving role. Sam, who now sees himself as a survivor, is adapting to his new lifestyle and regaining some measure of independence.

For both Steve and Ruth, the Office of Children, Youth, and Families (CYF) intervened—not to remove the children but to help them stay safely at home. Steve was pleasantly surprised to find that his in-home worker was a no-nonsense former Marine who took Tony in hand. His intensive mentoring—several times a week for two months, got the young man back in school, in treatment, and on the right track.

Ruth's in-home Family Preservation worker tackled the physical problems first—helping to find more appropriate housing, additional furniture, and emergency food supplies. Then, she worked with the school and with Ruth to resolve the older child's problems. When the situation stabilized, the worker suggested that Ruth call the DHS-funded *KinKids Program* that offers ongoing support and respite care to “grandkin” (like herself) who are “raising grandkids.” As she prepared to leave for another assignment, the worker asked Ruth whether she needed anything else. “Just one thing,” she said. “Can you send me someone who can teach me the “new math”?”

### In 2001:

- ▶ 2,508 frail elderly were assisted to live in their own homes rather than relocating into nursing homes.
- ▶ 11,276 abused or neglected children and their families received family-strengthening services.
- ▶ 5,100 homeless children and their families were housed.
- ▶ The number of children in out-of-home placement (2,174) reached a six-year low.
- ▶ 675 children in foster care were reunited with their families.
- ▶ 551 mentally retarded individuals were assisted to live in their own community.
- ▶ 550 mentally ill offenders received supportive services, and recidivism was reduced to 6%.

Out-of-home placement, unfortunately, is sometimes the only option. Often, however—in cases like these, for example—less restrictive and less costly alternatives exist. Identifying these alternatives and the supports that make them viable is a priority in all DHS program areas.

Older people who require some assistance but prefer to remain in their own homes may find the help they need to remain independent in a variety of programs. *Volunteer Senior Companions* visit homebound clients once or twice weekly to assist with light tasks and encourage leisure activities. The *Older Persons Transportation* program provides shared ride service to medical appointments, grocery stores, and senior centers. Based on comprehensive assessments, case managers in the *PDA Waiver* and *Options* programs can authorize home-delivered meals, in-home personal care, physical and occupational therapy, home modifications, respite care, and caregiver support.

Many children who would otherwise be placed in foster care are able to remain safely with their own families with services through family preservation agencies. Similar interventions by family reunification staff accelerate the return of children in placement to their birth parents. In some cases, resolving critical housing problems or providing essential tangible aid—furniture, clothing, and food—to troubled families can avoid the need for placement. Others may require intensive counseling and/or mental health, drug and alcohol, housing assistance, or employment services.

Of all institutional placements, incarceration is the most restrictive and, for the mentally ill, the least productive. The offender loses all benefits, including health care, and receives no treatment for the problem that, in most cases, precipitated the arrest. Two DHS initiatives provide community based options for individuals with a diagnosed mental illness who are charged with non-violent crimes or summary offenses. *Forensic Diversion* intercepts mentally ill patients prior to their entry into the County Jail and negotiates community-based treatment plans while they await court hearings. Created by a unique collaboration between mental health professionals and the criminal justice system, the new *Mental Health Court* offers to qualified volunteer defendants the opportunity for legal and mental health advocacy as they move through the justice system. In lieu of incarceration, defendants may receive alternative sentencing with intensive and closely monitored mental health and addiction services.



## OPENING DOORS

- ▶ Sometimes even “natural-born” helpers need help themselves. That was the case with Cheryl when she turned up at the office of a DHS provider agency last year. Although she was four months pregnant, she was determined to find a job to supplement her husband’s income and affordable child care for her toddler. When she took on the added responsibility of caring for her husband’s terminally ill parents, finding employment became an even greater challenge.
- ▶ When Jason graduated from high school, he—like many others—faced the “school-to-work” transition, but for him, the hurdles were much higher than for most young people. He has pervasive developmental disabilities. Nevertheless, he was determined to find a job and be active in his community, and his family wanted to encourage him. But was it realistic to expect to find a job in a tight market, given his disabilities?

### In 2001:

- ▶ More than 900 individuals with disabilities or mental retardation received employment assistance.
- ▶ 12,000 job-seekers obtained employment assistance through Team PA CareerLink.
- ▶ 1,202 individuals were moved from welfare to work with help from Regional Service Centers established by the Office of Community Services.

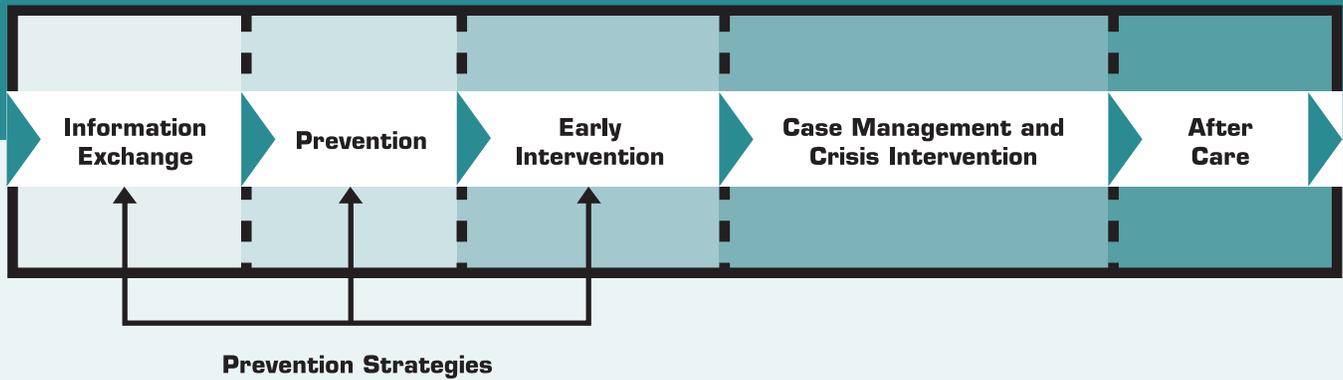
Cheryl’s needs were both immediate and longer-term. The agency’s staff first helped her apply for energy and rental assistance and emergency food; then, they worked with her to find child care and employment. She’s now helping others as a full-time outreach worker for the agency that helped her, and she has set a new goal for herself: homeownership. “It feels good to know there is someone out there to help when you need it, even if it is only to listen,” she says. “I thank God everyday that this agency was here for me. My world is a much better place today because of it.” Cheryl, on the basis of a nomination submitted by the agency, was one of 23 winners statewide of the Self-Sufficiency Achievement Award, presented this fall by the Community Action Association of Pennsylvania.

A support coordinator from the DHS Office of Mental Retardation/Developmental Disabilities (MR/DD) worked with Jason and his family to develop an individualized plan and to interview several service providers who could help him find a job. Jason and his family hired the provider of their choice, and, with the support of the job coach, he found a part-time job stocking shelves at a local grocery store. The job coach also taught him to ride the bus and helped him become a volunteer at the community hospital, where he delivers flowers to patients’ rooms. Jason is proud of his job and his ability to give back to his community. His family is grateful for the choices and the support provided.

The support Jason received reflects the commitment of DHS and MR/DD to the principles of self-determination, which infuse all DHS direct services. Consumers like Jason, in partnership with their families, have authority over their own lives and choose the supports they need and want, following an individualized “person-centered” plan they help to develop and a budget designed to meet their needs.

Thousands of such stories could be told by consumers in other DHS employment initiatives. Although each story is different, they share common themes: a strong desire to work and to be self-sufficient and a determination to overcome the obstacles to their independence. The employment and training staff in the DHS Office of Community Services and in community-based provider agencies offer ongoing support and referrals to help each person achieve his or her employment goals. For those who are moving from welfare to work, Regional Service Centers in McKeesport, Wilkinsburg, and downtown Pittsburgh offer personal counseling and support services as well as skills assessment, career exploration, job search training, occupational training, job placement assistance, and follow-up and retention services. Similar services, as well as access to a wide range of job openings, are available to laid-off workers, unemployed and underemployed adults, and youths at two full-service Allegheny County and two Regional CareerLink centers, the new Reemployment Center in the airport area, the Braddock Employment and Training Center, and a growing number of Mini Centers throughout the County. Job counseling and referral for persons with mental retardation or developmental disabilities, like Jason, are provided through the community-based Independent Support Coordination Units.

# THE DHS CONTINUUM OF SERVICES



**The DHS Continuum of Services** includes 1,800 different services provided via 650 contracts with service providers and by professional staff within the Department. The services range from various prevention strategies (information, primary prevention, and early intervention) to intensive case management and crisis intervention and, finally, follow-up after care.

This annual report focuses on prevention strategies, those services that anticipate potential risks, promote independence, and resolve problems early—before they reach crisis proportions and require more costly, intensive, and often emotionally painful interventions. Although these specific preventive services are provided by professionals in provider agencies across the County, effective prevention involves the whole community: neighbors looking out for neighbors, older people helping youth (and vice versa), and those who have resources sharing them with those who do not. As a resident of a county known for its spirit of caring, you too play a major role in prevention.

More intensive DHS services include mental health treatment and 24-hour crisis counseling, drug and alcohol rehabilitation, child and senior protective services, adoption, and residential care for individuals with mental retardation and developmental disabilities. In all of these areas, after care is essential to ensure that progress does not end with discharge from intensive services.

## **Allegheny County Department of Human Services (DHS)**

is responsible for providing and administering human services to County residents through its five program offices:

### **Area Agency on Aging (AAA)**

### **Office of Behavioral Health (OBH)**

### **Office of Children, Youth & Families (CYF)**

### **Office of Community Services (OCS)**

### **Office of Mental Retardation /Developmental Disabilities (MR/DD)**

**James C. Roddey**

*Allegheny County Chief Executive*

**Robert B. Webb**

*County Manager*

**Marc Cherna**

*Director, Department of Human Services*

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