

PART I: COUNTY PLANNING PROCESS

Engaging critical stakeholder groups

The Allegheny County Department of Human Services' (DHS) leadership team is composed of the director, the executive deputy director for Integrated Program Services, and deputy directors and administrators from the offices within DHS: Children, Youth, and Families (CYF), Behavioral Health (BH) (which includes the Single County Authority), Intellectual Disabilities (ID), Community Relations, Administrative and Information Management Systems (AIMS), Data Analysis, Research and Evaluation (DARE) and the Area Agency on Aging (AAA). This leadership group reviewed consumer feedback, program performance, and reports to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. 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 consumer surveys, including telephone and in-person surveys and focus group interviews of people who have utilized DHS services, as conducted by DARE's Client Engagement Unit.
- 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 Foster America 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 Partner4Work; and accessing more of the housing available through the city and county housing authorities.

Using this information, DHS developed its plans for improving the health and well-being of the county's most vulnerable children, youth, and adults using all available resources. The DHS director and several other leaders then presented these priorities to the Allegheny County Block Grant Advisory Board for feedback. The Advisory Board is composed of consumers of DHS services, family members, providers, representatives from other DHS Advisory Boards and Councils and advocates. They provide guidance to DHS 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 April 4, 2017 meeting (held at 5:30 p.m. at One Smithfield Street, downtown Pittsburgh), the Board provided the following comments and recommendations:

- Continue to invest in housing to save money and help people early on in crisis to help people stabilize and prevent other costly uses of public funds (i.e. emergency room visits)
- Continue to invest in peer supports, who are crucial for helping people navigate the system and reach their goals.
- Continue the unique supports for immigrants and internationals funded through the block grant
- Move people who are in a housing crisis into emergency (and ultimately permanent) housing as quickly as possible

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 at the DHS Human Service Building in downtown Pittsburgh. 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, what

the Block Grant has allowed the state and counties like Allegheny County to accomplish over the years, how it would be used in the coming year to prevent and address human services needs, and DHS's plan to address important needs, before asking the public for feedback. Comments included:

- Continue to expand Medication Assisted Treatment (MAT) and recognize it as a viable treatment option
- Integrate mental health and drug and alcohol programming to comprehensively serve people

Serving residents in the least restrictive settings

DHS has participated in the County Human Services Block Grant since the year it was initiated, because it has allowed Allegheny County to address the needs of vulnerable children, adults, and families in integrated ways—serving more people with a full range of support and services that prevent issues and build their health and well-being within least-restrictive settings. During the 17-18 fiscal year, Allegheny County will continue to use the flexibility of the Block Grant to 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. The aim of service integration is to improve the lives of individuals and families and help them remain safely in their homes and with family members.

Key aims in FY 17-18

In response to the community needs identified during FY 16-17, DHS will continue to focus on major initiatives:

1. Implementing 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.
2. Reducing the waiting list for **homeless assistance programs**.
3. Addressing 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.

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 "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. As all providers convert to the new system, 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 II: PUBLIC HEARING NOTICE

DHS announced its Human Services Block Grant Public Hearings through three major Pittsburgh-area newspapers 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:

- April 14, 2017 at 9 a.m., Human Services Center, Turtle Creek
- April 14, 2017 at 1 p.m., Human Services Building, Downtown Pittsburgh

15 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.

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PART III: CROSS-COLLABORATION OF SERVICES

Employment

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

- **The Employment and Training Advisory Board (ETAB)**, an affiliate of the Homeless Advisory Board (HAB) for the Allegheny County Continuum of Care (CoC), is a group led by DHS staff that includes provider agencies and community stakeholders. The group’s purpose is to promote housing stability and self-sufficiency by linking homeless services providers and the people they serve to employment and training resources, and to work across sectors to overcome barriers to employment for those in housing crisis. ETAB’s bi-monthly meetings enable partners to share information and to collaborate on various initiatives. For the past two years, ETAB has organized a day-long forum that brings together homeless service providers and workforce staff from around the county.
- **DHS and Partner 4 Work**, the workforce development organization that connects funding, expertise and opportunities for employers, job seekers, agencies and policy makers to develop a thriving workforce in the Pittsburgh area, co-lead a committee of human service providers that works toward helping people with human service needs gain employment. Key focuses of this group include coordinating human service and employment services, advocacy for workforce development for people with human service needs and building stronger referral networks and ways to share resources.
- **DHS’s Workforce Coordinator** has also convened DHS staff across program areas to work on identifying opportunities to collaborate to serve best help clients meet their employment goals.

The following chart outlines initiatives and programming around workforce that are supported by DHS:

Table 1: DHS Workforce Initiatives and Programs

Program	Description	Annual Clients Served
Self-Sufficiency	Helps individuals at or below 125% of the FPL meet employment goals	200
Team Hope	Provides workforce development, computer training, and help with managing finances in individuals at or below 125% of the FPL	100
CCAC Modern Office System Training (MOST)	Provides up-to-date, quality office technology training to unemployed and underemployed individuals at or below 125% of the FPL for the purpose of developing employment skills that will lead to self-sufficiency and career advancement	12

Jail Collaborative	Multiple training and employment services for individuals coming out of the jail. Participants have the opportunity to attend job training programs that lead directly to jobs in fields that are open to people with criminal records, such as culinary arts, machining, and masonry. The Jail Collaborative also supports job placement services at each of the three probation Community Resource Centers. Most recently, the Jail Collaborative has expanded job training opportunities through Training to Work, a Department of Labor-funded project in collaboration with Partner 4 Work. The Jail Collaborative and Partner 4 Work collaborated to design a project that would combine the workforce expertise of Partner 4 Work with the case management experience of the Jail Collaborative. Training to Work participants work with a case manager, employment specialist, and a mentor, who assist them in completing credentialed job training programs and finding careers.	422
Supported Employment for people with SMI	Supported employment services based upon individual choice, integrated with comprehensive mental health treatment, and focused on employment as the ultimate goal.	700
Independent Living Employment Supports	Specialized programming designed to assist youth in securing and obtaining gainful employment, while supporting them with individualized services, including The Aging Up Not Out program which provides job readiness training, career assessments, referrals to supports and training on budgeting and entrepreneurship.	650
Intellectual Disability Waiver Employment Services	Supporting individuals with intellectual disabilities in finding and maintaining work.	3,000 on waiver eligible

Housing:

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

Using federal, state and local funds, DHS contracts with 36 nonprofit service entities operating nearly 150 distinct programs. These programs, along with other government and social services agencies provide direct service to homeless consumers and comprise a Continuum of Care that includes outreach and prevention services, emergency shelters where people can stay for up to 60 days, transitional housing and permanent supportive housing.

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

DHS plans to focus on prevention, effective communication and collaboration facilitated by wise use of high-quality data from 2015-2018.

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

- 1.) Coordinate, standardize and evaluate care across all DHS programs and providers serving individuals who are homeless by:
 - a. Developing and implementing standards of care for housing and homeless services, applicable to DHS and all contracted providers
 - b. Developing and implementing an objective screening tool to help in making appropriate referrals to providers within a "housing first" model that supports rapid rehousing. Ensure that providers who may be the first contact for consumers as they enter the system use the screening tool.
 - c. Improve coordination of homeless services and supports available through DHS, regardless of how someone enters the system.
- 2.) Use creative and collaborative means to increase the number of affordable housing units available to DHS consumers, while supporting development of additional affordable housing units throughout the community by:
 - a. Positioning the region to receive additional resources and to make better use of currently available resources through HUD, PHFA tax credits, Section 811, etc. for affordable housing development
 - b. Planning collaboratively with housing authorities, community development corporations, etc.
 - c. Engaging additional partners as potential landlords
 - d. Securing additional designated Section 8 vouchers for DHS clients
 - e. Providing rent subsidies to individuals ready to move out of more intensive services such as group homes and permanent supportive housing
 - f. Improving the quality and use of affordable housing by pairing effective inspection programs with recruitment and engagement of additional private landlords and make data on available units readily accessible.
 - g. Ensuring that consumers who no longer need permanent supported housing services can move into the community with less intensive supports, helping to optimize the use of available services.
- 3.) Provide proactive housing assistance to prevent at-risk individuals from becoming homeless by:
 - a. Funding, piloting and evaluating approaches to identify those at risk and provide early assistance before housing becomes a crisis. Adopt needed system changes identified from the pilot projects.
 - b. Expanding the services designed to meet the housing needs of youth gaining out of child welfare services.
 - c. Making short-term case managers more widely, available, including to those identified at risk of homelessness.
 - d. Identifying and addressing policies that may inadvertently promote homelessness, and increase consumer and landlord awareness of relevant policies.
 - e. Engaging the broader community in identifying individuals at risk for homelessness and referring them for needed services.
 - f. Increasing programming that will help individuals to maintain, safe affordable housing.

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

- **Establishing the Housing Connector**- a collaboration of ACTION-Housing, Inc. and DHS which was developed to make finding housing easier and more direct for individuals with varying disabilities. The Housing Connector helps people navigate the housing system, which will enable people with disabilities to make better

connections to independent housing choices. In addition, the Housing Connector maps options for individuals, working with housing management companies and developers to identify appropriate housing solutions for people with disabilities, and, when units are not yet available, provides them with an estimated timeline, thus reducing uncertainty and the burden of the housing search process.

- **Streamlining access to housing resources through the Housing Portal**- in FY 16-17, DHS began building a housing portal, where providers can log on, fill out basic information about their client and see what types of housing their client is eligible, including mental health residential, drug & alcohol recovery, deep rent subsidy, 811 (housing for 18-62 year olds with disabilities) and veterans.
- **Utilizing the Allegheny County Link** to connect people in need to available resources to maintain their independence and quality of life, including people who are homeless. Link services include information and referrals, homeless services coordination, eligibility screening, options counseling, applicational assistance and case management.

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PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Program Highlights:

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 FY 16-17, Allegheny County DHS continued to integrate these services by:

- **Reducing mental health stigma in schools** by training, inspiring and equipping middle and high youth to take action against stigma toward youth with mental and/or substance use disorders to reduce negative attitudes, beliefs and social distance between youth with these disorders and their peers through the Stand Together program. Stand Together is based upon a service learning model in which students are educated about an issue and then take action to address the issue. Approximately 200 youth across 10 middle and high schools in Allegheny County participated in the program in 2015-16 school year. On April 30, 2017, the National Association of Counties granted Allegheny County a 2017 Achievement Award for Stand Together due to its exceptional results and unique innovations.
- **Improving coordination between the behavioral health and criminal justice system** by issuing an RFP for an evaluation that will result in a comprehensive plan for diversion and treatment, as well as determine benchmarks with which the Jail Collaborative can measure performance throughout both systems. Through the implementation of a comprehensive plan, DHS aims to reduce unnecessary incarceration of those with behavioral health issues, and ensure appropriate treatment and support for those individuals that enter the criminal justice system.
- **Reducing barriers to housing for individuals and families who are homeless with behavioral health needs** by providing access to behavioral health treatment and other supports through the Healthy Housing Outreach (H2O) Program, funded via a SAMHSA grant. H2O is a collaborative effort between four providers, with DHS as the lead, who coordinate to provide outreach, engagement, screening, treatment and supports to individuals and families experiencing homelessness in locations where they live and are comfortable. The H2O Program became fully operational on January 31, 2017 and so far has served 54 clients.
- **Increasing access to health insurance and treatment** for people who are about to leave the Allegheny County Jail (ACJ). At the recommendation of the Allegheny County Block Grant Advisory Board, in FY 16-17 DHS hired a second benefits counselor to embed 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, enroll 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. The second Benefits Counselor helped to serve more individuals, optimize access to Medical Assistance and expand the scope of benefits applications to SNAP and TANF. In FY 16-17, the Benefits Counselors assisted consumers in completing 308 Medicaid applications, making it possible for individuals leaving the jail to go directly to treatment, covered by Medical Assistance. Additionally, the Consumer Health Coalition was selected by the Federal Substance Abuse and Mental Health Services Administration to receive a 2017 SOAR (SSI/SSDI Outreach, Access, and Recovery) Criminal Justice technical assistance award to train the Benefits Counselors to complete applications for SSI and SSDI.

- **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 behavioral health providers serving children and families. The Community of Practice is a set of 28 behavioral health providers, peer support and advocacy organizations, and other support 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 for this target population. During FY 16-17, the Community of Practice worked with DHS's System of Care Project to plan for technological solutions, cross-system understanding, and collaborative policies and procedures that would enhance service delivery for CYF-involved children and their families. In the coming year, the Community of Practice will improve provider participation in CYF conferencing and teaming meetings, and will continue to work toward integrating conferencing and teaming as its own values-based service delivery approach.
- **Building the expertise of aging services workers** (in-home care managers and other staff) in recognizing behavioral health issues in seniors and their family members, by placing a Behavioral Health Specialist within AAA offices. This specialist is a resource to the AAA social workers in other ways as well, providing training and assisting in problem solving. She has helped staff understand depression and other 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. DHS issued an RFP redesigning and rebidding all SAP contracts in FY 16-17. Current and prospective providers were required to apply and meet established standards of competency in order to become an "approved provider" and to be eligible to provide SAP services in FY 17-18. Further, School Districts were engaged and empowered to interview approved providers and make informed decisions on who they would like to be their SAP provider in FY 17-18. Through this process, 11 providers were chosen to service 43 school districts and 181 schools; and some districts chose to take a fresh look at their SAP programs and how they can improve it.
- **Planning a low-barrier shelter.** Providing a temporary low-barrier shelter during the cold winter months has proven an effective intervention at bringing inside a hard to engage, socially isolated, street homeless population. This population often has serious, chronic mental health and substance abuse problems and experience in the criminal justice system; they are often distrustful of institutions and hesitant to leave the streets or use traditional shelter beds. Creating a year-long, 24-hour, welcoming and safe facility (or facilities – male and female) to expand the winter shelter would be an important addition to the homeless system. A Low-Barrier Shelter would provide a space where experienced homeless outreach staff can build trusting relationships with chronically homeless people - assisting them so they can access behavioral health and other support systems that will lead to safe housing arrangements. DHS plans to move forward with planning and implementing the shelter in FY 17-18.
- **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 expedites the referral system.
- **Expanding the capacity of family members and school teachers to support children and youth with mental illness** by adding a community and school based BH teams to the McKeesport Area School district in January 2017. BH teams were already at place in the Woodland Hills, Clairton and Sto-Rox School districts. From January 2016 to present, 243 youth have received this service.

- **Increasing services for individuals coming out of state hospitals and the Torrance forensic system.** In FY 16-17, DHS selected two providers via a Request for Proposals to develop a LTSRs for these individuals. The providers are in the startup phase and expect to start serving clients in FY 17-18.
- **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. In FY 16-17 CIT training frequency increased to once a month for law enforcement.

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 (CCBH), 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., (AHC) also has played a critical role in promoting enhanced service quality and making Mental Health First Aid accessible to many populations.

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

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

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

MH Service	Description	Priority populations	Funding sources
Early Intervention	Promotion of the social, emotional, developmental and physical wellness of children	Birth-3	Early Intervention
Emergency Crisis intervention	Resolving critical or dangerous problems	Children, Transition Age Youth, Adults, Older Adults	Block Grant HealthChoices
Treatment	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.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation (CRR) • MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing, • Domiciliary Care • Permanent Supportive Housing (PSH) • Housing support services <p>Clinically-intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> • Residential Treatment Facilities for 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 members can access a consumer- and family-operated system of support, socialization, education and advocacy.</p>	<p>Children, Transition Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>

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

Strengths and Needs:

Older Adults (ages 60 and above)

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

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).

- 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 mental health needs
- More access to treatment services that will come to the seniors (e.g., mobile treatment services that will go to senior high rises)
- Better coordination between and more comprehensive care of the physical needs of people with mental illness. According to the World Health Organization, people with severe mental disorders on average tend to die 10-25 years earlier than the general population. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious disease, diabetes and hypertension.²

In addition to the array of mental health 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.

Adults (ages 18 and above)

Strengths:

- Array of services that meet the needs of many specific populations
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN))
- An effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with mental illness and/or substance use disorders as well as their family members and friends, behavioral health professionals, and government officials.
- 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 and 25/7 Supportive Housing)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, individuals with serious mental illness, people with co-occurring disorders, and people with sex offending behaviors who are not on the Megan's Law Registry
- 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

² http://www.who.int/mental_health/management/info_sheet.pdf

- 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 mental health services shown in Table 1, DHS will address several needs for the adult population by:

- Expanding its capacity to provide safe, affordable, appropriate housing for people with serious and persistent mental illness or co-occurring disorders. In June, 2017, DHS will launch a new IT system that will improve the efficiency and effectiveness of the housing referral system for individuals with mental illness. The new system will collect housing eligibility information and provide the referrals source with information on various housing programs the individual may be referred to.
- 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.
- 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. In FY 16-17, DHS, working with the office of the U.S. Attorney for the Western District, launched a pilot program for diverting individuals with BH needs from Federal Court.
- Strengthening 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. In 2016, 683 individuals received supported employment services based upon individual choice, integrated with comprehensive mental health treatment, and focused on employment as the ultimate goal. In FY 17-18, DHS will continue to implement supported employment and explore ways to strengthen supported employment, eliminate barriers to employment and help more people with mental health needs find and sustain work.

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 people of any age, but is geared toward children and adolescents who require intensive behavioral health treatment. The LIFE team plans, implements, and coordinates all services that meet child/family needs in the least restrictive setting possible.
- Assertive Community Treatment (ACT). The ACT team for transition-age youth includes a psychiatrist, nurse, therapist, case manager and vocational specialist, who jointly serve youth (ages 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. In FY 17-18, DHS will expand to add an additional 4-member Mobile Transition Age 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 (FEP) education and support for youth and families. In FY 16-17, DHS received funding to provide Coordinated Specialty Care (CSC), a recovery-oriented treatment program for people with FEP. CSC promotes shared decision making and uses a team of specialists who work with the client to create a personal treatment plan. The specialists offer psychotherapy, medication management geared to individuals with FEP, family education and support, case management, and work or education support, depending on the individual's needs and preferences.

Children (under 18)

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. Community and School-based Behavioral Health Teams, more intensive and comprehensive mental health services targeted to schools with highest need, will expand to an additional school in 17/18.
- 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
- Workforce development to provide services in Infant and Early Childhood Mental Health

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

- Emphasis on infant and early childhood mental health through greater collaboration with Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Project LAUNCH promotes the wellness of young children ages birth through 8 by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed by improving coordination across child-serving systems, building infrastructure and increase access to high-quality prevention and wellness promotion services for children and their families.
- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range

from 1:1 to 4:1, depending upon each child's needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support. The homes are staffed by highly-skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst, and social worker with clinical expertise in intellectual disabilities, developmental disabilities, and child psychopathology.

- 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.
- 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. 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.

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. . In FY 17-18, DHS will build two new LTSRS with a focus on serving persons who are exiting state hospital and who have sexually offending behaviors

Co-occurring Mental Health/Substance Use Disorder

Strengths:

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

Needs:

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

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

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

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

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

Veterans

Strengths:

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

Needs:

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

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

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

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

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

Strengths:

- Availability of specialized Mental Health services in the community
- Sexual Orientation, Gender Identity and Expression (SOGIE) Related Education and Training
- DHS LGBTQA Champions Group (DHS and provider agency representatives)
- 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 (including Limited English Proficiency)

Strengths:

- Availability of neighborhood-based psychosocial support groups for immigrants, conducted in native languages
- Engagement through the DHS Immigrants and Internationals Advisory Council
- 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.
- Neighborhood-Based Psychosocial Groups for Immigrants and Refugees. These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces behavioral health concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence. The formal, traditional service system may not address these issues effectively; and refugees and immigrants face obstacles to accessing existing services. The project trains and mentors immigrant community facilitators who lead support groups in the members' languages. 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.

Persons who are Deaf, Deafblind or Hard of Hearing

Strengths

- Availability of specialized mental health housing services
- Availability of specialized mental health outpatient treatment and case management
- The Behavioral Health/Intellectual Disability 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 services
- Increased workforce development to increase the pool of ASL-fluent MH professionals

In continuing to convene a Behavioral Health/Intellectual Disability Task Force for Persons who are Deaf, Deafblind or Hard of Hearing in Allegheny County, DHS will build upon the strengths and address the needs of people who are deaf, deafblind or hard of hearing 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, county officials and educators who work together to reduce disparities and assist individuals who are deaf, deafblind or hard of hearing 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. In FY 16-17, DHS updated a directory of resources for members of this target population to help them access services when needed.

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
- Monthly support groups

Needs:

- 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. In FY 16-17, the Hoarding Task Force formed three subgroups focused on: 1.) Hoarding Needs Assessment in the community; 2.) Education/Training; 3.) Resources. In FY 17-18, The Task Force will distribute work products, including a new hoarding training curriculum and hoarding services and support guide that can be accessed by providers and people in the community from a public website. These materials will incorporate information from the Needs Assessment conducted by subgroup 1 (mentioned above). As of the 3rd quarter of the 17-18 fiscal year, DHS-funded hoarding supports served 56 people who were struggling with a hoarding disorder in the community. These supports include a monthly support group, linking individuals to mental health treatment, assisting with light clean up and linking individuals to other resources and supports to help with clean up.

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. In FY 16-17 the Behavioral Health Task Force for Persons who are Deaf, Deafblind or Hard of Hearing expanded to include people with Intellectual Disabilities and has been renamed the Behavioral Health/Intellectual Disability Task Force for Persons who are Deaf, Deafblind or Hard of Hearing.

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

Yes No

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

Supportive Housing:

The DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.*

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

2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

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

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

5. Housing Support Services for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

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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 2017-18	\$1.7 million in Block Grant funds	Web-based database and Fidelity Scale
DHS is committed to helping people with serious mental illness find and keep jobs through supported employment services. The plan for supported employment in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, supported employment providers have increased the percentage of program participants who are working from 22% to 44% in FY 16-17 with an average starting salary of \$9.48/hour. These individuals have an average job tenure of almost two years. In FY 17-18, DHS will refine and focus Supported Employment through a competitive procurement process.			
2. Justice-related services (JRS)	Current and throughout 2017-18	\$8.5 million in Block Grant, private grant funding, and CCBH funds	Jail Collaborative computer application; HSAO record system
DHS has expanded Justice Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record developed by the primary provider of Justice Related Services, HSAO. Please see the Justice-Related Services page of the Allegheny County website for more information about JRS: http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx			
3. BH Housing	Current and throughout 2017-18	\$65 million in Block Grant, CCBH and reinvestment funds	Internal tracking databases; and tracking of outcomes by Allegheny HealthChoices, Inc. (AHCI)
The <i>Housing as Home</i> plan was developed to reduce the use of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts benefit consumers and their families by providing evidence-based practices in community recovery and resiliency services as an alternative to hospitalization. In FY 16-17, DHS implemented its Housing Connector project to help individuals navigate the housing system. Housing Connector serves as a central repository for information and assistance related to housing for people with disabilities. In FY 17-18, DHS will continue to invest in housing for individuals with serious mental illness. In June, 2017, DHS will			

launch a new IT system that will improve the efficiency and effectiveness of the housing referral system for individuals with 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 2017-18	\$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 2017-18	\$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 Please see section on TAY for detailed description of strategy.	Annual monitoring
<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. In FY 16-17, DHS, recognizing the need for interagency disaster response, hired a DHS-wide Outreach Disaster Response Coordinator.

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

Existing County Mental Health Services:

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

*HC= HealthChoices

Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/Joinder? (Y/N)	Current Number served in the County / Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	800	TMACT	AHCI	Annually	Yes	Y	
Supportive Housing	Y	85	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	700	S.E. Fidelity Scale	DHS	Annually	Yes	Y	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	100	IDDT Fidelity Scale	Agency	Annually	Yes	Y	
Illness Management/Recovery	N							
Medication Management (MedTEAM)	Y	140				Yes		Clinical model developed by CCBH
Therapeutic Foster Care	N					N/A		
Multisystemic Therapy	Y	50	TAM-R	Agency	Every 4 weeks	N/A		
Functional Family Therapy	Y	410				N/A		Wesley spectrum
Family Psycho-Education	Y	400				Yes		Delivered by NAMI

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

Additional EBP, Recovery Oriented and Promising Practices Survey:

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above

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

Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	94
Number Full Time (30 hours or more)	48
Number Part Time (Under 30 hours)	46

DRAFT

INTELLECTUAL DISABILITY SERVICES

Background

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

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 2,189 individuals in FY 17-18, consistent with FY 16-17. Its planned expenditures also will be consistent.

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

	Estimated / Actual Individuals served in FY 15/16	Projected Individuals to be served in FY 16/17	Estimated / Actual Individuals served in FY 16/17	Projected Individuals to be served in FY 17/18
Supported Employment	67	67	73	73
Sheltered Workshop	68	68	64	64
Adult Training Facility	34	34	30	30
Base Funded Supports Coordination	1,835	1,835	1,783	1,783
Residential (6400) / Unlicensed	39	39	41	41
Lifesharing (6500) / Unlicensed	3	3	3	3
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
FSS	0	0	0	0
Other Base Services	182	182	195	195
TOTALS	2,228	2,228	2,189	2,189

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 tenth year of participation. Services typically are limited to supported employment (e.g., Job Coaching) and/or transportation (most often in the form of a bus pass). Limited Habilitation supports may also be used to support life skills that contribute to successful employment outcomes.

DHS will use Block Grant funds to provide employment supports to approximately 73 individuals in FY 17-18. Examples of the types of supported employment that DHS will provide include:

- *Project SEARCH.* Since school year 08-09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forgo their last year of school-based training to participate in an employer-based training-to-work curriculum that includes a series of externship opportunities that enhance the individual’s career exploration and real work experience portfolio. Project SEARCH is a true multi-agency collaborative effort that uses “braided” funding among local School Districts, the Office of Vocational Rehabilitation (OVR) and OID. The original program has expanded into training sites at UPMC-Mercy and UPMC-Passavant. Seventy-three individuals involved with or potentially eligible for OID supports have graduated from Project SEARCH since 2009; 49 of these graduates currently are employed (with or without on-site job supports) and 24 are unemployed or participating in Job Development activities. Project Search also makes available Job Club and on-going Job Development for people who are interested, regardless of employment status. Thirty-four past

graduates currently are enrolled in a waiver. The roster for School Year 17-18 is still pending confirmation of acceptance.

- *ODP Base Employment Pilot.* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 2005/2006 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. DHS distributes Pilot funds through individual allocations to 59 individuals who are receiving supports from 9 service providers. Of the 59 individuals currently being served, three are working in full-time positions (average 40 hours/week), 55 are working in part-time positions (<30 hours/week). These participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). OID has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise require waiver funded supports to maintain on-going employment. To date, 12 individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports, which has maximized funding opportunities, since those waiver slots can be redirected to emergency-level individuals who may have higher total service needs.
- *Community Partnerships.* Other examples of DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities. DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCC), which provides information and networking opportunities for school district transition and special education staff, OVR counselors, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students, and families.
- *Customized Employment.* In FY 16-17, OID sponsored Customized/Discovery Employment Training for 16 provider agencies and 60+ employment specialists to increase the local capacity to develop integrated, competitive employment opportunities for those with an Intellectual Disability in our community. A workgroup continues to meet quarterly to problem-solve service delivery and improve our knowledge and skills.

Supports Coordination

DHS estimates that it will serve approximately 1,783 individuals with base-funded supports coordination in FY 17-18. 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 is 5,601 and includes those receiving Waiver, Base and/or Supports Coordination services, as well as those residing in ICF-ID settings (Private and State Center). Currently, 124 of the 5,601 reside in a State Center.

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.

In FY 16-17, continued planning and transitioning occurred for the previously identified Benjamin Litigants. Of the previous 8, 1 was removed by choice, leaving 7 consumers. 5 of these consumers had selected providers, completed transition activities and moved into the community. One of the consumers passed away in February 2017 and 1 consumer who moved into the community in mid-February struggled with transition into the community and returned to State Center on 3/31/2017. The 2 remaining consumers 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/Joinders and State Regions also is occurring to maximize community-based options for individuals. In FY 16-17, 2 Benjamin Litigation consumers that were registered with another county/joinder chose and are receiving community-based services within Allegheny County. Their cases have been transferred to Allegheny County

In December 2016, PA Department of Human Services announced the planned closure of Hamburg Center, targeting June 2018 as closure. Allegheny County has 4 consumers currently at Hamburg who will need community-based services.

- *Case Management Services.* In FY 17-18, DHS estimates that 1,783 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 17-18, DHS estimates that 362 individuals will receive community-based services and 44 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 16-17, 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 16-17 and will continue in FY 17-18. 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
- Improving access to Lifesharing information by maintaining DHS's OID webpage
- Planning for the Fifth Annual Lifesharing Information Fair to be held by the Allegheny County Lifesharing Coalition in October 2017.
- Facilitation, and planning of two Lifesharing trainings for Supports Coordinators.
- Facilitating presentation of *Innovative Models of Support Roommates – Works for me! Works for you training*, which was open to all interested stakeholders.
- Accepting offers to present information about Lifesharing at Agencies who are not currently providing Lifesharing.

Cross Systems Communications and Training

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

- *Developing intervention strategies for older adults with ID.* Mirage is a committee that strives to use the resources available between DHS's OID and Area Agency on Aging (AAA) to develop effective and collaborative intervention strategies for older adults with ID. This work is accomplished through cross-systems training and networking opportunities, information sharing, and individual plan review meetings at which recommendations are developed to address individuals' needs. Whereas the state funding for local Aging/ID teams is currently suspended, Mirage will continue to provide training, information and consultation within the existing Allegheny AE resources. Mirage will also work with the PA Link to Aging and Disability Resources to promote cross system collaboration.
- *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 17-18.
- *Agreement with UPMC Health Plan and Community Care Behavioral Health.* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication among shared members and services. As part of the agreement, OID is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member

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

- *Integrating services for children and youth with complex needs.* DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by two providers in three homes licensed (with the intent of opening a fourth home in the Summer-Fall of 2017) 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 61 individuals in Allegheny County and 6 individuals in neighboring counties. 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. For a time period of 12-18 months, services are provided by a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. In the spring of 2015, 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 continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

Over the past 12 months, DDTT has noted a difficulty in proceeding with discharge for individuals who have met treatment criteria due to a lack of available outpatient psychiatric services in the community. At times, it is taking upwards of 4 months to link the individuals to alternative outpatient mental health services.

- *Collaboration with Justice Related Services.* The OID/JRS collaboration has been effective and continues to meet a significant need to support individuals with ID who are in jail or involved with the criminal justice system. The partners continue to communicate on a regular basis and work to improve and streamline communication. Since this collaboration began in 2014, there have been a total of 77 Inquiries between JRS/OID, 47 of which were Open and Active with OID. Of these cases, 47 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. Although Allegheny County Jail has a mechanism to submit an MA application prior to an individual’s release in order for MA to be activated in a timely fashion. However, this mechanism cannot be applied to individuals who will need Waiver services immediately upon discharge from jail.
 - Increased collaboration with Juvenile JRS and Juvenile Probation to better plan for individuals that receive these services.
- *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. Any crisis situations would involve re:olve as appropriate.

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 FY 17-18.

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

Regarding efforts made to local providers to gain competency and capacity to support individuals who present with higher levels of need, OID has already mentioned the DDTT, Mirage, collaboration with JRS, and our RESPOND program. 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.

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.

County housing coordinator

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

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.

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.

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.

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.

HOMELESS ASSISTANCE SERVICES

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:

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

Improvements

In FY 16-17, Allegheny County made system improvements and added resources to prevent homelessness and housing instability and to continue to increase the degree of prevention and, where homelessness does occur, to employ a Housing First approach. These improvements include:

- **Coordinated Entry:** Allegheny County introduced a centralized access system for individuals and households in need of housing because of homelessness in 2015. This service, the Allegheny Link, has adopted a continuous quality improvement process over the past year that has enabled it to shorten wait times for callers, improve the quality of referrals, and finetune the prioritization process for those most in need of homeless services. It continues to use the VI-SPDAT³ to conduct assessments of the callers’ risks, needs, and potential for diversion (e.g., living with family and friends or mediation with landlords). They then help callers access the most appropriate resources from within the local continuum of care, based on the urgency of their need for housing/shelter. The Link refers clients to resources including prevention and diversion, permanent housing, permanent supportive housing, transitional housing, and shelter.
- **Greater investments in Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH):** To align spending with the principles of Housing First, community needs and HUD priorities, Allegheny County’s Continuum of Care shifted all HUD-funding for transitional housing projects to rapid re-housing and permanent supportive housing. HAP funding continues to support a small number of bridge housing projects that meet the needs of special populations such as people in recovery.
- **Expanded use of Section 8:** Allegheny County DHS continues its relationship with the Housing Authority of the City of Pittsburgh to access 200 Section 8 vouchers, and with the Housing Authority of Allegheny County for 50

³ This is the Vulnerability Index-Service Prioritization Data Assistance Tool, a validated instrument for determining the severity of clients’ needs and triaging them to the most appropriate levels of care, which may include rapid rehousing, permanent supportive housing or shelter. Applying this tool during clients’ calls to coordinated intake helps make sure that people with the highest needs are getting services before those with lower needs.

of these vouchers—for those clients who have successfully completed the services that are part of their RRH or PSH. As these individuals move into subsidized housing through this opportunity, it opens RRH or PSH to 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 approach, DHS has developed an eviction prevention program, funded by the Block Grant, which helps clients avoid eviction and stay housed.

Unmet needs and gaps

- **Affordable housing:** Allegheny County, which includes the City of Pittsburgh, is part of a metro region with one of the lowest rates of homelessness per capita, but it has begun to experience 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 City’s Affordable Housing Task Force commissioned a Needs Assessment that found an affordability gap of 14,896 units for households earning up to 30 percent of Median Income. For every 100 extremely low-income households, there are only 34 units available. The result is an affordable housing crisis that is on a path to getting much worse. Housing providers already are seeing the effects of this shortage of housing in their lengthening waiting lists; and homeless services providers are finding that individuals and families are experiencing longer periods of homelessness and longer stays in shelters, as they wait for housing and services.
- **Homeless Programs for single adults and high-needs families:** DHS analysis of the community’s supply and demand for homeless beds (not including emergency shelter) shows we have a significant deficit for single individuals and high-needs families. 2016 data from HMIS and Coordinated Entry (Allegheny Link), including information on homeless assessments, VI-SPDAT scores, homeless unit capacity and turnover showed the distribution of moderate and high need individuals and families and the new beds needed, by level of need:

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

Population	Assessed for homeless housing services	Moderate Service Level Need	High Service Level Need
Adults w/o children	2490 households	62%	31%
Families w/children	644 households	67%	31%

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

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

Population	Estimated GAP: New Beds/Units Needed
Adults w/o children—Moderate Service Need (RRH)	434 beds
Adults w/o children—High Service Need (PSH)	596 beds
Families w/children—Moderate Service Need (RRH)	-59 units
Families w/children—High Service Need (PSH)	100 units

- **Yearlong Low-Barrier Shelter:** Currently chronic street homeless often prefer staying on the streets rather than abide by the rules imposed by the existing shelters. This is a safety concern and it makes it much harder to engage with them and to move them into permanent supportive housing. The Severe Weather Emergency Shelter (SWES) -- which became a Winter Shelter this year, staying open for 4 full months rather than only opening when the weather dipped below 25 degrees-- uses a low-barrier approach and was filled to occupancy

almost every night this winter. Expanding the Winter Shelter to a yearlong model would greatly reduce the barriers single individuals face in accessing the homeless system. It also could be combined with a daytime drop-in center with services to address substance abuse and other behavioral health issues.

Services, efficacy, and proposed changes

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

Table 6: HAP Services and measures of efficacy

Service	How DHS evaluates efficacy
<p>Bridge Housing provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.</p>	<p>Measure: Share of people served by Bridge Housing who exit to permanent housing.</p> <p>In FY 15-16: 53% (199 of the 363 clients who exited Bridge Housing) exited to permanent housing.</p> <p>In FY 16-17*: 54% (95 of the 177 total clients who exited Bridge Housing) exited to permanent housing.</p>
<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. 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>Measure: Number of homeless individuals assisted by HSSC</p> <p>In FY 16-17*: 52 families (175) were provided with Case Management services.</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>In FY 16-17*, 506 clients have received rental assistance</p>
<p>Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to</p>	<p>Measure: Number of people prevented from being street homeless through</p>

<p>sleep. The median length of stay for homeless households utilizing Emergency Shelter is 30 days.</p> <p>The Winter shelter (formerly the SWES) is open from November 15 through March 15 and provides a low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.</p>	<p>shelter (including shelter for people who are victims of IPV)</p> <p>In FY 15-16: 2,992 individuals were prevented from becoming street homeless</p> <p>In FY 16-17*: 2,353 individuals were prevented from becoming street homeless</p>
<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. 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>Measure: Number of homeless individuals assisted</p> <p>In FY 15-16: DHS provided approximately 118 clients with other housing supports</p> <p>In FY 16-17*: DHS provided approximately 166 clients with other housing supports</p>

*FY 16-17 client counts are for a 9 month period, July, 2016-March, 2017

Proposed changes in FY 17-18 include:

- DHS will continue to assess the strength of its emergency shelters as a crisis response system and seek opportunities to improve the diversion and referral process and potentially to shift funding to better serve the homeless population, particularly the chronic street homeless.
- DHS had a competitive RFP process for the Penn Free Housing in March 2017 and a new provider with a strong history of providing drug and alcohol services and supportive housing will take over that program in July 2017.
- DHS will continue to assess the effectiveness of Bridge programs for different sub-populations (e.g. people in recovery; young parents with young children; ex-offenders) and shift funds as needed to programs that support a quick transition out of homelessness.

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.

SUBSTANCE USE DISORDER SERVICES

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 FY 16-17

Notable updates on initiatives and changes during FY 16-17:

- **Expanded use of Medication Assisted Treatment (MAT)** by contracting with an additional provider, Jade Wellness, that is providing comprehensive MAT services at three locations throughout the County. Beyond distributing MAT, Jade Wellness is ensuring that individuals are engaged with Cognitive Behavioral Therapy (CBT) and outpatient treatment, as well as that individuals have access to a psychiatrist. Further, in June 2016, DHS, CCBH, and AHCI prepared a joint position 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." As a result of this position statement, as well as continued advocacy and information sharing, many DHS D&A providers have begun to include MAT in their continuum of services by developing partnerships with doctors who specialize in prescribing suboxone and vivitrol.
- **Connected individuals in the Allegheny County Jail to MAT:**
 - Continuing a pilot (begun in FY 16-17) that provides screening and assessment for opioid use disorder, and education on overdose prevention, distribution of Naloxone, selecting appropriate MAT based on the clinical decision support tools developed by CCBH, service coordination, and rapid enrollment in Medicaid. 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.
 - Providing a Non-Narcotic Medication Assisted Treatment Pilot Program to inmates in the Allegheny County Jail (25 individuals received services since the contract was awarded in 2017). The program provides Allegheny County with the opportunity to provide long acting non-narcotic, non-addictive medication (Vivitrol) combined with substance abuse treatment to eligible offenders upon release from jail and administer the drug prior to release so that newly released individuals can focus on immediate re-entry needs without also having to struggle with drug craving.

- **Expanded distribution of Narcan** by giving over 1,700 kits to organizations that come into contact with those at the highest risk of overdose (i.e. residential treatment, MAT, homeless services and outpatient treatment providers). Also, DHS ensured that anyone leaving the jail that wants narcan can obtain it and partnered with its child welfare office and staff at DHS's 412 Youth Zone to make sure that staff have access to Narcan.
- **Rebid Recovery Housing** to ensure that quality temporary housing and case management exists for people exiting inpatient treatment or the jail with a substance use disorder, in line with DDAP and national best practice. While in Recovery Housing, individuals will live in sober, safe and healthy living environments that promote recovery from alcohol and other drug use, while being connected to treatment and peer-to-peer supports, assisted with their search for permanent housing, employment and meeting other needs on their path to recovery. DHS expects that approximately 400 individuals to benefit from Recovery Housing in 17/18.
- **Convened the Centers of Excellence (COE) in partnership with CCBH.** In 2016, six COEs were designated in Allegheny County to help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. DHS serves as a pass through for two COEs (Gateway and Tadiso), requiring fiscal monitoring and compliance oversight. Together with CCBH, DHS began convening all 6 COEs in the county, along with other stakeholders, to better understand what each COE is doing and how they can work together to achieve best outcomes for individuals with opioid use disorder in the county.
- **Continued a 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, that was originally 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.
- **Moved forward with the Coordinating Care for Individuals with Substance Use Disorders (CCISUD) project.** The critical importance of integrated care for individuals who suffer from co-occurring disorders/dual diagnosis has long been recognized, and behavioral health providers in Allegheny County, both mental health and substance use treatment programs, are increasingly serving more complex populations with these conditions. In early 2016, in order to assess the effectiveness and relative strengths and weaknesses of programs and agencies providing services for individuals with a dual diagnosis, DHS's Office of Behavioral Health, in collaboration with Allegheny HealthChoices, Inc., and Community Care Behavioral Health, began the process of evaluating both mental health and substance use programs to get a better understanding of the overall capacity of behavioral health to provide integrated services. Key Strategies included:
 - System-wide 'kick off' to introduce the project in February 2016.
 - System-wide dissemination of a unique provider survey in May and June of 2016 to assess the essential adult, transition age, and child mental health, substance use, and co-occurring services provided in each organization interested in participating in the project.
 - 5-6 providers chosen out of 16 applicants in May and June of 2016 for reviews using the Dual Diagnosis Capability (DDC) index. Reviews were conducted by Center for Evidence-Based Practices at Case Western Reserve University to assess providers' capabilities for providing co-occurring mental health and substance use disorder treatment.
 - DDC review results were then used to plan next steps in strengthening the COD delivery system
 - In June 2017, DHS will reconvene the five participating providers to discuss barriers to providing integrated care, such as policy, regulations, confidentiality, and other issues. This information will be used to develop a frequently asked questions (myths vs., facts) sheet for providers and to guide next steps in system planning.

- **Continued the review of the D&A service system.**
 - Began work on the “What Does it Take: Identifying Opportunities to Improve the Experience of Accessing and Engaging with Substance Use Treatment for Allegheny Residents” project, designed to understand “what it takes” to access treatment in the county to identify opportunities and solutions for improving treatment access. As of May 2017, DHS staff had conducted interviews with 46 Consumers, Family Members, People in Recovery, D&A Treatment Professions and DHS & Community Professionals. Interviewees were asked questions about How Allegheny County residents seek assistance, connect to resources and initiate treatment as well as how DHS might design a system that is easy to access, meets consumer needs and is person center. DHS expects to complete the project in FY 17-18.
 - Conducted a preliminary analysis: “Does MAT Promote Recovery from Opioid Use Disorders in Allegheny County?” to assess whether MAT for opioid use disorders helped people to stay engaged in treatment long enough for it to be effective. DHS expects to publish the report in FY 17-18.
- **Examined services for people with opioid use disorder, especially overdose survivors,** as part of DHS’ annual Bureau of Drug and Alcohol monitoring. DHS is looking the kind of screening and assessment tools and services provided to those with opioid use disorder, and, especially considering the course of treatment and service planning for overdose survivors. Part of this work also includes ensuring that providers receive overdose prevention education and that providers have an overdose education and prevention policy in place.
- **Worked with the Allegheny County Health Department to update the Plan for a Healthier Allegheny,** published in April of 2017. In partnership with the Health Department, DHS helped craft a plan to enhance/design surveillance and monitoring to effectively respond to overdoses in youth and adults, to meet the broader goal of reducing mortality and morbidity related to mental and substance use disorder.
- **Published a SUD system dashboard** in the DHS reports portal for internal stakeholders and exploring making the dashboard publicly available.
- **Participated in the PA Get Help Now Campaign** by creating and distributing posters in public and community places that share information about the PA Get Help Now hotline, a resource for people who are or whose loved ones are having a problem with drugs and alcohol.

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

<i>D&A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
Prevention services	Educational programs that increase self-understanding and interpersonal skills and offer methods for coping with stress. Designed to be of value to the total population and delivered in cooperation with schools, media, family, community agencies, and groups.	Adults Adolescents	D&A Base Compulsive & Problem Gambling Prevention W/C Prevention Base D&A

			SAP Base County Match
Intervention services	Services that discourage people who are experimenting or substance-abusing from further involvement by suggesting alternative ways to cope with problems	Adults Adolescents	D&A Base D&A SAP Base HSBG-BHSI HSBG-Act 152 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C HEP C County Match
Residential treatment	For persons with serious SUDs. Includes individual and group counseling on a daily basis; and family education and counseling as needed. This treatment is typically offered in a non-hospital residential setting. The length of treatment varies with the severity of the SUD. Ongoing treatment typically occurs on an outpatient basis after completion of the residential program.	Adults, Adolescents	D&A Base Act 2010-01 Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152 Drug Court
Outpatient services	Screening, Outpatient, Intensive Outpatient, Partial Hospitalization	Adults, Adolescents	D&A Base Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI Drug Court
Recovery housing; halfway house	A semi-protected, home-like environment to assist clients in their gradual re-entry into the community. No formal treatment takes place at the facility. This is a live-in/work-out situation involving short-term housing.	Adults	Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base D&A Base HSBG-BHSI Drug Court Act 2010-01
Case/care management	Supportive services for clients of drug & alcohol treatment. Includes referrals to support services such as education and vocation, employment, physical	Adults, Adolescents	Act 2010-01 Alcohol Treatment W/C

	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.		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

Community needs

DHS anticipates several areas of increased need in FY 17-18:

- 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. DHS recognizes the need to not only connect with youth in need of treatment, but also work on prevention efforts, especially for young people.
- According to a recently analysis done by DHS, almost half (49%) of people who entered clinical counseling treatment for opioid use disorders utilized medication-assisted treatment (MAT) at some point during their treatment experience. DHS recognizes MAT as a lifesaving Evidence-Based Practice that helps to treat opioid use disorder and aids people on their path to recovery. Further, in the Joint Position Statement on MAT for Opioid Use Disorders in Allegheny County, issued by DHS, the Health Department, CCBH and AHCI, DHS makes it clear that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT. As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. DHS maintains that an individual’s choice to use MAT should not limit his or her access to other services. As the opioid epidemic continues in Allegheny County and the state of Pennsylvania, DHS recognizes the need for continued expansion and advocacy of MAT services.
- The need for services for people with substance use disorder across the continuum of treatment in Allegheny County continues to outweigh the supply (See Table 6: Waiting List for D&A Services below). In addition to expanding treatment capacity to meet the growing need, DHS also recognizes the need for better treatment slot management system and clearer access pathways to people into and through the system. The average daily waiting list is 261 slots, with the greatest need for Inpatient Rehab; Halfway House; and Outpatient.

Table 8: Waiting list for D&A services (daily average, for 2016-17 period)

Service	Waiting list (2016-17)
Inpatient Rehab	61
Halfway House	120
Outpatient	60
Partial Hospitalization	0
Intensive Outpatient	9
Detox	3
Non-hospital Rehab	10
MAT	0
Total	261

In FY 16-17, DHS expanded its supply of residential and non-hospital rehab beds; however, to meet the growing demand, the county's supply of beds and treatment slots needs to be expanded even more. In the Current Situation Assessment: Survey of County Overdose Prevention Efforts conducted with the University of Pittsburgh School of Pharmacy, DHS could 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 9: SUD Treatment Capacity in Allegheny County (2016)

Type of program	PA PCPC level	Capacity: Greatest number who can receive treatment at any point in time
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 limits in MAT with counseling. As of May 2017, it has just six physicians who prescribe pharmacotherapy and ensure patients access psychosocial counseling and intensive case management, according to claims data.

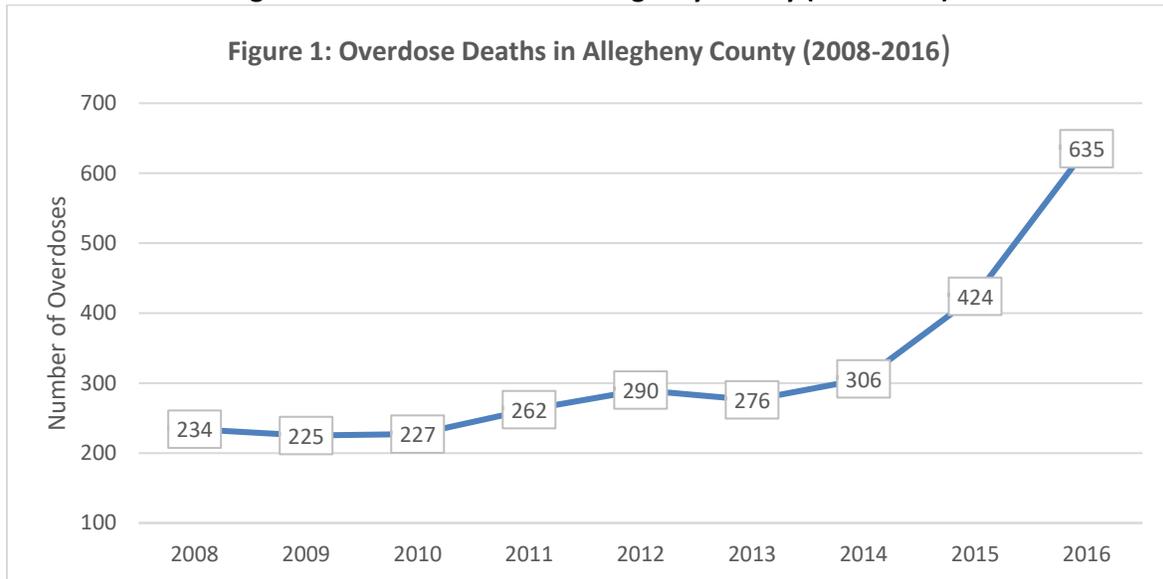
During FY 17-18, Allegheny County will work continue to work with its partners to reduce this waiting list by working with providers to:

- 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 most the overdose deaths in Allegheny County. As shown below, these overdose deaths have grown significantly since 2008.

Figure 1: Overdose Deaths in Allegheny County (2008-2016)



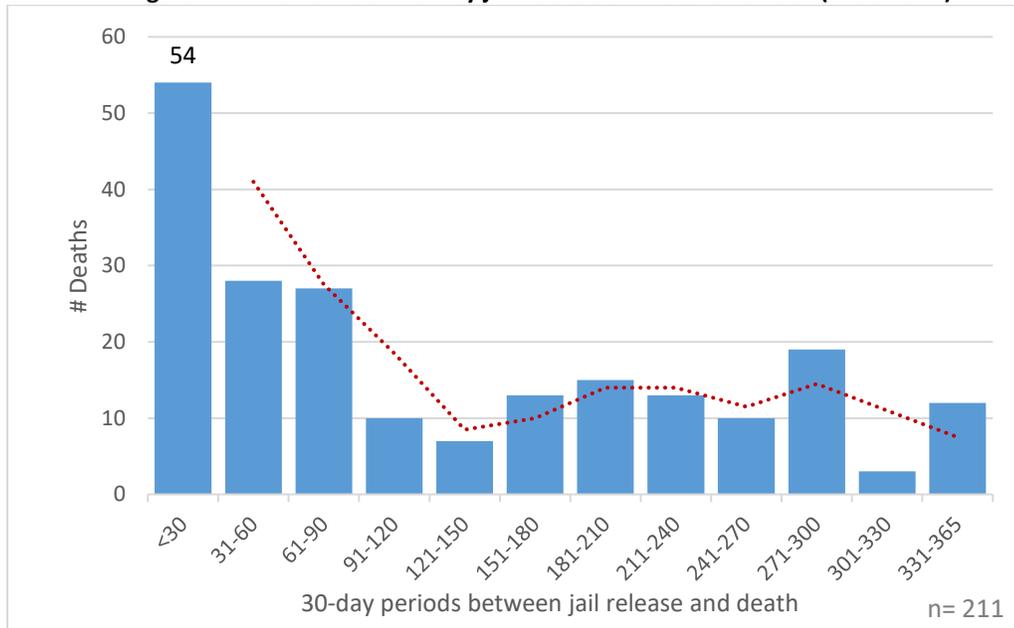
Source: Overdose Free PA: <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

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

- Stopping the initial addiction of people by increasing the public’s awareness. Specifically, in FY 16-17 DHS became actively engaged in the PA Stop campaign, designed to educate people about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. Through information sharing and advocacy, DHS is working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers to stop opiate addiction before it starts. 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 through warm hand offs. This includes the Allegheny County Jail and treatment facilities.

People with opiate addictions who leave the jail are at high risk of OD. 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).

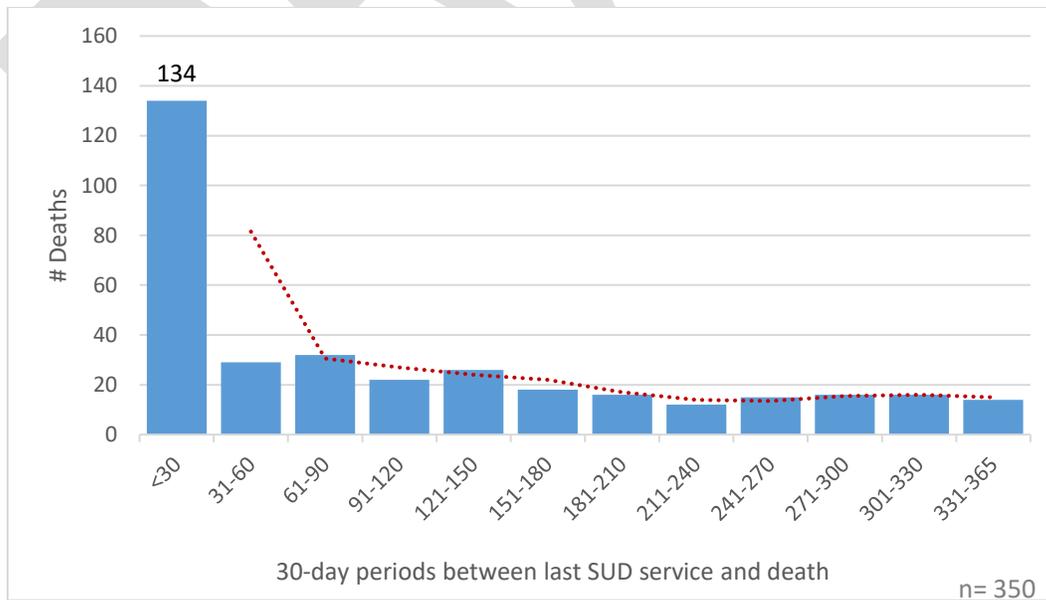
Figure 2. Time between County jail release and fatal overdose (2008-2014)



Source: *Opiate-Related Overdose Deaths in Allegheny County 2008-2014: Current Risks, Interventions and Opportunities for Intervention.*

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.*

- Expanding the availability of Narcan to providers and places where people who are at risk of overdose may go, including training up casework staff on Narcan. DHS also worked closely with the Health Department and other key stakeholders, including PERU, to ensure that Narcan was available at pharmacies throughout the county.
- Facilitating warm hand offs from treatment or jail through serving as pass through for two Centers of Excellence and working to convene and coordinate the work of Centers of Excellence in the County. Centers of Excellence help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. Centers of Excellence help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. Care management teams (licensed and unlicensed professionals) coordinate care and provide warm transitions to various parts of the treatment system. Further, DHS partners with Central Outreach to facilitate warm hand offs from Emergency Rooms.
- Exploring how to use peer supports as part of addressing the opioid epidemic.
- Developing a brochure with the Health Department for police, with helpful information about how to respond to overdose survivors and resources in the County.
- Building a training curriculum for first responders (including police) on overdose response.
- Promoting the DDAP hotline, by publicly displaying information about the hotline in local libraries and community spaces.

The Block Grant will be a critical resource in continuing to implement the county's plan for addressing this very serious opiate issue in FY 17-18.

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.

Barriers to accessing any level of care

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

Narcotics Resources available throughout the County

Please see the opioid discussion and plan, above. DHS also encourages providers to use the Overdose Free PA website, which locates all Naloxone within a set radius (i.e. 1, 5, 10 miles) of a ZIP code or address by category (i.e. Intra-muscular formulation, standing order in place).

Resources developed to address the opioid epidemic

Please see the opioid discussion and plan, above.

Treatment service expansion to meet local needs

As described above, DHS added additional inpatient and non-hospital rehab beds in 16/17 and will continue to work to expand services to meet growing need.

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-old).

D&A Services and needs, by target population

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 took steps to address this issue in FY 16-17 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 programs in the jail) for intervening and assisting people at crucial transition points. However, per table 1, overdose deaths continue to rise and waitlists continue to exist due to the strengthening of the opioid epidemic. DHS will continue to allocate resources to reducing waitlists, expanding treatment capacity and intervening at critical points in FY 17-18.

Adolescents under Age 18

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 several 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: Meeting the treatment/recovery needs of these youth has been limited by the capacity of programs and their locations. First, there are only three adolescent rehabilitation resources available and these are in the, downtown, 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. Further, as indicated in the community needs section above, there is an increase in youth use of non-medical pain relievers. More prevention and public awareness is needed to mitigate expanded drug use among this age group.

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. During FY 16-17, DHS embedded the UNCOPE screening tool, a six question screen indicating risk for substance use disorders, into the common assessment tool used by child welfare case workers. Child welfare staff were trained in the use of the UNCOPE and in what to do if a positive screen is indicated. In FY 17-18, DHS will continue to work with staff to become proficient in the use of the UNCOPE tool.

Overdose Survivors

Services: Serving overdose survivors, preventing future overdose and promoting recovery is central to DHS's mission. Opioid Dependence is the number one substance use-related diagnosis for individuals in the County. Strategies DHS is

employing to serve this population include: expanding MAT, facilitating warm hand offs through the Centers of Excellence, focusing on the specific needs of populations with opioid use disorder through the Centers of Excellence (i.e. pregnant mothers), working to train and share information about resources with first responders (i.e. EMS, police and community stakeholders), and holding community meetings and town halls to hear from families about what supports they need to prevent overdose and promote recovery.

Gaps: While DHS has expanded the availability of Narcan and MAT in the county, individuals would SUD would benefit from having narcan and MAT readily available to them in more places and through more avenues. Further, as evidenced above, overdose survivors in need of treatment beds may face waitlists without expanded capacity to serve them. For individuals with co-occurring mental health and drug and alcohol disorders, better coordination of care between these two systems would prevent individuals from leaving mental health residential treatment and overdosing.

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.

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. For example, one provider provides transportation to treatment services to clients when transportation is a barrier; another provides education about addiction and outreach to connect people who may need treatment to care.
- 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.

DRAFT

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

Adult Services:

In FY 17-18, DHS will continue to fund three services through the Adult Service category- homemaker services that help to keep adults with disabilities who are low-income in their homes, as well as case management and transportation services for at-risk and vulnerable population groups. Each of these programs is described below:

1. Homemaker Service

DHS will provide homemaker services to eligible low-income disabled adults (18 through 59 years of age) who depend on these services to allow them to live independently in their 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 - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

2. Case Management

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

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

3. Transportation Assistance

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

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

Table 10: Summary of 2017-18 Planned Expenditures and Client Counts: Adult Services

Adult Services	17-18 planned expenditures	17-18 planned client counts
Case management	\$361,094	210
Homemaker	\$799,000	240
Transportation	\$8,000	60
Total Adult Services	\$1,168,094	510

Aging Services:

DHS did not use the Aging Services cost center in FY 16-17 and does not plan to use this cost center in FY 17-18.

Children and Youth Services:

DHS did not use the Children and Youth Services cost center in FY 16-17 and does not plan to use the Children and Youth Services cost center in FY 17-18.

Generic Services:

DHS did not use the Generic Services cost center in FY 16-17 and does not plan to use the Generic Services cost center in FY 17-18.

Specialized Services:

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

1. Computer and Employment Skills Training

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

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

The Allegheny County Jail Collaborative, which was formed 17 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. The following are outcomes and participation rates during 2015-16:
 - The employment rate for participants was 59%
 - 273 individuals received service coordination and planning services
 - 293 individuals completed cognitive behavioral therapy services
 - 21 individuals enrolled and completed a career training program
 - 199 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.

3. Resource Specialists at District Courts

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 FY 16-17, 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. Due to the increased truancy adjudication alternative programming, an additional five Resource Service Specialists were added to work within these courts. The RSS's worked closely within the Focus On Attendance Partnership and the MDJ's were coached extensively through this new process. The Lead RSS again trained the MDJ's at their yearly in service training day, this year focusing on truancy. Other trainings for the MDJ's took place this year focusing on BIP programming in Allegheny County. The RSS's have continued to identify gaps in service delivery and are working closely with DHS staff and Court Administration to continue to address these needs. The six RSS have provided direct consultation on 569 truancy cases referred to the Focus On Attendance Partnership and provided direct consultation, information and resources on over 500 requests from individuals, MDJ's, Court Administration, schools and other partners.

4. Batterer Intervention Services

DHS has been working with criminal justice and community partners to improve the local response to intimate partner violence (IPV), an epidemic that affects many individuals in Allegheny County, including many of DHS's clients. IPV has serious health, social and economic consequences for victims. Children who are exposed to IPV are at increased risk of becoming direct victims of child abuse. Intimate partner violence can be reduced when the community holds perpetrators accountable and perpetrators change their behaviors. In 2014, DHS, in partnership with the Allegheny County Jail, issued an RFP to select providers of Battering Intervention Programs (BIP). BIP is the most commonly-accepted intervention for perpetrators of IPV in the United States. It is structured as a set of curriculum-based, psycho-educational group classes, the main purpose of which is to hold offenders accountable and to ensure victims' safety. Participants learn to take responsibility for abusive behavior and explore the negative effects of their violence. As a result of the RFP, providers were certified by DHS and the Fifth Judicial District of Pennsylvania to provide BIP for offenders referred by the courts, child welfare and other sources. Perpetrators are expected to pay for their participation in the program on a sliding scale, but that precluded participation of those with very low incomes. DHS therefore entered into a contract with certified providers to supplement batterers' fees and allow the programs to be financially sustainable.

With the support of Block Grant funds, DHS will continue to fund certified BIP providers in FY 17-18. These BIP classes will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but most organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S.. BIP helps perpetrators to understand their behavior as a means of controlling their partners and facilitators incorporate CBT, Motivational Interviewing, and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. DHS'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.

5. 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 16-17, as of March 2017 (Q1-Q3), ISAC had served 1,977 individuals from 62 different countries of origin, speaking 26 distinct languages. By the end of FY 16-17, ISAC expects to have served 2,500 individuals. The majority of service coordination for these individuals has focused on (1) food access, (2) employment, (3) housing, (4) immigration [legal services], and (5) physical health.

6. 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.

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

A subset of adults served by DHS (and in certain cases, families) who are involved with multiple systems have complex service needs that cannot be met with categorically-funded services, and are involved in DHS's Adult Interagency Planning process. The goal of interagency planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process, DHS provides Individual Care Grants through one of its provider partners, to pay for a specific service need that none of the existing funding streams can provide. Care grants are only approved as a last resort, when all other resources have been exhausted and an individual needs a service (that adheres to all HDSF policies, procedures and regulations) to move to the next level of care or meet their goals.

Sample services include, but are not limited to, assistance with moving the belongings of a client from a hospital to the community and paying for bus passes for a consumer to complete a workforce training program. Any unique service that would help the client move to self-sufficiency, so long as it is permissible within HSDG guidelines, could be funded via an individual care grant. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted). The Individual Care Grants are part of Specialized Services and are not used for rent subsidies. They are for individuals with complex and multiple needs; while some may be homeless, many are not. To design the initiative, DHS convened a committee and created a business process (from the point of referral to the awarding of an Individual Care Grant) that is based on the following criteria:

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

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

8. Supporting Parental Representation

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

Table 11: Summary of 2017-18 Planned Expenditures and Client Counts: Specialized Services

<i>Specialized Service</i>	<i>17-18 planned expenditures</i>	<i>17-18 planned client counts</i>
Employment and computer skills training	\$45,000	15
Jail Collaborative Services	\$1,456,456	1,395
MDJ	\$75,000	150
Batterers’ Intervention	\$514,148	900
Neighborhood Based Psychosocial Groups	\$75,000	480
Immigrants Services and Connections	\$1,000,000	2,500
Interagency Coordination and Individual Care Grants	\$20,000	10
Supporting Parental Representation	\$1,400,000	575
Total Specialized Services	\$4,585,604	6,005

Interagency Coordination:

Block Grant funds will be used to support the Task Force on Disabilities, a coalition of organizations working with city and county government to eliminate barriers to full participation in the range of activities and opportunities available

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

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