

Appendix B
Allegheny County Human Services Plan

PART I: COUNTY PLANNING PROCESS

The Allegheny County Department of Human Services' (AC DHS) leadership team is composed of the director and deputy directors from the Offices of Children, Youth and Families (CYF); Behavioral Health (OBH) – which includes the Single County Authority and Early Intervention; Developmental Supports (ODS); Community Services (OCS); the Area Agency on Aging (AAA); Equity and Engagement (OEE); Analytics, Technology and Planning (ATP); and Administration (OA). This leadership group reviewed local needs assessment data, consumer feedback, and program performance to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. Information sources included:

- Feedback shared by providers and community members during AC DHS's annual public hearings on our County Human Services Plan.
- The guidance and recommendations of AC DHS Advisory Boards and Councils – The Human Services Block Grant Advisory Board, AAA Advisory Council, Drug and Alcohol Planning Council, Mental Health/ID Advisory Board, CYF Advisory Board, Community Services Advisory Council, Homeless Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, and Systems Improvement Through Youth.
- The results of telephone and in-person surveys and focus group interviews of people who have used AC DHS services, conducted by ATP's Client Experience Unit, Consumer Action Response Team of Allegheny County (CART) and Independent Monitoring for Quality (IM4Q).
- Current information about community needs and service gaps, collected and shared by AC DHS, Allegheny Health Choices, Inc. (AHCI), Community Care Behavioral Health Organization (CCBHO), the Continuum of Care (CoC), the Allegheny County Health Department (ACHD), and Allegheny County Economic Development (ACED).
- Our planned response to COVID-19, which is based on feedback from over 600 community members, providers, and staff who shared ideas about how AC DHS should safeguard the most vulnerable people in our community and help people in need. AC DHS solicited this feedback through:
 - The Neighborland app: AC DHS asked people for ideas about improving the system, human services priorities (what matters most to them); and how human services can support the fight against racism
 - Listening sessions: AC DHS organized sessions with Black, Latinx, LGBTQ, and faith-based communities—to learn about their needs, concerns and ideas
 - Daily/weekly calls with providers: At the outset of the pandemic, AC DHS began holding daily provider calls to disseminate information and understand provider challenges. Now weekly, these ongoing provider touchpoints help AC DHS identify needs quickly and respond swiftly.
- Partners such as our local workforce investment board, United Way of Southwestern PA our philanthropic community, as well as city and county officials.

Serving residents in the community

AC DHS has participated in the 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 and allowing us to serve more people with a full range of support and preventive services. These services improve health and address current issues, which prevents people's needs from becoming more complicated and

requiring more restrictive settings. During FY 21-22, AC DHS will continue to use the flexibility of the Block Grant to focus on prevention and service integration so that – whether someone seeks one service only or needs housing and food and treatment and transportation – they can quickly receive the full range of needed support and assistance. The goal of service integration is to improve the lives of individuals and families while serving them in the community and preventing more intensive service involvement.

Key aims in FY 21-22

- 1. Helping our community recover from COVID-19.** The COVID-19 pandemic and its related economic impacts disproportionately affected populations with pre-existing social and medical vulnerabilities – including communities of color, families with low incomes, and older adults. During the height of viral transmission, AC DHS worked to reduce the spread of coronavirus among our most vulnerable populations while ensuring continued access to life-sustaining human services. Now that our County’s public health response is focused on vaccination, AC DHS will work to make sure hardest hit people recover through:
 - a. Robust eviction prevention efforts – including administration of rental assistance and investments in landlord incentives and mediation, tenant education, and legal advice and representation.
 - b. Community-wide coordination of public benefits, to ensure access for people who are newly eligible or otherwise falling through the cracks.
 - c. Financial assistance to help individuals and families fulfill their basic needs, avert crises and recover from pandemic-related economic hardship.
 - d. Targeted efforts to strengthen the human services sector’s ability to meet the significant mental health, child abuse, family violence, & substance use issues the pandemic has been hiding
 - e. Interventions to reduce community violence—which has increased significantly and causes significant trauma, especially impacting children’s long term mental health and wellbeing.

- 2. Enhancing prevention.** While the COVID pandemic continues to have a tremendous impact on our community, Allegheny County has needs that existed prior to the pandemic. Our aim is to reduce the number of people impacted by serious issues by preventing their entering systems whenever possible. This includes prevention in the areas of:
 - a. Homelessness—by expanding rental assistance, supporting efforts for increasing access to affordable housing, and improving system flow.
 - b. Overdose—by increasing access to Narcan, requiring medication assisted treatment as part of provider contracts, ensuring a warm hand off throughout the continuum of care, and expanding harm reduction approaches.
 - c. Trauma—by investing in community programs to reduce violence.
 - d. Involuntary systems involvement—by working with partners to redesign systems, investing in jail population reduction, juvenile justice alternatives and diversion from child welfare involvement.

- 3. Improving access to human services.** If people can find help when they need it, we can prevent problems from getting worse. This means making sure people who really need help are actually getting those services—whether that’s housing, child care, family support, or treatment for substance misuse. AC DHS’s strategies to improve access to human services will include:
 - a. Place-based strategies: Building and building-upon multi-service locations and good mobile/home delivery.

- b. Digital strategies: Developing a rich, always-current database of the services people need—and sharing it; providing clients with access to their own records; and creating ways for people to offer feedback on the services they’ve experienced so we can continue to improve.
- c. Outreach and marketing: Making sure people who need services know where to turn for help.
- d. Triage: Ensuring people who need services the most are highest-priority.

4. Building a robust crisis response system that reduces the overuse and misuse of the criminal justice system for people with human services needs. Even with the best access and prevention services, people still need help through emergencies like homelessness or behavioral health crises. AC DHS is working with its partners to build a system that provides quick help from human services and the community (instead of expecting law enforcement or other first responders to do the work alone). Allegheny County already has convened a Crisis Response Stakeholder Group – including partners from law enforcement, behavioral health, 911, and the community – to co-design this system, which will include:

- One number to call: Prepare to have “988” become the number people call when someone is having a crisis
- Mobile response: Support co-responder models; and expand the number of social work teams that can respond when someone is in a behavioral health, housing, or other crisis
- Community response: Support communities in instituting ways of helping their neighbors in crisis—and help make this part of the 911 system
- Peer respite: Establish welcoming, peer-operated spaces where people can find support when their mental health symptoms are escalating, or they need to recover from a crisis

5. Improving our County’s housing system for individuals experiencing homelessness and people who need supportive services to maintain housing. Even before the COVID-19 pandemic, the number of long-term units/beds was insufficient for the number of people who were experiencing homelessness or in need of housing with supportive services. COVID-19 further exacerbated this issue: people are staying in our County’s housing programs longer, so there is no flow through our system’s available resources. A sustained resolution to this issue will require:

- a. Better prioritization: AC DHS recently adopted a new decision support tool to help prioritize admissions to supportive housing services for individuals or families experiencing homelessness. This tool uses administrative data to predict the likelihood of three types of events occurring in a person’s life if they remain unhoused over the next 12 months – a mental health inpatient stay, a jail booking, and frequent use of hospital emergency rooms.
- b. Integration of our County’s housing resources: AC DHS operates two different systems of care – one through our mental health system and one through our homeless system – to address housing needs. A person who needs housing could be eligible for both systems, but since these systems do not share a front door, people most often end up in the system where they first connect. This results in: individuals with serious mental illness in the homeless system who would be better served with behavioral health treatment; individuals with lower needs taking up a higher cost behavioral health bed when they could be effectively served with subsidized housing from homeless system; and long waitlists in both systems. To address this problem, AC DHS is working to integrate its behavioral health and homeless housing systems through a shared front door and common assessment tool; and to rethink and retool its available supportive services to better meet people’s needs and support their exit from the housing system back to the community.

PART II: PUBLIC HEARING NOTICE

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

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

- July 12, 2021 at 1:30 pm
- July 15, 2021 at 4:30 pm

AC DHS held the public hearings virtually, using Zoom. Individuals were able to join the hearings by phone or weblink. Questions and comments were accepted orally, by email or through a Q&A chat box. Live closed captioning and ASL interpretation was available, and individuals could request a copy of the transcript, translated as needed. An event recording is posted to <https://vimeo.com/574634261>

152 individuals attended the hearings, including community members, advocacy groups, service providers, and AC DHS staff. The AC DHS Director presented information about the Human Services Block Grant, human service needs and opportunities. The Director asked participants to share community needs and their ideas for addressing those needs; and facilitated a virtual discussion with participants, collecting their comments and suggestions and using their input to develop the Human Services plan.

PART III: CROSS-COLLABORATION OF SERVICES

Employment

The key to helping people unlock their potential and achieve wellness is connecting them to appropriate training and employment opportunities and supporting them so that they maintain employment. AC DHS has a number of workforce initiatives that use Block Grant funds (see Table 1), but Partner4Work is the county's primary workforce development organization, so AC DHS partners with them to make sure that clients have a clear pathway to training and employment resources and supports:

- **Partner4Work** connects funding, expertise and opportunities for employers, job seekers, agencies and policy makers to develop a thriving workforce in the Pittsburgh area. The AC DHS and Partner4Work partnership focuses on coordinating human services and employment services, advocating for workforce development for people with human service needs, and building stronger referral networks and ways to share resources. In 19-20, with the support of the Heartland Alliance, AC DHS collaborated with Partner4Work as part of the Pathways Forward Challenge, a systems-change initiative aimed at more effectively and equitably connecting homeless and unstably housed job seekers to employment. In 20-21, the Aspen Institute awarded Partner4Work a grant to partner with AC DHS on raising awareness of human service programs with local employers so that their employees are connected to all services and benefits for which they are eligible. Now AC DHS is collaborating with Partner4Work around the Career Service Expansion Project. The project helps residents of Pittsburgh and Allegheny County access PA CareerLink services through targeted outreach and partnership with community-based organizations in low-income and geographically isolated areas. This project includes a warm handoff to CareerLink, shared case management, as well as a dual focus on job readiness and job connections. It currently operates in seven sites, with the possibility of expansion in 2022.

Because of the unique needs of people experiencing homelessness, AC DHS also has worked with the Employment Training and Advisory Board to identify and overcome employment barriers:

- **The Employment and Training Advisory Board (ETAB)**, an affiliate of the Homeless Advisory Board (HAB) for the Allegheny County Continuum of Care (CoC), includes AC DHS staff, provider agencies and community stakeholders. The group: 1) promotes housing stability and self-sufficiency by linking homeless services providers and the people they serve to employment and training resources and 2) works across sectors to overcome barriers to employment for those in housing crisis. ETAB's bi-monthly meetings enable partners to share information and collaborate to help more people become employed. The ETAB also organizes forums that brings together homeless service providers and workforce staff from around the county.

In addition, AC DHS's Rapid Rehousing (RRH) providers are continuing to work with doctoral students at the University of Pittsburgh's School of Occupational Therapy. Students successfully piloted a job readiness assessment with several RRH providers. Partner4Work has expressed interest in utilizing the tool. During the coming academic year, Pitt's School of Occupational Therapy plans to continue partnering with DHS in order to fully implement the pilot and measure impact.

The following chart outlines AC DHS's workforce initiatives and programming, which complement its partnerships. (Funding sources for initiatives and programming may include CSBG, Block Grant, or other grants):

Table 1: AC DHS Workforce Initiatives and Programs

Program	Description	Annual # of Clients Served
Self-Sufficiency	Helps individuals at or below 200% of the Federal Poverty Level (FPL) achieve improved stability and economic security. Economic security for many working age adults is improved employment and increased earned income.	151
Allegheny County Outreach	Provides case management, service coordination, and support services for persons who are below 125% FPL who have a goal of improved stability and economic security.	30
Supported Employment for people with Serious Mental Illness (SMI)	Supported employment services based upon individual choice, integrated with comprehensive mental health treatment and focused on employment as the goal.	388
Independent Living Employment Supports	The 412 Youth Zone offers employment services that help youth who are homeless or have been in foster care secure gainful employment, while supporting them with individualized services (job readiness training, career assessments, referrals to supports, and training on budgeting and entrepreneurship).	618 ¹
Intellectual Disability Waiver Employment Services	Supports individuals with intellectual disabilities in finding and maintaining work	2,127 waiver eligible individuals

Housing:

AC DHS recognizes that homelessness is a complex problem and is often intertwined with unemployment, lack of affordable housing, substance use disorder (SUD), serious and persistent mental illness, intimate partner violence and poverty. Homelessness also contributes to severe negative outcomes for individuals and families, including hunger, inadequate medical care, social isolation, mental illness and school absenteeism. Because of this complexity, most of the individuals who receive homeless services work with multiple service providers. In 2020:

- 54% of people active in the homeless service system had also received a county-funded mental health service in the past²
- 24% had also received a county-funded service for substance use disorder in the past
- 13% self-reported an experience of intimate partner violence.³

Using federal, state and local funds, AC DHS contracts with 27 nonprofit service entities, operating nearly 96 distinct programs. These programs, along with other government and social services agencies, provide direct service to people experiencing homelessness and comprise a Continuum of Care that includes outreach and

¹ Number reflects all Employment Institute (not just Youth Zone) clients served in FY 2019-20 through June 17, 2020.

² This 2020 homelessness system data includes CRRP/COVID Rent Relief Program recipients whose overall population had less involvement with mental health services than other homelessness service system participants

³ Among clients whose data is in HMIS; does not include clients served in domestic violence shelters.

prevention services, emergency shelters where people can stay for up to 60 days, bridge housing, rapid re-housing, and permanent supportive housing.

This service array is the result of the “Allegheny County Strategic Plan to Prevent and End Homelessness” – a strategy developed by AC DHS and the HAB to make homelessness in the County rare, brief, and non-recurring by 2022. The plan includes:

1. Providing access to year-round, low barrier emergency shelters
2. Establishing a centralized rental housing locator (navigator)
3. Increasing the supply and access to affordable housing
4. Ensuring that outreach resources are sufficient to cover the entirety of Allegheny County – especially areas with significant homeless populations

AC DHS and the HAB have made significant progress on these strategic initiatives. They have:

- **Connected people to resources through the Allegheny County Coordinated Entry System.** The Allegheny Link & Office of Community Services (OCS) Field Unit function as the single access point for the coordinated entry in Allegheny County. All households seeking homelessness service are provided fair and equal access regardless of their location or method by which they access the system. Link services include information and referrals, homeless services coordination, eligibility screening, options counseling, application assistance and case management. In 2020, the Link’s ability to effectively screen individuals’ and families’ eligibility and refer them to appropriate homelessness services was greatly enhanced with the implementation of the Allegheny Housing Assessment (AHA), a decision support tool that it is far more accurate and equitable than the previous actuarial tool used and doesn’t require the time or trauma associated with asking sensitive questions at the time of housing crisis.
- **Expanded coordinated entry services** through the Field Unit so that we can reach more individuals in their communities. The Field Unit acts as a bridge between those who are street homeless and unable to contact Allegheny Link. The Field Unit consists of skilled field service coordinators who partner with Street Outreach Teams, drop-in centers, medical clinics and libraries to bring coordinated entry to those who are unsheltered.
- **Created a Section 811 Housing Initiative in Allegheny County**, which provides project-based and tenant-based Section 8 housing for people ages 18-61 with disabilities, have income at or below 30% of Area Median Income (AMI), and who are enrolled in Medicaid or who are eligible for Medicaid (but who are not yet enrolled). The program sets as priorities for this housing people who are institutionalized but able to live in the community if they have permanent supportive housing; at-risk of institutionalization; or living in congregate care setting but able to live in the community.
- **Established the Housing Navigation unit at AC DHS** that fosters relationships with landlords to encourage renting to higher-need households, creates a system to track available and affordable housing, and assists DHS case workers and providers in their efforts to help clients obtain housing.
- **Doubled the Landlord Risk Mitigation Fund.** The Fund facilitates the ongoing engagement and support of our network of landlords. It reduces the risk to landlords by covering the costs of repairing rental unit damage or lost rent, providing an incentive for landlords to continue to rent to our clients.
- **Established the Deep Rental Subsidy Program**, which supports the cost of housing for people living with a disability who are ready to transition out of group homes, Community Residential Rehabilitation (CRR) facilities, and other more intensive levels of service. In addition to rental assistance for community-based living, clients receive service supports to help ensure successful transitions.

In addition, AC DHS is expanding partnerships and integrating services to better serve individuals and families across systems:

- **Expanding access to low-barrier shelter and services.** Over the past two years, DHS has worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations to design and build a new Low-Barrier Shelter called Second Avenue Commons (The Commons). This brand new 45,000-square-foot, five-floor facility is scheduled to open in July 2022, pending the completion of construction. It will house: a 24/7, 92-bed Low-Barrier Shelter with space to add 40 additional beds when needed; a daytime drop-in center; a clinic staffed and operated by UPMC that provides routine physical and behavioral health services; and 45 Single Room Occupancy (SRO) units (permanent housing that offers small, private, furnished rooms along with shared bathroom and kitchen facilities). AC DHS released an RFP in April 2021 to identify the operator of the shelter and drop-in center.
- **Homelessness prevention program for child welfare-active families.** The NOVA Homeless Prevention and Diversion program assists families served by child welfare who are unstably housed, at risk of losing their housing, or have been evicted within the last 30 days and are able to be diverted from Emergency Shelter. The program employs mobile case managers (“Housing Specialists”) who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home. NOVA responds immediately to all referrals and most housing crises are resolved within 30 days from intake. NOVA assists parents, foster parents and transitional aged youth. Since NOVA began in June 2020, they have assisted over 200 families and helped to preserve more than 350 children in their homes.
- **Homelessness prevention through the Urban Redevelopment Authority (URA) of Pittsburgh.** AC DHS is collaborating with the URA on the homelessness prevention components of the Housing Opportunity Fund⁴, including aligning our prevention programs. The URA also uses AC DHS’s HMIS.
- **Aligning homelessness and health services.** AC DHS’s Housing and Healthcare group (H2) brings together a range of stakeholders to work on the system changes needed to enhance integration and collaboration between housing and healthcare systems. Member initiatives include a medical respite program, hospital discharge planning for those without housing, and using data to address the social determinants of health. AC DHS is also working with the Allegheny County Health Department to strengthen partnerships between homeless shelters and Federal Qualified Health Centers. Additionally, AC DHS is working to integrate its behavioral health and homeless housing systems to maximize resources and ensure individuals receive the right housing and services for their needs.
- **Housing mobility.** Research has demonstrated that households with children achieve better educational and economic outcomes when they live in well resourced, low poverty, “high opportunity” neighborhoods, yet many families with Housing Choice Vouchers (HCV) face barriers in moving to these high opportunity areas. AC DHS will be launching a housing mobility initiative in FY 21-22 as part of the U.S. Department of Housing and Urban Development’s HCV Mobility Demonstration. The program aims to expand geographic choice for HCV families who want to move to high-opportunity areas by working with landlords, public housing authorities, and HCV holders.

Finally, AC DHS implemented an array of initiatives and services in response to the COVID pandemic and we are adjusting these strategies as we continue to support the community’s recovery. These include:

Isolation/Quarantine facilities for any system-involved families or individuals; working with Allegheny County Economic Development on **rental assistance to prevent eviction**; obtaining **HUD waivers** to extend housing and virtual inspections; **purchasing phones** for people experiencing homelessness who do not have access to phones or WIFI; partnering with Allegheny Health Network to **distribute tablets** for each person in isolation/quarantine so that they can receive physical and/or behavioral telehealth services; and setting up **hygiene facilities** in the county’s most populated homeless encampments.

⁴ The City of Pittsburgh is committing \$10 million per year for the next 11 years to address the city’s affordable housing crisis

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

The Block Grant has been crucial in allowing AC DHS to implement a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance – a system that is integrated with other services and enhances consumers' health and well-being. During FY 20-21, AC DHS continued to integrate these services by:

- **Working to improve behavioral health resources and supports for adults, youth and families:**
 - **AC DHS collaborates across systems to identify and engage transition age youth** with behavioral health needs and learn from them about how we can better serve and support them. AC DHS held focus groups with transition aged youth and families to get feedback on the transition to adult services. AC DHS convened provider workgroups to assist in identifying barriers to service provision to transition aged youth and learn what interventions are meeting with success. AC DHS will be implementing a provider learning collaborative and an incentive payment plan to improve the outcomes for people in School Based Outpatient through: Improved retention and appropriateness of services, change in organizational culture around TAY, identification of Transition Age Youth and Young Adults (16-23 years) as a special population; provider education, and to educate and prepare youth for transition to adult system. AC DHS will also be securing the services of a consultant from a university recognized as a national leader in improving mental health services and systems for Transition Age Youth.
 - **The Community of Practice (CoP)** is a set of 26 providers from behavioral health, early intervention, peer support and advocacy organizations, and other support services who have made it a priority to serve CYF-involved children, adolescents and their caregivers and biological, adoptive, and foster families. These providers and AC DHS work together to solve problems and improve the service delivery system for this target population. In FY 20-21 the CoP: expanded its pilot project around enhancing the way CYF-involved families with behavioral health needs are connected to BH services; and released and RFP and identified a provider to test a new model of MH Service Coordination that encompasses the needs of the entire family, rather than being focused on a single identified individual.
 - **Stand Together**, a mental and substance use disorder anti-stigma initiative that educates middle and high school students about stigma, promotes social inclusion of youth with mental and substance use disorders in the social fabric of the school, and encourages youth to reach out to a trusted adult if they are concerned about themselves or a peer. When schools closed due to COVID, Stand Together adapted its program to operate online and students continued to create virtual projects to provide support and education for their peers.
 - **Community and School Based Behavioral Health Teams** aid family members and teachers in supporting children and youth with mental illness. BH teams were already in place at Woodland Hills, Sto Rox, Clairton, McKeesport, Penn Hills, and Pittsburgh Public schools, including an additional team in the Pittsburgh Public School District specific to youth K-12 with Serious Emotional, and in FY 20-21 a team was implemented in the Highlands School District. The team provides mental health treatment, crisis intervention and case management services to student as well as family therapy within the student's home/home visits. The service provides a comprehensive school-based approach to students within the school setting while also bridging the gap between home and school by working with families in their communities.

- **Case management for youth**, through a small pilot that provides on-site mental health case managers at specific high-needs schools to connect youth in need of MH and other supports to access services more quickly.
- **An eight-bed residential treatment facility (RTF)** that specializes in providing residential-based mental health treatment to girls ages 13-18 with a history of trauma, multi-system involvement, and acute mental health needs. This facility offers a holistic approach to treatment, working to collaborate across systems, engage with families and connect youth with peer supports. The target population may include youth with complex needs who do not meet the criteria for admission to other facilities. The facility is operating at capacity.
- **An additional Mobile Transition Age Youth Team** to provide community supports for the transition age population. This team supports the transition age population within the community and provides mental health treatment, housing supports, education/vocational guidance and assistance with identified goals as well as case management services.
- **Coordinating with partners to reduce recidivism and improve mental health care for people with criminal justice involvement:**
 - **The Central Recovery Center (CRC)** works to stabilize people's mental health, connect them to services, and refer them to the appropriate level of care to meet their needs after leaving jail. AC DHS is working with the district attorney's office to provide diversion at the time of arrest so officers take individuals with mental health needs to the CRC, instead of jail, when their charges allow it. AC DHS has begun planning with Adult Probation so that they may also use the CRC to allow for diversion from incarceration and connection to services for individuals with mental health needs that have violated the terms of their probation.
 - **Improved coordination between MH providers and the Allegheny County Jail** so that individuals in the jail continue to take the medication that they receive in the community. Each day, the AC DHS data warehouse generates a report that lists all individuals booked the day before who received a behavioral service in the past six months. This information allows the jail and providers to identify those individuals that may require care. Providers can then reach out to the jail and begin planning for release, and medical staff at the jail can reconcile medications with the individual's community provider. AC DHS has started the process to develop a report for individuals with behavioral health services who are being released from the jail, so that providers can be notified of the release in a timely manner and work towards successful reengagement and support in the community.
 - **Collaboration between criminal justice partners and human services** to ensure that individuals involved in the justice system are supported in a way that allows them to remain in the community or successfully return to the community from incarceration. AC DHS facilitates monthly case discussion meetings between AC DHS programs (OBH, OID, AAA, and CYF), the Allegheny County Jail, Justice Related Services (JRS), and the Behavioral Assessment Unit for the courts to develop and plan supports for complex justice involved cases. AC DHS also participates in a biweekly meeting with the courts to coordinate supports in the community for individuals incarcerated on probation detainers who may be eligible for release and provides consultation to the courts on cases as requested.
- **Supporting telehealth** – AC DHS is supporting several providers' ongoing efforts to offer telepsychiatry services. Prior to the pandemic this support include assistance navigating regulations and planning telehealth services. Additionally, in response to the pandemic, in March 2020, all providers moved to a telehealth platform. Some providers experienced better show rates, and all providers will be exploring continuation of telehealth for the next fiscal year.

- **Peer Support Warmline** – The Peer Support Advocacy Network (PSAN) warmline is staffed by peers with lived experience providing support by telephone. All phone calls received are kept confidential and callers remain anonymous. PSAN’s Telephone Support Specialists are trained to actively listen to their peers, empathize with their concerns and empower individuals to choose their path to wellness and recovery. This is an existing service that AC DHS expanded in light of increased need due the pandemic’s impacts on mental health and substance use. As the pandemic abates, we will reassess whether this expansion remains necessary.
- **Crisis Response Chat** – The Covid-19 pandemic has exacerbated mental health and substance misuse issues, making crisis services especially important. To ensure access to these services amidst the pandemic, AC DHS is increasing its crisis service array to include a new chat line operated by resolve Crisis Services. This is an expansion of an existing service. AC DHS will sustain this service through its existing allocation moving forward.
- **Mobile psychiatric services** – Two providers are administering mobile psychiatric rehabilitation services to people 18 years of age or older who are eligible for Medicaid and who have functional disabilities resulting from a serious mental illness or a co-occurring serious mental illness and substance use disorder. Additionally, AC DHS is working with two providers to develop and implement Mobile Mental Health Treatment for individuals under 18 years of age.
- **Improving housing access and options:**
 - **Reducing barriers to housing** for individuals and families with BH needs who are experiencing homelessness by providing access to BH treatment and other supports through the annual SAMHSA PATH allocation. PATH funds support a collaborative effort between providers (with AC DHS as the lead) that coordinate to provide outreach, engagement, screening, treatment and supports to individuals and families experiencing homelessness in locations where they live and are comfortable. PATH providers work collaboratively with Allegheny County’s Continuum of Care to help identify and support individuals and families who are homeless and have behavioral health needs.
 - **Analyzing mental health housing services** to ensure that the behavioral health system has adequate housing for MH clients; decrease the number of individuals on waitlists and the amount of time people spend on the waitlist; streamline transitions across the housing continuum; and more clearly define expectations for each housing service.
 - **Implementing a Short Term Psychiatric Residential Treatment Facility (pRTF)** that will provide 10 beds with a length of stay of 60-90 days, accommodating both male and female cross-system involved youth. AC DHS has selected a provider and the service will become available within the 21-22 FY.
 - **Integrating BH and homelessness housing resources** so that individuals receive the right housing and services for their needs. AC DHS is exploring opportunities to establish a shared front door to housing, use a common assessment tool, and retool its available resources and support services to better meet individuals’ needs.
- **Continuing to improve the skills of mental health services providers for assessing SUD and risk of overdose.** This has included a Naloxone P4P (Pay-for-Performance) Initiative – a train-the-trainer course that teaches staff to recognize the signs of overdose and how to administer Naloxone. Staff who took the course represent Community Treatment Teams (CTT), Blended Service Coordination providers, and Mental Health Residential Providers. Participating organizations identified a minimum of two staff members to become trainers.

- **Continuing a pay-for-performance initiative for blended service coordination providers** that aims to improve access to services and improve staff recruitment and retention. AC DHS collaborates on this initiative with Community Care, the county’s behavioral health managed care organization, and Allegheny HealthChoices Inc. (AHCI), the organization that provides oversight and monitoring of our behavioral health system. Participating providers gain access to a shared learning collaborative and attend monthly meetings with one another during which they share innovative ideas and lessons learned. They identify and submit an individualized Quality Improvement Plan (QIP) and Plan, Do, Study, Act (PDSA) processes to identify interventions and complete and report on quality improvement projects, tracking their progress monthly using PDSA workbooks.
- **Providing training on trauma informed care** to therapists working in Intensive Behavioral Health Services (IBHS), Family-Based, Family Focused Solution Based, Outpatient, School-based Partial Hospitalization Program (PHP), and RTF services. In addition, a local trauma expert provided clinical supervision/consultation. This is an ongoing priority to support our provider network.

These initiatives are part of Allegheny County’s fuller integration of MH, drug & alcohol (D&A), housing, employment, and physical health services and AC DHS’s connections with other systems, including juvenile and criminal justice. They also reflect the success of our shift to using evidence-based services and supports that allow people to recover and live within the least restrictive settings. Community Care has been a critical partner with AC DHS in designing these changes. AC DHS and Community Care work together to coordinate the system and ensure that it is driven by results and oriented toward recovery. AHCI also has played a critical role in promoting enhanced service quality and making Mental Health First Aid accessible to many populations.

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

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

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

MH Service	Description	Priority populations	Funding sources
Emergency Crisis intervention	Developing crisis response models that will reduce and/or eliminate the use of law enforcement responding to behavioral health crises. This will include implementation of 988, continued development of crisis chat, co-responding mobile response and a focus on follow-up services.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Treatment	Alleviates symptoms and distress. Enables people to develop/refine personally optimal ways of communicating, interacting with others, planning, etc. Treatment includes the following and other services: <ul style="list-style-type: none"> • Outpatient • Partial Hospitalization • Psychiatric Inpatient Hospitalization • Mobile Therapy 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices Private/ Commercial Insurance Medicare

	<ul style="list-style-type: none"> • Assertive Community Treatment/ Community Treatment Teams • Mobile Medications • Extended acute services • Medication if needed • School-Based Treatment, including CSBBH 		
Rehabilitation	<ul style="list-style-type: none"> • IBHS for Children & Adolescents • Vocational, social and psychiatric rehabilitation for people in recovery, including: <ul style="list-style-type: none"> ○ Community Employment/Employment-Related Services ○ Psychiatric Rehabilitation (office and mobile community-based) ○ Peer Support Services ○ Social Rehabilitation 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Residential and Housing Support services	<p>These services help ensure that individuals with MH and/or substance use disorders can live in the least restrictive setting possible, and help to prevent their homelessness, hospitalization, incarceration, or psychiatric emergencies.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation (CRR) • MH Comprehensive Personal Care Homes, • 3 person specialized group homes • Bridge housing • Domiciliary Care • Permanent Supportive Housing (PSH) • Housing support services <p>Clinically intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> • Residential Treatment Facilities for Children and Adolescents • Residential Treatment Facilities for Adults (RTFA) • Long Term Structured Residentials • Community-Based Extended Acute Care 	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Peer support & consumer-driven services	<p>The county supports peer mentors, warm line services, drop-in centers, clubhouse services and Certified Peer Specialists to improve recovery outcomes and community integration for individuals with mental illness 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>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

Service coordination	Service coordinators work with consumers so that they gain access to the services needed to achieve their plans. These services may include treatment, medical, social and other services. To increase access to services and supports that are important to least restrictive living and recovery, service coordinators advocate for and help adults, youth and families arrange for services.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Medication	The Behavioral Health Pharmacy Benefit Program is a payer-of-last-resort option for people who need BH medication. It provides limited psychiatric medications at no cost to eligible ⁵ individuals.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant
Training	<p>AC DHS and its partner organizations provide extensive training for providers, consumers and community members. Training includes:</p> <ul style="list-style-type: none"> • Mental Health First Aid (MHFA), and Youth Mental Health First Aid (YMHFA), 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 • CIT for Police and Allegheny County Jail correctional officers • Hearing Distressing Voices Training, a three-hour training that consists of participants experiencing hearing distressing voices in a group setting. The activity is followed by a debriefing session. The training program is structured and managed by a team of trained professionals. 	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

⁵ 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).

b) Strengths and Needs by Populations:

Older Adults (ages 60 and above)

Strengths:

- A network of highly regarded AAA services that serve many different communities
- AAA services are available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members
- OBH contracts with a BH provider to provide guardianship services to individuals who cannot make critical life decisions for themselves due to incapacity or disability

Needs:

- Expand the capacity of Older Adult Protective Services
- Affordable housing
- Long term care facilities that are more willing to serve individuals with BH concerns

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

- Coordinating care with the two Community Health Choices (CHCs) providers that were implemented in Allegheny County.
- Conducting case reviews with program offices (AAA and the Office of Behavioral Health) in complex cases.
- Implementation of a BH Nursing Home Transition and Diversion Team. The goals of the service are to provide innovative behavioral health services for nursing facility residents and support individuals living in or returning to the community or assist people in maintaining their community tenure.

Adults (ages 18 to 59)

Strengths:

- Array of services that meet the needs of many specific populations, including the implementation of two new mobile programs in the past year—a mobile team specializing in Dialectical Behavioral Therapy and a Mobile Psychiatric Rehabilitation Program
- 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 BH issues as well as their family members and friends, BH professionals, and local government officials)
- Specialized forensic services for individuals transferring out of the state hospital, jail or prison, or as a diversion to being admitted to a State Hospital system back into the community
- An Integrated Community Wellness Center in Allegheny County
- A robust crisis continuum of care which includes telephone, mobile, walk-in and crisis residential services

Needs:

- Safe, affordable, and appropriate housing for people with serious mental illness (while the waitlist fluctuates in real time, it is regularly around 275 individuals—the list is continuously monitored and ongoing coordination with housing providers seeks to efficiently admit individuals into programs—and yet we are not able to fill the need)

- Housing, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors
- Treatment programs for individuals with co-occurring MH and substance use, as well as MH and ID
- Retaining quality workforce, particularly in community-based services and residential programs
- Enhance opportunities for frontline workers to develop their skills and knowledge
- Greater availability of psychiatrists, especially child psychiatrists
- Resources and programs to assist individuals with hoarding and related disorders
- Better coordination and comprehensive care for addressing the physical needs of people with mental illness. According to the World Health Organization, people with severe MH issues, on average, die 10-25 years earlier than the general population. The majority of these deaths are due to chronic physical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension.

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

- Continuing its Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability.
- Strengthening Supported Employment, which has demonstrated that, with the right supports, people with mental illness can work successfully and be engaged in the community. Since 2007, SE providers have increased the percentage of program participants who are working from 22% to 41.5% in FY19-20. While there was a decline in client participation and referrals with the pandemic, by FY-21-22 AC DHS expects that the three SE providers will be able to maintain the required staffing and continue to increase caseload size and be able to sustain programming within a value-based purchasing model.
- Expanding the housing continuum to include re-entry housing for individuals transitioning back to the community after a period of incarceration.
- Working to integrate the behavioral health and homeless housing systems through a shared front door and common assessment tool and assessment; and adjusting available supportive services to better meet people's needs and support their exit from the housing system back to the community
- Continuing to fulfill OMHSAS requirements of training for new Service Coordinators.

Transition-age Youth (ages 18-26)

Strengths:

- Collaboration with youth-serving systems to provide coordinated efforts and continuity of care for transition age youth
- First Episode of Psychosis (FEP) education and support for youth and families
- Motivation to strive for independence, including planning one's individual path to employment and self-sufficiency
- Implementation of a team in the Highland School District, which has successfully supported youth and families despite initiation of the program during the pandemic
- Peer and family support (for some of the youth)
- Youth and Family Support Partners

Needs:

- Increasing knowledge of available services across the community
- More evidence-based practices for this age group
- Age-appropriate housing and treatment

- Supported job skills training and independent living skills training
- Increased suicide prevention, intervention and treatment services for this age group
- Technology-focused services and engagement strategies

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

- Improve the experience of youth receiving BH services by implementing a roadmap for improving access to services and expanding capacity to serve this group. The roadmap includes creating a learning collaborative for providers around the needs of transition-age youth, tracking their engagement, strengthening policies and best practices to better meet their needs, and working with their parents and families.
- Continue to fund supported housing for transition-age youth who have a mental illness
- Enhancing the crisis response across the county, including the expansion of the crisis line, mobile response teams and community support opportunities, as well as establishment of a peer respite space where people can find support when their mental health symptoms are escalating, or they need to recover from crisis.
- Assertive Community Treatment (ACT). The ACT team for transition-age youth includes a psychiatrist, nurse, therapist, case manager and vocational specialist, who jointly serve youth (ages 14 through 24) at high risk for hospitalization, incarceration, psychiatric emergency, or homelessness.
- Expand the Transition-Age Supported Housing and Mobile Transition-Age Youth Team. The Mobile Transition Aged Treatment Team is a four-member team that encompasses a therapist, service coordinator, psychiatric rehabilitation specialist, and certified peer support. Services are geared toward young adults ages 18-24 with severe emotional disturbance who are transitioning out of the child welfare and juvenile justice systems. In 2019, AC DHS added an additional four-member Mobile Transition-Age Team.
- Community Residential Rehabilitation (CRR)/Host Home. Allegheny County AC DHS contracts for eight beds at CRR/Host Homes for youth with mental illness who can no longer live at home. The program provides the young people with therapeutic services in a residential, host-home setting.
- Focus on individuals transitioning from the child serving system into the adult system and ensuring successful hand-offs and transitions
- Continue OBH Strategic Initiative focused on Transition Age Youth age group.

Children (under age 18)

Strengths:

- CYF Behavioral Specialist embedded in CYF regional offices for consultative support to CYF staff members. Consideration is being given to adding an additional BH Specialist in the CYF Permanency Department in the upcoming year.
- Integrated services for children with complex and multi-system needs
- Community and School-based BH Teams, intensive and comprehensive MH services targeted to schools with highest need, have expanded to more districts in the county.
- Student Assistance Program (SAP) providers qualified through a competitive procurement process to provide school-based SAP services

Needs:

- Workforce development in community based and residential programs
- Earlier identification of BH conditions in children (prevention)
- Improved and expanded D&A services for children and youth
- Workforce development to provide services in infant and early childhood MH
- Specialized psychiatric residential treatment facilities for cross system youth

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

- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range from 1:1 to 4:1, depending upon each child's needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support. The homes are staffed by highly skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with clinical expertise in intellectual disabilities, developmental disabilities and child psychopathology.
- Shuman Center Project, which provides case management to children and adolescents with MH issues who are being detained at Shuman Detention Center. Case management staff ensure that children and youth receive MH treatment upon their release from detention, make direct linkages to their probation officer, and advocate for the services and assistance they need.
- Juvenile Justice Related Services Program (JJRS), which provides service coordination to youth involved in the juvenile justice system and their families. JJRS staff are vital links between the BH 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.
- Implementation of a family based mental health team focused on children involved in the child welfare system and their families
- 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 BH treatment. The LIFE team plans, implements and coordinates all services that meet child/family needs in the least restrictive setting possible.

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 MH treatment program in a freestanding or special school-based program for 3-6 hours per day. The program is structured treatment and support services including group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As a child's MH improves, the goal is for him/her to return to school and to function stably within the family.
- Family-Based MH Services. These comprehensive services are designed to assist families with caring for their children and adolescents at home. Services (available 24 hours a day, seven days a week) are provided by a team of MH professionals in the family's home. They may include treatment for the child and other family members, case management, and family support services.
- Intensive Behavioral Health Services (IBHS). 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 MH improve. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide IBHS.

Individuals transitioning from state hospitals

Strengths:

- Specialized LTSR for individuals with a history of forensic involvement, including sex offenses
- Community support planning process for individuals in state hospitals
- Full continuum of care for individuals needing residential supports upon discharge

Needs:

- Increase in community-based alternatives to institutionalization

AC DHS will build on the strengths and address the needs of individuals transitioning out of state hospitals by continuing to support community-based alternatives for individuals discharged from state hospitals, services for people who previously would have been served in state MH facilities or community inpatient facilities, and services for those who are being diverted from those levels of care.

Individuals with co-occurring mental health/substance use disorder

Strengths:

- Strong array of justice related services, built through consistent collaboration among AC 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 BH needs
- Housing for individuals with co-occurring disorders, including supportive housing
- A strong network of providers offering quality integrated dual disorder treatment

AC DHS will build on these strengths and address the needs of Allegheny County residents who have co-occurring disorders by continuing Assertive Community Treatment teams that include a D&A Specialist.

In addition, AC DHS, Community Care and AHCI, in collaboration with Case Western Reserve University, expanded the number of providers receiving integrated dual disorder treatment technical assistance. As Case Western continues to provide technical assistance to a initial set of providers, it also will provide T.A. to more of the providers who have asked for the assistance.

Criminal justice-involved individuals

Strengths:

- Increased collaboration and partnership with Probation, Courts, and Allegheny County Jail through the Safety Justice Challenge Grant, and Torrance State Hospital forensic unit
- Real time information available to providers on individuals who have received a service within six months and booked into the jail
- Services for individuals with a mental and substance use disorder in the jail
- Competency to stand trial evaluations completed while in the Allegheny County Jail (by Pretrial Services Behavioral Assessment Unit)

- Benefits Counselor available at the jail to assist individuals who are being released with enrollment in Medicaid, SSI or SSDI or through the Marketplace. This initiative has made hundreds of people with BH issues eligible for insurance; a large subset has been 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 co-occurring disorders, MH, substance use disorders, and Intellectual Disabilities
- Integrated MH and substance use disorder services, both in the jail and in the community
- Greater availability of peer support
- Stronger connections to training and employment opportunities

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

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

AC DHS will also continue to be involved in the Allegheny County Jail Collaborative, a 20+-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 includes the Jail, AC DHS, Courts (including probation and pre-trial services) and service providers, faith-based community organizations, formerly incarcerated individuals, families, and the community at large. The members work with AC DHS and other local government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

Veterans

Strengths:

- In-jail PTSD self-assessments, using a validated tool
- Availability of Seeking Safety, a treatment for PTSD and substance use disorder, 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
- Housing

AC DHS will continue to address the needs of veterans with MH 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, veterans may be given either bond or probation conditions to comply with treatment in lieu of incarceration, if they present a JRS treatment plan at the appropriate level of the criminal justice system and if the court agrees.

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

Strengths:

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

Needs:

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

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

- Standards of Practice. AC DHS has developed and implemented SOGIE-related Standards of Practice for serving individuals and families, and these are available to AC 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 that AC DHS addresses the needs of LGBTQI individuals with MH issues and builds upon their strengths is by promoting staff's cultural responsiveness through education and training. AC DHS provides ongoing opportunities for training, education and case consultation related to sexual orientation, gender identity and expression. AC DHS's full-time SOGIE project manager also provides case consultations to AC DHS staff, program providers and community members.
- Community of Practice. AC DHS will continue to address systemic barriers that impact its ability to competently serve LGBTQI individuals with MH issues through the AC DHS LGBTQ Community of Practice. These meetings provide a public forum to discuss issues of concern for LGBTQI individuals across AC DHS-serving systems. Each Community of Practice meeting has a dedicated topic and includes an educational presentation, resource sharing and opportunities for small group discussion on specific issues. Meetings are held quarterly and are open to all interested individuals and community stakeholders.

Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)

Strengths:

- OBH staff attended a professional development session provided by Georgetown University and OMHSAS titled Cultural and Linguistic Competence Training for the Behavioral Health System. The professional development sessions were designed for leadership of BH services in Pennsylvania to enhance their capacity to deliver culturally and linguistically competent care to individuals and families across the life span.
- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers
- Engagement through the AC DHS Immigrants and Internationals Advisory Council
- Improved coordination of services through the Immigrant Services and Connections program
- Emerging MH services that are culturally and linguistically appropriate
- OBH has representation and participation in the Minority [Psychiatric] Resident Recruitment and Retention Workgroup facilitated by the Pennsylvania Psychiatric Leadership Council. This group is addressing the lack of PA psychiatrists from the BIPOC community.
- With leadership from its Office of Equity and Engagement, AC DHS is committed to diversity, equity and inclusion in all services, policies and processes. Additional details are included in the DEI section, below.

Needs:

- Culturally accessible and competent MH services
- Supportive housing and life skills services
- More practitioners/treatment providers of color

AC 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 BH 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.
- AC DHS's Immigrants and Internationals Advisory Council – 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 AC DHS services, and representatives of service provider agencies that work with the immigrant and international communities.

c) Strengths and Needs by Service Type:

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

Yes No

The AC DHS Immigrants & Internationals Initiative provides AC 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 AC DHS-funded program ISAC can provide training in the same areas, as well as more advanced topics, to providers throughout the human services network.

Are there any additional Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

One of our core values at AC DHS is that all services, policies and processes will be informed by a commitment to diversity, equity and inclusion, requiring the active and intentional inclusion of people of varying social identities (e.g., race, ethnicity, gender identity and expression, sexual orientation, age, socioeconomic class, ability, religion, citizenship status and country of origin). This commitment recognizes the social and structural differences that are deeply embedded in the fabric of society. By frankly addressing the privilege and power disparities that have led to unequal access to opportunities and resources, all people, regardless of social group or individual characteristics, will have an opportunity to succeed.

To fully realize this value, AC DHS joined the Government Alliance for Racial Equity (GARE) and adopted their framework to eliminate racial inequities and improve outcomes for all racial groups. As part of the GARE framework, AC DHS established Racial Equity Core Teams in all of its offices which are responsible for driving the racial equity work at an office level. Core teams are currently focused on the first phase of the framework known as the Normalize Phase, where racial equity is established as a value at AC DHS by developing a shared understanding of key concepts across the entire agency and creating a sense of urgency to make changes. In later phases of the framework, Core Teams shift towards building organizational capacity, forming external partnerships, and developing accountability tools. These efforts to advance racial equity at AC DHS will improve outcomes for our staff and those we serve.

In addition to the work of the Core Teams, example equity initiatives include:

- AC DHS, in coordination with the Allegheny County Health Department, commissioned MEE Productions Inc. (MEE) to develop and execute the United Against COVID campaign, a community engagement initiative focused on supporting ethnic and minority communities in Allegheny County that have been disproportionately affected by COVID-19. MEE developed educational and community engagement materials, including a series of videos shot with trusted local Black and Brown doctors and other experts, sharing the factual/scientific information for safely navigating the pandemic.
- AC DHS and service provider staff receiving training through YogaRoots On Location. YogaRoots On Location, LLC® leads embodied antiracist organizing through Raja yoga. Meeting people where they are YogaRoots offers AntiRacist professional development, integrative group and individual yoga classes, and Certified AntiRacist Raja Yoga Teacher Training.
- Within efforts to ensure physical and behavioral health services are available to individuals and families experiencing homelessness, and with support from Camden Coalition's Center for Complex Care, AC DHS is working to prioritize health equity by elevating consumer voices and reducing health disparities for individuals with complex health and social needs and identified opportunity for Community Health Workers.

Does the county currently have any suicide prevention initiatives?

Yes No

OBH has partnered with Community Care Behavioral Health, Allegheny HealthChoices, Inc, National Alliance on Mental Illness, Mental Health America, American Foundation for Suicide Prevention, Allegheny County Health Department, people with lived experiences and local BH providers to form the Suicide Awareness for Everyone (SAFE) Task Force of Allegheny County. This Task Force aims to:

- facilitate and provide connections to training as well as local and national resources.
- bring awareness and break the stigma of death by suicide.
- identify and support those most at risk of suicide
- provide specific culturally sensitive support, resources and trainings for individuals and families of all communities.

In addition, the SAFE Task Force has been reviewing Governor Wolf’s Statewide Suicide Prevention Plan to ensure alignment with goals and objectives.

AC DHS also collaborates with ACHI to support MHFA training for AC DHS staff, provider agencies and other stakeholders throughout Allegheny County. In the MHFA course, participants learn signs and symptoms of MH and substance use problems, how to offer help to someone developing a MH problem or experiencing a MH crisis and where to turn for help. Participants learn about the warning signs and risk factors associated with suicide, how to ask someone if they are feeling suicidal, and what to do should they encounter someone experiencing a MH crisis who is feeling suicidal or at risk of harming others. In addition, MHFA teaches participants about the difference between suicidal feelings and behaviors and non-suicidal self-injury. Several initiatives continue to allow for the expansion of MHFA training to people in targeted areas of the county and to specific target populations such as youth service providers, first responders, members of religious organizations and veterans and their loved ones. Most recently, OBH was awarded a grant from SAMHSA to implement MHFA training targeted to staff of subsidized housing and homelessness service providers. In addition to MHFA training, AC DHS collaborates with law enforcement to train officers in Crisis Intervention Team curriculum, which includes a module specifically on suicide awareness and prevention.

Employment First

1. Please provide the name and contact information for your county employment point of contact.

Name: Mike Gruber

Email address:

Michael.gruber@alleghenycounty.us

2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):

Yes No

3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	County Response	Notes
Total Number Served	388	
# served ages 14 up to 21	8	OBH MH employment program does not serve anyone under the age of 18
# served ages 21 up to 65	367	
# of male individuals served	198	
# of females individuals served	190	
# of non-binary individuals served	n/a	
Non-Hispanic White	223	
Hispanic and Latino (of any race)	1	
Black or African American	139	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	5	
# of individuals served who have more than one disability	n/a	
# of individuals served who have more than one disability	n/a	
# working part-time (30 hrs. or less per wk.)	96	
# working full-time (over 30 hrs. per wk.)	65	
Lowest earned wage	2.89/hr	Waitress
Highest earned wage	\$25/hr	Project Coordinator
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	n/a	

SUPPORTIVE HOUSING

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 FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
TSI Permanent Supportive Housing (PSH), Housing Development Fund	HealthChoices Reinvestment	400,000	200,000	16	21	21	30		2009
Notes:									

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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
TSI PSH	HealthChoices Reinvestment	298,363	469,456	64	95	768	\$520	12	2006
TSI Transition Age Youth (TAY) PSH	HealthChoices Reinvestment	56,045	169,988	14	48	168	\$524	1	2015
Totals		354,408	673,139	78	221	78		13	
Notes:	Number of bridge subsidies is calculated as “# persons served multiplied # months served per person.” Increase due to Cost of Living and increased number of Clients to be served								

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" 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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
TSI PSH	HealthChoices /Medicaid Reinvestment	225,293	361,834	33 (25 plus 8 TAY)	50	35	33	\$614	2006
Totals		225,293	361,834	33	50	35	33		
Notes:	Increase due to Cost of Living and increased number of Clients to be served								

4. Housing Clearinghouse for Behavioral Health				<input checked="" 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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
TSI PSH	HealthChoices /Medicaid Reinvestment	\$48,223	\$54,251	107	160			0.75	2006

TSI TAY PSH	HealthChoices Reinvestment	\$20,667	\$55,946	7 referrals (PR)-none for TAY Auberle	54			0.25	2015
Totals		\$68,890	\$77,501	114	214			1.0	
Notes:	Increase due to increase in benefits and small increase in wages								

5. Housing Support Services (HSS) for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing 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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Bethlehem Haven	State	\$348,172	\$348,172	12	12				
Chartiers	State	\$95,000	\$95,000	29	29			1	1968
CHS	State	\$1,201,400	\$1,201,400	47	58			6	1998
Family Links	State	1,150,000	1,150,000	7	7			9	
Fayette Resources	State	\$200,000	\$200,000	0	13			41	2007

H2O	Federal	\$75,000	\$75,000	350			12	
Invision	State	\$226,674	\$226,674	0	0			
Jewish Family & Children's Services	State	\$109,249	\$109,249	0	0		.7	2014
Jewish Residential Services	State	\$3,906,440	\$3,906,440	16	20		3	
L2	State	\$1,201,400	\$1,201,400	17	17		1	2003
Mercy	State	1,150,000	1,150,000	154	146		19	2003, 2007
Mon Yough	State	\$195,254	\$195,254	92	105		3	2013
Passavant	State	\$175,233	\$175,233	9	9		12	
Residential Care	State	\$957,480	\$957,480	96	100		9	1992
RHD	State	\$1,091,247	\$1,091,247	7	7		17	
TSI	State	\$1,362,128	\$1,362,128	114	117		8	1991
TSI PSH	HealthChoices Reinvestment	\$563,280	\$677,459	181	210		10	2006
TSI TAY PSH	HealthChoices Reinvestment	\$217,511	\$582,866	28	58		8	2015
Turtle Creek	State	\$909,728	\$909,728	50	51		11.16	
UPMC Presbyterian	State	\$2,021,215	\$2,021,215	101	130		21.5 (Pathways)	

Notes:

6. Housing Contingency Funds for Behavioral Health 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, and other allowable costs.

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22		Average Contingency Amount per person	Year Project first started
TSI PSH	HealthChoices /Medicaid Reinvestment	\$45,234	\$73,500	68 total	80		\$811 – new tenants \$259 - existing	2006
TSI TAY PSH	HealthChoices / Medicaid Reinvestment	\$10,242	\$46,500	15 total	31		\$742 – new tenants \$298 - existing	2015
PATH Contingency Funds	SAMHSA/PATH funds, federal and state matching funds	\$29,936	\$30,000	125	100		\$300	

Notes:

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 the 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>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
FWL	MH Block Grant	\$139,789	\$139,789	7	6			2010
Notes:								

d) Recovery-Oriented Systems Transformation:

For 2021-22, AC DHS will continue to shift the MH service delivery system toward community-based services and supports, using the five strategies outlined in the 19-20 plan:

- 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 transition-age youth, children, and the elderly
- 5) Increase availability of **consumer-driven and peer support services**

In addition, AC DHS is engaged in activities to ensure the residents of Allegheny County are receiving appropriate and consistent Administrative Case Management/Service Coordination services. As such, a strategy to enhance the **consistency and quality of ACM** has been added to the plan.

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

1. Supported employment services

Continuing from prior year New Priority

AC DHS is committed to helping people with serious mental illness find and keep jobs through supported employment (SE) services. The plan for SE 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, SE providers increased the percentage of program participants who are working from 22% to 41.5% in FY 19-20, with an average current salary of \$11.29/hour. These individuals have an average job tenure of 1.3 years.

Complicated by the COVID pandemic, SE providers have continued to have challenges hiring and retaining staff, which will continue to be a point of focus for OBH in the coming year. Due to turnover, having a workforce that is well-trained in SE principles and practices is important, so providers are using evidence-based practices (EBP) with clients, as set forth by the Federal Substance Abuse Mental Health Services Administration (SAMHSA). Another complication of the COVID pandemic was a decline in client participation and referrals. Early in the pandemic, people were fearful of in-person contact with professional staff and of exposure to the virus in an employment situation. Many people asked that their service be put on hold until the environment improved. As more people become vaccinated, employers are eager to hire and we are hopeful this will lead to increased job placements and a substantial increase in program referrals. By FY 21-22, AC DHS expects that the three providers will be able to maintain the required staffing and continue to increase caseload size in order to establish a threshold that creates sustainability when moved into a value-based purchasing (VBP) model. In moving forward, AC DHS will present providers with the goal of developing a “What’s it going to take plan” for sustaining themselves in the VBP model.

FY 21-22 Goals/Timeline:

- SE providers will average a 45% employment rate for participating clients.
- SE EBP training will occur within two months of hire for all new employment specialists
- All SE providers will score above 55 points on the SE fidelity review conducted by OBH
- All providers will develop a comprehensive plan for all aspects of program operation (staff recruitment, hiring, and retention) that will sustain their programs when moving to a VBP model

Fiscal and Other Resources: \$1.085 million in Block Grant funds

Tracking Mechanism: Web-based database and Fidelity Scale

2. Justice-Related Services (JRS)

Continuing from prior year New Priority

AC DHS has expanded Justice-Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record (EHR) developed by the provider of Justice-Related Services, Human Services Administration Organization (HSAO). Using a newly established feed from the EHR, AC DHS is working to develop a dashboard that shows JRS data and outcomes. This dashboard streamlines business processes and allows for identification of and planning to meet any potential unmet service needs. 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>

FY 21-22 Goals/Timeline: AC DHS will improve collaboration across systems to support individuals with mental illness as they return to the community from incarceration through:

- Monthly complex case discussions with JRS, OBH, Pretrial Services/Behavior Assessment Unit, Allegheny County Jail, Area Agency on Aging, Office of Developmental Supports, and the Office of Children, Youth and Families (ongoing)
- Biweekly participation in workgroup to ensure supports to individuals incarcerated on detainers returning to the community (ongoing)
- Coordination with the Office of the Public Defender (OPD) to develop processes/structure for collaboration between JRS and the OPD (ongoing)
- Collaboration with community service providers and the Allegheny County Jail to address any gaps in accessing medications upon release (ongoing)

Fiscal and Other Resources: \$8.5 million in Block Grant, private grant funding and Community Care funds

Tracking Mechanism: Jail Collaborative computer application; HSAO record system

3. BH Housing

Continuing from prior year New Priority

AC DHS developed the *Housing as Home Plan* 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. AC 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. AC DHS has continued to invest in housing for individuals with serious mental illness. OBH is currently reviewing the BH Housing resources within Allegheny County and working with providers of this service to standardize service delivery across providers, decrease length of time clients are on a waitlist, streamline process for client movement within the BH Housing continuum, clearly define expectations and goals for each level of housing, and understand the true cost of delivery.

Additionally, AC DHS is working to integrate its behavioral health and homeless housing systems. Through this work, AC DHS aims to ensure that individuals are effectively connected with the housing and services that best responds to their needs, regardless of how they enter the system. Within the homelessness system a decision support tool has been designed and implemented to help prioritize admissions to supportive housing services for individuals or families experiencing homelessness. The tool uses administrative data from Allegheny County's data warehouse to predict the likelihood of three types of events occurring in a person's life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking, and frequent use (4 or more visits) of hospital emergency rooms. As next steps, AC DHS is exploring the use of a shared front door, with the decision support tool serving as a common assessment, continuing to build appropriate supports across housing and seeking to gain efficiencies across funding sources.

FY 21-22 Goals/Timeline:

- Building on the implementation of the predictive risk model for homelessness, explore opportunities to establish a single front door for behavioral health and homelessness housing and utilize a common assessment.
- Identification of a process to monitor time on wait list and establishment of procedures for making stakeholders aware of this information

Fiscal and Other Resources: \$65 million in Block Grant, Community Care and reinvestment funds

Tracking Mechanism: Internal tracking databases; and tracking of outcomes by ACHI

4. Special Populations

Continuing from prior year New Priority

- **Transition-Age Youth (TAY):** Improving and expanding services for TAY is an OBH Strategic Initiative. After conducting a thorough environmental scan and speaking with various stakeholders, the following areas of focus have been identified: engagement of TAY, policy development specific to TAY needs, creation of a learning collaborative with TAY providers, and addressing the needs of TAY parents and families.
- **Children:** Please see MH section on children for detailed description of strategy.
- **Elderly:** Please see MH section on older adults for detailed description of strategy.

FY 21-22 Goals/Timeline:

- **TAY:** Launch learning collaborative for OBH providers specific to TAY summer 2021; Hire a consultant who will work with providers on TAY relevancy by September 2021; Train providers on the creation of policies and procedures to meet the needs of family of TAY by December 2021
- **Children:** Meet weekly with inpatient providers and a multidisciplinary team from AC DHS and MCO to discuss complex cases; Work with families and youth to engage Family Support Partners and Youth Support Partners earlier in the process to assist with complex cases; Meet weekly with multisystem specialists and other program offices to identify and develop resources for complex cases; Facilitate increased communication between community providers and inpatient providers to coordinate efforts at admission and discharge around medications and clinical interventions/presentation (ongoing)
- **Elderly:** Completion of service utilization analysis for this population and development of strategic initiative(s) based on findings by July 2021

Fiscal and Other Resources:

- TAY: \$567,000 in Block Grant and Community Care funding
- Children: \$1.5 million in Block Grant and Community Care
- Elderly: \$50,000 in Block Grant

Tracking Mechanism: Annual monitoring

5. Consumer-driven services and peer support services

Continuing from prior year New Priority

AC DHS and Community Care provide a variety of consumer services including Certified Peer Specialists (CPS), Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, CPS Trainings, Peer Mentoring, Allegheny County Coalition for Recovery (ACCR) meetings, Self-Directed Care, and Shared Decision-Making.

FY 21-22 Goals/Timeline:

- Increase the number of people with CPS certification who are employed by providing them increased job placement support by sponsoring quarterly job fairs in conjunction with OVR that link providers with openings to CPS seeking employment.
- Supported employment providers will be integrated into the above-mentioned job fairs to connect CPS job hunters with services provided by these programs. This will help to reduce turnover among CPS staff with provider programs that hire them.
- ACCR, a stakeholder advocacy organization, will provide funding for The Voice of Peer Professionals (VP2), an organization comprised of people who are CPS or aspire to be CPS, to conduct ethics training for CPS licensed individuals.
- ACCR will highlight its mission that people can and do recover from mental illness and substance use disorders by conducting a public awareness campaign in collaboration with the public transit system in Allegheny County.
- Establish a collaborative relationship with primary advocacy organizations—NAMI-Keystone and the Allegheny Family Network—to provide mutual awareness and information exchange to enhance the BH service system for the benefit of persons with lived experience, their families and other supports (relationship established but information exchange is ongoing in FY 21-22)

Fiscal and Other Resources: \$4.6 million in Block Grant, Community Care and reinvestment funds

Tracking Mechanism: Annual monitoring

6. Administrative Case Management/Service Coordination.

Continuing from prior year New Priority

The Mental Health Bureau began further investigation into this cost center and the activities that were being performed by contractors. Multiple meetings with contractors occurred and discussion around the activities and services that were being performed were identified. The PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin, OMHSAS-12-02, “Cost Centers for County Based Mental Health Services,” was reviewed and the activities and services identified by contractor discussions were created and aligned with the bulletin. The goal is to create consistency across contractors and ensure the residents of

Allegheny County are receiving appropriate and consistent services. As contractors report on these new activities and services, the Mental Health Bureau will better understand the needs of the individuals and usage of the dollars being spent in this cost center.

FY 21-22 Goals/Timeline: By the end of the FY 21-22 administrative case management performance expectations will be standardized across the MH provider system

Fiscal and Other Resources: Providers will be reporting on specific activities related to administrative case management. These reporting expectations were added to providers FY 21-22

Tracking Mechanism: Financial reporting, service tracking system and monitoring and provider self-report

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

- **Incident Follow Up and Root Cause Analysis.** Providers are required to call IRES to report all required incidents within 24 hours of the incident or of learning of an incident. Reportable incidents are defined in the Incident Reporting Standards in the AC DHS Office of Behavioral (OBH) Health Contract Specifications Manual. After the provider calls in the incident, they must submit a written, detailed incident report to AC DHS. AC DHS staff enters data from the incident report into a database. AC DHS contacts the provider for information about disposition, updates and resolution; that information also becomes part of the database. If an incident is determined to be a "Sentinel Event,"^[1] a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee, that includes AC 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.
- **Disaster Response.** AC DHS is a partner agency in the emergency response system with other public and private providers within Allegheny County, local government offices, providers from surrounding counties and state agencies. When a natural or man-made disaster occurs, the AC DHS Emergency/Risk Coordinator acts as the point of contact for requests for assistance. The Emergency/Risk Coordinator assesses the need for emergency BH services for victims of disasters and coordinates the establishment of a multi-agency resource center (MARC) when disasters affect multiple individuals and/or families. The Emergency/Risk Coordinator contacts the Behavioral Health Outreach and Disaster Response Coordinator to activate Emergency Behavioral Health (EBH), formerly Disaster Crisis Outreach and Referral Team (DCORT), to staff locations for as long as BH services are necessary. This can involve conducting door-to-door canvassing of victims to tell them about available services. The EBH members include AC DHS staff, community BH providers and other community providers.

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

e) Existing County Mental Health Services

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence-Based Practices		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services		<input checked="" type="checkbox"/> County <input checked="" 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"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment		<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents		<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol 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

f) Evidence-Based Practices (EBP) 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, CCBH, AC DHS	Annually	Yes	Y	
Supportive Housing	Y	80	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	388	SAMHSA EBP	AC DHS	Every 1-2 years	Yes	Y	Specific to contracted SE providers
Integrated Treatment for Co-occurring Disorders (MH/SUD)	Y	90	IDDT Fidelity Scale	AHCI, CCBH, AC DHS	Annually	Yes	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	113				Yes		Clinical model developed by Community Care
Therapeutic Foster Care	N							Contracts were recently awarded to implement multiple models of TFC over the next year
Multisystemic Therapy	N							
Functional Family Therapy	N							In June 2021, AC DHS released an RFP to identify a provider for FFT-Child Welfare
Family Psycho-Education	Y	360				Yes		Delivered by NAMI

*Please include both county and HealthChoices funded services.

g) Additional EBP, Recovery-Oriented and Promising Practices Survey*:

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Apprx)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	2,300	
Compeer	No	N/A	
Fairweather Lodge	Yes	10	PghMercy
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	450-500	Peer specialists also are integrated in services throughout the system
CPS Services for Transition Age Youth (TAY)	Yes	30-50	
CPS Services for Older Adults (OAs)	Yes	80-100	
Other Funded CPS- Total**	No	N/A	
CPS Services for TAY	Yes	N/A	Not disaggregated in billing
CPS Services for OAs	Yes	110-140	
Dialectical Behavioral Therapy	Yes	N/A	Not disaggregated in billing
Mobile Medication	Yes	190-220	
Wellness Recovery Action Plan (WRAP)	Yes	1,500-1,700	
High Fidelity Wrap Around	Yes	220-300	Includes clubhouse
Shared Decision Making	Yes	N/A	Not disaggregated in billing
Psychiatric Rehabilitation Services (including clubhouse)	Yes	1,121	4 providers following Psych Rehab Regs plus 2 providers using the Boston University Clubhouse model.
Self-Directed Care	Yes	70-85	Geriatric in-home team
Supported Education	Yes	2,000-2,200	Consumer-driven services
Treatment of Depression in OAs	Yes	N/A	Not disaggregated at billing
Consumer-Operated Services	Yes	N/A	
Parent Child Interaction Therapy	Yes	N/A	Part of outpatient treatment
Sanctuary	Yes	N/A	Part of outpatient treatment
Trauma-Focused Cognitive Behavioral Therapy	Yes	N/A	Not disaggregated at billing
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	
First Episode Psychosis Coordinated Specialty Care	Yes	2,300	
Other (Specify)	No	N/A	

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	120
Number Full Time (30 hours or more)	62
Number Part Time (Under 30 hours)	58

i) Involuntary Mental Health Treatment

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?

No, chose to opt-out for all of CY2020

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2020 (check all that apply):

N/A

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:

Allegheny County does not provide AOT. IOT data has not been historically collected and without a collection mechanism we have entered 0 as indication of no identified number.

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	N/A	0
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		0
Number of AOT modification hearings in CY2020	N/A	
Number of 180-day extended orders in CY2020	N/A	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	N/A	0

j) CCRI Data reporting

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim?

Yes No

INTELLECTUAL DISABILITY SERVICES

Background:

AC DHS's Office of Developmental Supports (ODS) maintains an Operating Agreement with the Pennsylvania Department of Human Services (Pa- AC DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. ODS is Allegheny County's Administrative Entity (AE), and its FY 20-21 Quality Management Plan included five objectives that reflect ODP's priority areas:

1. Increase capacity and capabilities of the service system, including the provider network
2. Increase opportunities for employment, including choice and ability to plan daily activities
3. Increase opportunities for individuals to direct their lives through Participant-Centered Service Planning and Supports Broker
4. Support individuals and families utilizing the Life Course Framework
5. Reduce re-occurring incidents of psychiatric hospitalization

ODS 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 Prioritization of Needs for Services (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. AC DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA Health Care Quality Unit (HCQU) through APS Healthcare, Inc. While Allegheny County does not hold the direct contract with the Southwestern PA HCQU, it provides services that include provider training, complex technical assistance on individual cases and local healthcare resource development.
- Providing oversight to Independent Monitoring for Quality (IM4Q), the quality management effort that is offered through a contract with Chatham University.

ODS has implemented system changes and expanded choice and will continue to do so, whenever possible, with the resources available. AC 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

AC 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. AC DHS estimates that it will serve 1,895 individuals in FY 21-22.

Table 3: Individuals Served with HSBG ID Services

	Estimated / Actual Individuals served in FY 19/20	Percent of total Individuals Served	Projected Individuals to be served in FY 20/21	Percent of total Individuals Served
Supported Employment	65	3.4%	65	3.4%
Pre-Vocational	N/A	N/A	N/A	N/A
Community Participation	19	1.0%	19	1.0%
Base Funded Supports Coordination	1,586	83.7%	1,586	83.7%
Residential (6400) / Unlicensed	25	1.3%	25	1.3%
Lifesharing (6500) / Unlicensed	0	0.0%	0	0.0%
PDS/AWC	0	0.0%	0	0.0%
PDS/VF	0	0.0%	0	0.0%
FSS	0	0.0%	0	0.0%
Other Base Services	200	10.6%	200	10.6%
TOTALS	1,895	100.0%	1,895	100.0%

Supported Employment

With the implementation of the Workforce Innovation and Opportunities Act (WIOA) and Governor Wolf’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
- Avoids involvement with other systems such as behavioral health and criminal justice

Since 2007, AC 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. AC DHS enjoyed considerable success with this pilot and is now entering its eleventh year of participation. Services typically are limited to supported employment (e.g., Job Coaching) and/or transportation (most often in the form of a bus pass). Limited Habilitation supports may also be used to support life skills that contribute to successful employment outcomes.

AC DHS will use Block Grant funds to provide employment supports to approximately 100 individuals in FY 21-22. Examples of the types of supported employment that AC 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 ODS. The original program expanded into training sites at UPMC-Mercy and UPMC-Passavant, and boasts an impressive 85% job placement rate among all graduates. Ninety-three individuals involved with or potentially eligible for ODS supports have graduated from Project SEARCH since 2009; 59 of these graduates currently are employed (with or without on-site job supports) and 27 are unemployed or participating in Job Development activities. Project SEARCH also makes available Job Club and on-going Job Development for people who are interested, regardless of employment status. Forty-three past graduates currently are enrolled in a waiver.
- *ODP Base Employment Pilot.* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 05-06 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. AC DHS distributes Pilot funds through individual allocations. These participants work in a variety of fields, including childcare, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). ODS has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. As of June 2021, the Base Employment Pilot supports 100 individuals in maintaining competitive and integrated employment at an average allocation of just over \$2,100/person.
- *Community Partnerships.* Other examples of AC 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. AC DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCCAC), which provides information and networking opportunities for school district transition and special education staff, counselors, AC DHS education & transition staff (ODS & OBH are represented), community rehabilitation agencies, students and families.

Supports Coordination

AC DHS estimates that it will serve approximately 1,586 individuals with base-funded supports coordination in FY 21-22. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all 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 (Approval ODP waiver renewals Appendix C) establishes the supports available to individuals receiving services through ODS.

A total of 5,744 individuals with ID in Allegheny County receive Waiver, Base and/or Supports Coordination services; this includes those residing in ICF-ID settings (private and state center). Currently, 96 of the 5,744

reside in a state center. One of the various ways we collaborate with the Supports Coordination Organizations is through our work transitioning individuals out of state centers and state hospitals.

- *Benjamin Litigation and the closure of Hamburg Center history summary.* Since FY 2011-2012, individuals residing in state centers were given the opportunity to move out into the community through the Benjamin Litigation, a lawsuit filed against PA DPW by Disability Rights of PA. From FY 2011-12 through FY 2018-19, a total of 15 individuals were transitioned from state center into the community, the last move occurring in November 2018. These transitions were individualized and comprehensive in nature, involving collaboration between state center staff/teams and selected community-based providers, supports coordinator, and AE utilizing person-centered approaches and techniques based on person's needs and desires as identified through their Essential Lifestyle Plan (ELP).

In addition, Hamburg State Center closed in June 2018. Throughout the 18-month closure timeframe, Allegheny County actively planned for three of these individuals, one of which was not able to be supported in the community and moved to another state center and has subsequently died. The other two individuals, both of whom are medically complex and fragile, were placed with a residential provider and are receiving the needed supports to be successful in the community. One of these individuals moved to Montgomery County to live closer to his family and his AE case was subsequently transferred there.

- *Targeted closure of Polk and White Haven State Centers.* In the summer of 2019, in an effort to increase opportunities for individuals in state centers/congregate settings to live in less restrictive environments in the community, Governor Wolf has called for the systematic closure of Polk and White Haven State Centers. (Once these facilities are closed, this will leave two state centers open in PA: Ebensburg and Selinsgrove State Centers.) Allegheny County has a total of 47 individuals in these two state centers (two in White Haven and 45 in Polk). ELPs are being developed for each of these individuals in the state center and conversations are being held with the individuals and families regarding community options and resources available to them. In addition, SIS Assessments and HRST reports are also being completed on all these individuals and several are participating in IM4Q interviews. Prior to COVID, the AE was participating in the ELP meetings when possible.
- *Community-Based Services and Residential Services.* In FY 21-22, AC DHS estimates that 284 individuals will receive community-based services and 25 individuals will receive residential services. Supports may include, but are not limited to: residential (e.g., Life Sharing, 24 hour residential, or less than 24 hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.
- *Participant Directed Services.* We continuously work with the SCOs to remind and promote those situations that can and should be participant driven. See more about specific projects and activities related to this under the section titled **Participant Directed Services**.

Life Sharing Options

AC DHS is committed to providing support for a range of community-based and residential services, including Life Sharing. Life Sharing allows individuals and families to host in their homes individuals with ID, DD, and Autism who need support. The host home provides assistance, support and guidance to the individual(s).

In Allegheny County during FY 20-21, 68 individuals were served through Life Sharing programs offered by 14 agencies. Efforts to expand the number of Life Sharing providers and participants in Allegheny County (and to fill vacancies) occurred throughout FY 20-21 and will continue in FY 21-22. These efforts include:

- Hosting bi-monthly Allegheny County Life Sharing Coalition meetings, attended by agency members, supports coordination organizations and other interested stakeholders to share information received at state and regional subcommittee meetings.
- Creating and distributing an annual survey to gauge satisfaction from the individuals receiving care in a life sharing home, the caregivers, and provider agencies.
- Creating and distributing a survey to Supports Coordination organizations to gauge their outlook on Life Sharing and any barriers they face in presenting this option to individuals, families and teams.
- Inviting speakers to bi-monthly meetings who can present topics of interest to the Life Sharing community.
- Attending PA and Western Region Life Sharing Coalition meetings and providing the Life Sharing community information and resources gathered from these monthly meetings.
- Reaching out to Supports Coordination organizations to provide technical assistance in promoting Life Sharing as a viable option for individuals seeking a place to live.
- Increasing communication with Life Sharing agencies to gather information on successes and barriers to building their programs.
- Supporting Life Sharing agencies as they develop creative ways to market their Life Sharing programs throughout the area.
- Creating a monthly report in which Life Sharing providers can accurately reflect their efforts in filling vacancies, outreach to their communities, and supporting the individuals they currently serve.
- Ensuring that Supports Coordination organizations have the most current information to share with individuals, families and interested parties by updating the Life Sharing Fact Sheet and the Allegheny County Department of Human Services' ODS webpage.
- Engaging and partnering with ODP to promote benefits of Life Sharing.
- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parents are given information about Life Sharing as an option for continuing to share their home.
- Accepting offers to present information about Life Sharing to potential caregivers, provider agencies, Supports Coordination organizations, and conferences/information fairs.
- The Allegheny County Life Sharing Coalition will continue to plan, on an annual basis, for the Life Sharing Information Fair.
- To expand Life Sharing opportunities, the Life Sharing point person will attend a few annual ISP meetings each month to model talking to families, individuals, and Supports Coordinators around the advantages of becoming involved with Life Sharing.

Supported Living Options

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

ODS has established a Provider Round Table workgroup comprised of ODS staff and providers interested in further exploring, expanding, and implementing the Supported Living service. This workgroup meets quarterly and works to identify ways to expand this service, as well as discuss barriers to it. One of the ways that ODP may be able to assist with increasing the utilization of this service is to consider offering use of Assistive Technology and/or Behavior Supports as a discrete service for Supported Living. These could better provide supports and oversight to individuals to ensure their safety while enhancing their independence.

Cross Systems Communications and Training

AC DHS 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 AC DHS's cross-system communication and training opportunities include:

- *Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability.* AC DHS ODS participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County. The task force is comprised of representatives from the Allegheny County Department of Human Services, PA ODP, OVR, PA Office of Deaf and Hard of Hearing, PA Bureau of Blind and Visual Services, Deaf/Deaf-Blind stakeholders and service providers. The task force meets bi-monthly to work toward system change to affect service integration and coordination and development of service resources and employment and mentoring opportunities for individuals who are Deaf, Deaf-Blind, or Hard of Hearing. ODS also participates in the ODP Bureau of Supports for Autism and Special Populations Deaf, Deaf-Blind, and Hard of Hearing Advisory Committee which meets quarterly to develop capacity for supporting people with intellectual disability who are deaf, deaf-blind, or hard of hearing.
- *Collaborating with Support Coordination Organizations (SCOs).* AC DHS regularly collaborates with SCOs to encourage consistent implementation of ODP policy and practice. AC DHS and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet in person every two months to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The ODS Promising Practice team continues to offer a Complex Case Review process as a means of offering technical assistance to the SCOs. The review is focused on planning activities for individuals with intensive and/or complicated needs with an anticipated outcome of diversion from restrictive settings.
- *Agreement with UPMC Health Plan and Community Care.* In April 2012, AC DHS executed a coordination agreement with UPMC Health Plan and Community Care to improve communication among shared members and services. As part of the agreement, AC DHS 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.* AC DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003,

RESPOND is a highly selective and intensive residential program currently offered by two providers in three homes licensed under 3800 regulations for a total of six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs.

The group homes also are supported by a shared Mobile Treatment Team (MTT) which includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with a range of clinical expertise in ID and child psychopathology. AC 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.* AC DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education as well as the Allegheny County – Pittsburgh Transition Council. This is a critical way of conveying information to families, individuals, and professionals during critical school years. ODS staff also visit schools throughout the year, informing families, individuals, and school district personnel on the importance of planning and registration and participating in outreach activities in schools. ODS staff also use these opportunities to share community supports and other human services.

In the fall of 2020, ODS Planning staff began discussions with two local schools. We will be launching a pilot with a small group of high school students to introduce the LifeCourse concepts and tools as an avenue of initiating a new narrative around post-graduation opportunities and goals. ODS will help students and their caregivers to navigate the tools and explore options that will help them achieve their vision of a good life.

- *Integrating services for adults with complex needs.* Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served over 80 individuals in Allegheny County and nine individuals in neighboring counties. This collaborative effort between OBH/ODS, Community Care and Merakey uses a recovery-oriented approach to support individuals with co-occurring mental health disorders and diagnosed ID or Autism Spectrum Disorder. For 12-18 months, a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator provide support. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. In the spring of 2015, Merakey recruited additional staff and increased its capacity to 30 individuals. AC DHS continues to collaborate regularly with the DDTT, OBH, and Community Care to monitor progress as well as discuss and recommend appropriate referrals for the programs at discharge. Quarterly metrics reports are reviewed on a regular basis. The team has continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

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

- *Collaboration with Justice-Related Services/Forensic System.* Since initiating this collaboration in 2014, there have been 260 inquiries into ODS involvement with individuals, with joint planning taking place for 122 individuals – approximately 28 cases per year. Inquiry origination has increased to include: ACJ, Pre-Trial Services (Behavioral Assessment Unit) and the Public Defender’s Office. The priority of this

collaboration continues to be focused on planning activities and resources that assist in diversion from jail as well as technical assistance throughout an individual's legal involvement. The ODS Promising Practice Team aims to increase our collaboration with our AC DHS partners as we facilitate responsible release and support plans for individuals with ID or Autism who are incarcerated and/or involved with the court system. Our ODS Legal Liaison along with Promising Practice Team staff work to identify gaps in the service system regarding support needs and working with AC DHS and community partners to address these gaps in service needs. A continued area of growth potential remains with our juvenile population as they interact with the forensic system and potentially age-out into the forensic system and community supports. Some specific activities and needs/barriers in this collaboration area 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 to best meet the individuals’ needs. In addition, the ODS Legal Liaison has been working with courts and court personnel regarding these individuals
 - Increased collaboration with the Allegheny County Jail so that AC DHS is notified when individuals with ID are incarcerated. This has continued to improve over the past year as has collaboration during transitions to provide community providers facilitation and assistance to meet individuals and build rapport to support more successful community transitions. ACJ staff has also assisted in obtaining needed information and documentation for community-based provider needs to facilitate quicker jail release into community provider setting. This ongoing collaboration and partnership remain very important to ensure that individuals with ID and Autism receive services and supports in the least restrictive setting possible.
 - Streamlining funding timelines that accommodate jail release, identified needs and Waiver stipulations. This is met but remains an area to be vigilant on.
 - Barriers to newly ODS-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains a priority area in need of improvement as many times, these individuals have exhausted many alternate housings and supports and have very limited options prior to ODS Intake. Their needs can involve very complex and concurrent mental health and behavioral concerns as well as significant history of trauma that adversely impact quality of life. Planning from a jail setting can be very challenging, as can transition activities.
 - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
 - Reinstatement of Medical Assistance upon release from jail continues to be an area of need. The Allegheny County Jail has a mechanism to submit an MA application prior to an individual's release in order for MA to be activated in a timely fashion; however, this mechanism cannot be applied to individuals who will need Waiver services immediately upon discharge from jail.
 - Increased collaboration with Juvenile JRS, JRS IL and Juvenile Probation to better plan for individuals that receive these services. Also working to identify individuals in juvenile justice placements that need long-term supports earlier in the planning process This remains an area of needed improvement and growth potential.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* AC DHS is involved in collaborative activities with ODP and other counties:
 - ODS frequently works with other counties in the region to review potential common data elements and explore reporting needs.
 - ODS 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.

- *Collaboration with UPMC CONNECT Program*
 - In 2009, The Congress of Neighboring Communities (CONNECT) was founded to bring together the City of Pittsburgh and surrounding municipalities in Allegheny County to identify common public policy challenges. One of these initiatives was recognizing the dire situation facing many emergency medical service (EMS) agencies. The CONNECT Community Paramedic Program was born out of this initiative and aimed to provide non-emergent, customized care to county residents struggling to manage chronic health conditions.
 - As part of the UPMC Health Plan, CONNECT is one of the longest-running community paramedic programs in the nation. This team of specially trained paramedics helps the most complex and vulnerable individuals find assistance for their medical conditions, while also addressing finances, housing, mental health, and social support needs. This team can close gaps in care by expanding the role of EMS personnel in the community.
 - The CONNECT Community Paramedic Program, which is part of the UPMC Health Plan, is a free program to anyone in Allegheny County and helps individuals manage their overall health for the long-term. They can help connect individuals with existing resources to address individuals' medical care, health, chronic illness, etc., and other important factors beyond that which may be negatively affecting the individual's life. Some of these factors may include transportation, housing, diet and exercise, or financial resources.
 - The CONNECT team typically arranges for two of their members to conduct a first meeting where the individual feels most comfortable, whether that is in the individual's home or a public place. This meeting offers an opportunity to become familiar with each other and to help determine long-term goals the individual may have for their life/health. From there, the team will gather the appropriate, available resources and provide solutions to help the individual meet those goals.
 - Initial meetings occurred between the Office of Developmental Supports and the UPMC CONNECT Program in late 2019 to discuss a collaboration between the two offices.
 - In January 2020, 86 individuals over the age of 21 who had an Emergency or Critical PUNS status and were not enrolled in one of the three ODS waivers, were identified to participate in the pilot.
 - 24% (21 individuals) of the individuals were removed from the pilot due to the following: receiving an ODS waiver, not living in Allegheny County, or dying.
 - 56% (48 individuals) have been contacted.
 - 10% (5 individuals) have been enrolled in the program
 - 19% (9 individuals) have refused to participate in the program
 - 71% (34 individuals) have not responded to the initial contact
 - 20% (17 individuals) still need to be contacted
 - In the fall of 2020, additional participants were added for a total of 146. This extended grouping now included anyone with a need identified on the PUNS. They may also be receiving PFDSW.

- Number of individuals Active/ Enrolled: 13
 - Number of Individuals Unable to be reached: 72
 - Number of individuals that still need uploaded: 5
 - Number of individuals that Refused: 20
 - Number of individuals on the Wait month: 13
 - Number of Individuals closed per Allegheny county (Due to being out of county, death, or waiver funding received): 23
- The ODS team and the UPMC Connect team meet monthly. From this point forward, any individual, enrolled with UPMC, that appears on our E-PUNS will be shared with UPMC for outreach.

Emergency Supports

When an individual experiences an emergency, AC DHS 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 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, Community Care and system options meetings.
- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

AC DHS ODS 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. ODS does not reserve any base dollars for emergencies. Any crisis situations would involve re:solve as appropriate.

Administrative Funding

AC DHS ODS will continue to have a working relationship with the PA Family Network. AC DHS will facilitate wider knowledge of PA Family Network, including with county staff, SCOs and providers. This will be done through email and planning a meet-and-greet with listed stakeholders. The group has opportunities to arrange information sessions through their working relationships with several locations that could accommodate larger groups of stakeholders. AC DHS ODS will continue ongoing collaboration in training activities, family forums and events.

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

Charting the LifeCourse

AC DHS continues to use Charting the LifeCourse framework throughout all aspects of ODS. Charting the LifeCourse Framework was created to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. The core belief of Charting the LifeCourse is that All people have the right to live, love, work, play, and pursue their own life aspirations.

AC DHS ODS has successfully completed the Charting the LifeCourse Ambassador training series. The LifeCourse Ambassador series was designed to include training, professional development, and implementation coaching to provide foundational understanding of the key principles of the framework and to introduce the application of the principles for a specific focus area and/or practice. The LifeCourse Ambassadors have trained all ODS staff.

HCQU

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

IM4Q

AC DHS 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 ODS Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County AC DHS Website. Two separate reports are developed for each program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

Other reports include:

- The Independent Monitoring for Quality (IM4Q) Allegheny County Report, which is specific to this county and details aggregate data collected during the interview process for persons receiving supports and services that are funded by the Allegheny County AC DHS Office of Developmental Supports/Developmental Disabilities.
- The Independent Monitoring for Quality (IM4Q) Statewide Summary Report, which details findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania.
- The Independent Monitoring for Quality (IM4Q) State Centers Report, which is specific to state centers in Pennsylvania and presents information collected through face-to-face interviews with 119 individuals living in state centers and receiving supports through the Office of Developmental Programs.

Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity.

AC DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 20-21.

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

Regarding our efforts to assist local providers to gain competency and capacity to support individuals who present with higher levels of need, ODS has already mentioned the DDTT, collaboration with our AC DHS partners (JRS, OBH, CYF), the RESPOND program, our small group Provider Round Table meetings, and our Complex Case Review process. These resources are aimed at learning about and preparing for individual needs. However, barriers to creating an expanded capacity to serve these individuals continues to be centered on the current residential rate development structure. Development of a new or creative site is difficult to do in the current climate. Licensing, rate development, requests for additional or enhanced staff support, as well as startup costs are all separate processes that are slow at best, disconnected at worst. In addition, the historic inability for the system to braid or blend funding and/or services has never been adequately addressed. Ultimately, the resulting service package for an individual with high/complex needs tends to be disjointed (or missing altogether) and often more expensive than necessary, quite often due to multiple in-patient admissions and coordinating services that do not match the needs/wants of the individual.

Providers can be reluctant to make commitments to these individual cases. However, ODS has spent considerable time reaching out to providers on an individual level, gathering feedback on the type of services that feel they would be willing to provide as it pertains to the needs of this population. ODS is committed to continuing to develop a network of support to address the needs of our most complex individuals. This would not only reflect direct services but an environment of technical assistance.

Risk management

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

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

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

The ODS 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 ODS 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 ODS Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

AC DHS 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.

ODS added to risk management efforts by instituting processes to assess and mitigate provider risk. ODS formed a work group for Provider Risk Management which is comprised of managers and supervisors representing each of the ODS teams. The work group meets monthly. It is charged with completing risk screening for all providers assigned to Allegheny County to identify those with risk, conducting an in-depth review of performance factors for such providers, and implementing mitigation measures. Risk assessment and mitigation may also be conducted on an ad hoc basis for a given provider as recommended by work group members.

County housing coordinator

AC DHS 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 housing opportunities for transition-age youth with Intellectual Disability or Autism.

Providers' emergency preparedness plan

AC DHS continues to enforce the bulletins and regulations that require providers to have Contingency Plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes and day and vocational programs. AC DHS 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, ODS functions as the local AE and AC DHS/ODS personnel deliver all components of the AE Operating Agreement with AC DHS, including:

- Financial processes (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

AC DHS continues to be monitored annually 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. ODS personnel also conduct an annual administrative review.

Participant Directed Services

AC DHS has been involved in the implementation and coordination of Participant Directed Services (PDS), with both Agency with Choice and Vendor Fiscal models as options. The office works with the SCOs in promoting PDS as a viable choice to families and individuals and, through waiver, both options have grown. However, expanding PDS through Block Grant funds has proven to be challenging: a guarantee of funding available on a large scale is currently not possible. There also are barriers related to the implementation of a Vendor Fiscal model under the current structure.

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

Here in the western part of the region, PDS continues to grow, although slowly, for the Vendor Fiscal. The number of participants increases each year, growing from 11 participants in FY 2011-12 to 49 in FY 2018-19 and 101 in FY 2019-20. For FY 20-21, there were 300 participants active with PDS in Allegheny County. There are three Support Broker Providers with authorizations and 23 participants currently using this service.

ODP can assist Allegheny County in continuing the growth of PDS and Supports Broker Services by including ODS 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. ODS continues to provide the technical assistance that SCOs and families need.

Community for All

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

HOMELESS ASSISTANCE PROGRAM SERVICES

AC DHS serves as the Unified Funding Agency (UFA) and Infrastructure Organization (IO) of the Allegheny County Continuum of Care, which is governed by a local Homeless Advisory Board (HAB). The board oversees development and implementation of the Allegheny County Strategic Plan to Prevent and End Homelessness. With our community partners, AC DHS has built an integrated continuum of prevention and intervention services designed to prevent evictions, reduce the time people spend in a housing crisis and connect people to permanent housing. The county's continuum of services includes:

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

Achievements and Improvements

In FY 20-21, AC DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First,⁶ and increase the flow of positive exits from homelessness services, while also adapting processes and responding to new and emerging needs due to the COVID pandemic.

Response to COVID

Safe Haven: After just three weeks of planning, Allegheny County's Safe Haven Hotel, a temporary shelter with individual rooms and bathrooms for those impacted by COVID, opened on April 6, 2020. Thanks to countless community partnerships with groups that include Allegheny County Health Department, Allegheny Health Network, Allied Security, Community Human Services, and Community Kitchen, AC DHS's Safe Haven has now provided safety along with isolation and quarantine shelter space for more than 1,000 stays for folks living unsheltered or in congregate settings since April 2020.

Hygiene Stations: To meet the needs of individuals living unsheltered or in camps, AC DHS placed and supported porta johns and handwashing stations in our most populated camps.

Expanded Access to Winter Shelter: Each year, AC DHS supports a winter shelter for men and women downtown and a severe weather shelter in suburban McKeesport. Due to the space restrictions imposed by COVID, AC DHS extended the McKeesport severe weather shelter into a winter shelter kept open every day, and opened 2 temporary winter shelters downtown. AC DHS also extended the winter shelter season by 3 months at each shelter.

Warming Centers & Cooling Center: Many spaces typically open to individuals experiencing homelessness during the day have been inaccessible due to COVID. Recognizing the need for safe, temperate locations to be available during the day, AC DHS supported three warming centers during the winter season. AC DHS will continue to fund a drop-in cooling center through summer 2021.

⁶ <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

Additional COVID response efforts included:

- Establishing isolation/quarantine facilities for CYF youth and any system-involved families or individuals
- Working with Allegheny County Economic Development on rental assistance to prevent eviction
- Obtaining HUD waivers to extend housing and virtual inspections
- Purchasing phones for people experiencing homelessness who do not have access to phones or WIFI
- Partnering with Allegheny Health Network to distribute tablets for each person in isolation/quarantine so that they can receive physical and/or behavioral telehealth services

System Enhancements

Strengthened Coordinated Entry (CE). AC DHS has a centralized access system through the Allegheny Link for individuals and households experiencing homelessness and seeking housing. To allocate available housing, the CoC's coordinated entry system historically depended upon a widely adopted but not locally validated actuarial tool that relied upon self-reported information that is highly personal and dependent upon the person's memory and trust. As part of an ongoing effort to improve decisions at key points in its systems, Allegheny County worked with local stakeholders, research partners (Auckland University of Technology) and data science ethicists (Eticas) to develop the Allegheny Housing Assessment (AHA). The AHA is a decision support tool designed to help prioritize admissions to supportive housing services for individuals or families experiencing homelessness. The tool uses administrative data from Allegheny County's data warehouse to predict the likelihood of three types of events occurring in a person's life if they remain un-housed over the next 12 months: a mental health inpatient stay, a jail booking and frequent use (4 or more visits) of hospital emergency rooms. These events serve as indicators of harm if a person remains un-housed. Like the previous assessment tool, the AHA assigns a risk score that is used as part of the housing prioritization process, but it is far more accurate and equitable and does not require the time or trauma associated with asking sensitive questions at the time of housing crisis.

In FY 20-21, the Link:

- Prioritized those most in need of homeless services.
- Homeless Services and Supports Coordinators provided formal case conferences for families in emergency shelter to help them achieve housing permanency.
- Used Dynamic Prioritization, so that we use all available housing resources for persons experiencing homelessness flexibly and offer them immediately to the individuals who need them most at the moment.

Prevented and diverted people from homelessness. 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 or calling landlords, as well as assisting individuals and families with finding more affordable housing before their situation reaches a crisis.

Expanding access to low-barrier shelter and services. Over the past two years, AC DHS has worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations to bring to life the vision of a Low-Barrier Shelter. Together, this group envisioned a place where anyone over the age of 18 can go to receive immediate access to shelter and housing assistance that is not contingent on sobriety, income requirements, criminal records or program demands. The group envisioned a Shelter where adults experiencing homelessness are empowered and supported to quickly obtain stable, permanent housing. The result of this collaboration is Second Avenue Commons (The Commons), a brand new 45,000-square-foot, five-floor facility currently under

construction on Second Avenue in the downtown corridor of Pittsburgh. The Commons is scheduled to open in July 2022, pending the completion of construction. The new building will house four complementary services that do not currently exist elsewhere in Allegheny County:

1. A 24/7, 92-bed Low-Barrier Shelter with space to add 40 additional beds when needed
2. A daytime Drop-in Center
3. A clinic staffed and operated by UPMC that provides routine physical and behavioral health services
4. 45 Single Room Occupancy (SRO) units, which are a type of permanent housing that offers small, private, furnished rooms along with shared bathroom and kitchen facilities

Strengthened the Housing Navigator Unit (HNU). HNU is a centralized unit within AC DHS that fosters relationships with landlords to encourage renting to higher-need households, creates a system to track available and affordable housing, and assists AC DHS case workers and providers in their efforts to help clients obtain housing. AC DHS recognizes a need to help homeless providers understand affordable housing and improve their ability to access landlords in the private rental market, where most homeless services are provided. The HNU launched in the late fall of 2018 and currently operates with two full time staff. To date, the HNU maintains a list of 300 landlords that operate in the private rental market in Allegheny County. The unit created a training series for providers regarding working with landlords and tenants and accessing housing programs, including the Housing Choice Voucher Program. The unit also created videos on eviction and tenant rights and collaborated with other AC DHS program staff on housing assistance.

Continued the Home 2020 Program. AC DHS opened a new, low-barrier facility for Bridge Housing services in 2020, geared toward those reluctant to go into a housing program, including couples.

Targeted access to Rental Assistance. AC DHS offered expedited access to rental assistance to individuals in emergency shelters, experiencing street homelessness or in homeless (eviction) prevention programming with a high risk of homelessness. This targeted resource supports our efforts to make homelessness rare, brief, and non-recurring.

Unmet needs and gaps

Affordable housing: Allegheny County, which includes the City of Pittsburgh, is experiencing a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. In 2016, 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% of the city's median household income (MHI). For every 100 of these extremely low-income households, only 34 units are available. As the affordable housing crisis deepens, low-income households become increasingly vulnerable to eviction/foreclosure and homelessness.⁷

Economic mobility: Research⁸ has demonstrated that households with children achieve better outcomes when they live in high opportunity neighborhoods. Many families utilizing Housing Choice Vouchers do not have the option of moving to a high opportunity area. AC DHS will be launching an economic mobility initiative in FY 21-22 that aims to expand the acceptance of HCV in high-opportunity areas through work with landlords, communities, and HCV holders.

Coronavirus impact: The full impact of the pandemic is still unknown.

⁷ https://apps.pittsburghpa.gov/dcp/Pittsburgh_Housing_Needs_Assessment.pdf

⁸ <https://www.brookings.edu/blog/social-mobility-memos/2018/01/11/raj-chetty-in-14-charts-big-findings-on-opportunity-and-mobility-we-should-know/>

Services, efficacy, and proposed changes

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

Table 4: HAP Services and measures of efficacy

Service	How AC 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>	<ul style="list-style-type: none"> • Measure: Share of people served by Bridge Housing who exit to permanent housing. • In FY 20-21: 58% of households who exited bridge housing exited to permanent housing.
<p>Case Management assists families experiencing homelessness in achieving self-sufficiency through client centered service plans that may include goals for basic life skills, financial management, job preparation skills and/or employment skills. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services, help families secure and maintain, conduct very targeted housing search assistance to move families into affordable housing within the community without having to continue through the homeless system, and follow the family into the community once housed to ensure it is a supported transition.</p>	<ul style="list-style-type: none"> • Measure: Number of homeless individuals assisted by HSSC • In FY 20-21: 315 individuals were provided with case management services.
<p>Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. (This includes Penn Free.)</p> <p><i>Note: In addition to the existing HAP rental assistance, Allegheny County provided assistance to approximately 5,800 households in FY 20-21 through CRRP and ERAP.</i></p>	<ul style="list-style-type: none"> • Measure: Number of people for whom eviction is prevented, through rental assistance • In FY 20-21, 130 clients (singles) received rental assistance.
<p>Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. The median length of stay for homeless households utilizing Emergency Shelter should be 30 days. 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>	<ul style="list-style-type: none"> • Measure: Number of people prevented from being street homeless through shelter (including shelter for people who are victims of IPV) • In FY 20-21, 1,670 individuals were prevented from becoming street homeless
<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. One of the program’s primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.</p>	<ul style="list-style-type: none"> • Measure: Number of homeless individuals assisted • In FY 20-21: AC DHS provided approximately 84 clients with other housing supports

Proposed changes in FY 21-22:

- AC DHS has long benefited from individuals with lived experience providing input and feedback on service design and delivery in the child welfare system. In FY 21-22, AC DHS will work to increase consumer voice in homelessness service design and delivery at the system and programmatic levels. Using our Youth Action Board as a guide, we intend to develop a similar board of adults.
- AC DHS will explore a progressive engagement model and begin to develop a plan for re-procurement of all RR providers.
- AC DHS will continue to evaluate the effectiveness of current Rental Assistance programs and explore models being used successfully in other areas.
- AC DHS is working to integrate its behavioral health and homeless housing systems through a shared front door and common assessment tool; and to rethink and retool its available supportive services to better meet people's needs and support their exit from the housing system back to the community.

Homeless Management Information System

The Allegheny County CoC's Data and Planning Committee uses HMIS data to measure and track homeless system performance and to inform policy decisions about homelessness for the community. AC DHS's dedicated HMIS staff and a homelessness/housing analytics team continue to produce analysis and reports that guide planning and decision-making. The vast majority of Homeless Assistance providers enter data into HMIS; in accordance with federal law, IPV providers do not. While our current HMIS solution is highly customizable and receives excellent customer support, ensuring that the HMIS remains compliant with HUD data and reporting standards is a significant resource and staff burden. We are looking for ways to improve the HMIS system and its efficiency.

SUBSTANCE USE DISORDER SERVICES

AC DHS continues to prevent, intervene and treat substance use disorders (SUD) within a D&A system rooted in the philosophy that individuals with SUD can recover when given the quality treatment (including Medication Assisted Treatment (MAT)), support and services that evidence shows can help people become healthier and build connections to family, community and peers. This D&A system is built upon partnerships with health and other service providers, funders (particularly Community Care, 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. AC DHS and its partners work to ensure that their system is accessible, trauma-informed and culturally competent. They also hold a high standard for their investments of resources. They seek a strong base of evidence, expecting that service providers tap each consumer's internal motivation for recovery, and evaluate the impact of services upon individuals and this community.

Notable initiatives in FY 20-21:

- **The opening of an engagement center, safe place to stay, and engagement and coordination teams.** Using a three-pronged approach to providing Allegheny County residents age 14 and up with SUD and/or co-occurring disorders (along with their family and friends) with clear and easy access to treatment, substance use education, resources, screenings, assessments and recovery support.
 - *The Engagement Center* – The Pathway to Care and Recovery operated by Renewal is a space open 24/7/365 where people seeking substance use support, as well as family members and loved ones, can access screenings, assessments, peer support, evaluations, referrals, treatment transition support, Medicated Assisted Treatment (MAT) education, harm reduction education and other recovery resources.
 - *A Safe Place to Stay* – a space where people who have received an assessment and are awaiting an open treatment slot can stay and receive certified addiction and peer support, along with food, shelter and professional monitoring.
 - *Engagement and Coordination Teams* – team-delivered, community and site-based peer recovery support and case management services designed to reduce the barriers that prevent individuals from initiating and engaging in treatment and recovery services.

In November of 2020 the Engagement Center opened and began operation as well as the Engagement and Coordination Teams. In May of 2021 the Safe Place to Stay opened for operations as well. Since their openings they have had 327 in-person visits, 659 incoming calls, 204 incoming requests for mobile dispatch, and 464 EC team dispatches.

- **Preventing homelessness and ensuring housing stability for people with Opioid Use Disorder (OUD)** through an established DDAP grant-funded pilot system of rental assistance and housing supports, along with expanded case management and supported services. Approximately 200 individuals received housing supports along with intensive case management. Case managers acted as the single point of contact for coordination of care and services across multiple health and social service systems, helping with transitions between levels of care, making referrals for professional services (i.e., mental health, physical health) and connecting individuals to resources, like Medical Assistance and TANF, while supporting them in meeting their self-directed recovery goals. The grant is currently in its third and final year.
- **Establishing a family residential SUD treatment program.** The Family Healing Center (operated by Auberle) maintains its purpose to serve as a trauma-informed residential drug treatment program (ASAM

Level 3.5) for families with a parent in critical need of treatment for unhealthy substance use. The proposed community site located in Mt. Oliver was being renovated in preparation for the program. It had been repurposed as a COVID-19 space for families involved with Children, Youth and Families. In early 2021 renovations resumed and there is a tentative date for completion by the close of the calendar year. Workgroups comprised of stakeholders and Auberle staff have been established to address various programmatic aspects of The Family Healing Center and have again begun work in preparation for the program implementation.

- **Continuing to Implement a coordinated response to the opioid epidemic.** To combat the devastating effects of the opioid epidemic, AC DHS continues to coordinate efforts to serve people most in need in the most effective way by expanding treatment and availability, providing naloxone training and distribution and focusing on early prevention. Key components of this initiative include:
 - Continuing to improve the assessment skills of MH providers for SUD and risk of overdose.
 - Expanding prevention programs with schools and community groups, especially leveraging the Student Assistance Program (SAP), which places liaisons in school districts to help school personnel identify students with drug and alcohol and/or mental health needs that pose a barrier to student success and to help students overcome these barriers so that they may meet their academic goals. All prevention programs must include overdose education.
 - Working to expand access to effective treatment for those with opioid use disorders, including medications (i.e., Methadone, Suboxone and Vivitrol), using results from AC DHS' MAT survey and feedback from D&A provider meetings.
 - Putting the supports in place to reverse opioid overdose by distributing Narcan to BH providers and various AC DHS human service organizations.

- **New residential treatment and withdrawal management program for women.** *Restore*, an ASAM Level 3.7WM and 3.5 program operated by Pennsylvania Organization for Women in Early Recovery (POWER), will be opening by the end of the calendar year. This program will help women seamlessly transition from managing withdrawal symptoms to receiving treatment services. *Restore* will provide a gender-responsive treatment environment, with an understanding of how women's issues and trauma affect the progression of addiction and the recovery process.

- **Continued improvement toward better availability of Vivitrol.**
 - *New Mobile Vivitrol Provider:* Allegheny County recently contracted with a mobile vivitrol provider, Positive Recovery Solutions.
 - *Vivitrol Grant:* The SCA received funding to provide Vivitrol and comprehensive substance abuse treatment to eligible individuals upon release from the County Jail. In this project, eligible individuals received their first injection of Vivitrol in the jail from the jail's health services staff, and received recovery support, service coordination, and rapid enrollment in Medical Assistance.

- **Continuing to Expand distribution of Narcan** by working with the Allegheny County Health Department to give over 7,519 kits to organizations that come into contact with those at the highest risk of overdose. AC DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to ensure staff have access to Narcan.

- **Continuing to Connect Individuals in the Allegheny County Jail to MAT.** AC DHS continues to have several initiatives targeted at giving people in the jail access to MAT and ensuring that they continue to have access when in the community. The initiatives provide screening and assessment for opioid use disorder,

education on overdose prevention, distribution of Naloxone, appropriate MAT based on the clinical decision support tools developed by Community Care, service coordination and rapid enrollment in Medicaid. Important changes to the D&A and criminal justice systems include: 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. As of June 2020, 49 individuals received support during their transition out of jail, 185 individuals received services while in the jail and 741 clients completed applications for Medical Assistance.

- **Building peer support capacity.** To date, AC DHS has trained 104 individuals of which 71 have become Certified Recovery Specialists and all have been trained on Narcan administration. Trainings have been on a hold since March 2020 due to Covid-19 restrictions and precautions. Once trainings are able to resume, AC DHS will continue to increase the number of CRS trained for the D&A system.

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

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

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

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

Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management		
Medically-Managed Intensive Inpatient Services		
Opioid Treatment Services (OTS)		
Clinically-Managed, High-Intensity Residential Services	3	4
Partial Hospitalization Program (PHP) Services		
Outpatient Services		
Other (specify)		

*Average weekly number of individuals **Average weekly wait time

This was done as a point in time survey: 13 providers responded, of the 13 only 1 keeps a waiting list, their data is what is above.

Overdose Survivors' Data

Allegheny County currently works with six Centers of Excellence (COE) who use the warm handoff procedure to assist individuals who go to emergency departments and who suffer from SUD. Previous focus was on Opioid Use Disorders (OUD). Recent changes in reporting of Warm Handoff data has expanded to gather on all SUD diagnosis. The current COE providers are:

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

Hours of operation are:

Gateway	Days and Evenings 7 days per week
Magee	Mon-Fri Daylight only
Tadiso	Days and Evening 7 days per week
UPMC: GIM	Mon-Fri - Daylight only
AHN	Mon-Fri - Days and Evenings
WPIC	Mon-Fri - Daylight only
Renewal	24/7/365

Emergency Department (ED) Coverage/Locations

WPIC	UMPC Magee, UPMC Presbyterian, UPMC WPIC, UPMC Mercy, UPMC McKeesport
Gateway	If contacted provider will go to any ED entity
Tadiso	Various EDs as needed in Allegheny & surrounding counties
Magee	Magee Women's Hospital
GIM	UPMC Presbyterian
AHN	Allegheny General Hospital and West Penn
Renewal	EC teams will go where needed by consumer or family

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

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
895	483	COE	94

Levels of Care (LOC)

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	8	3	
4	1	1	
3.7 WM	0	0	
3.7	1	1	
3.5	17	9	
3.1	7	3	
2.5	8	7	
2.1	14	13	
1	19	17	

Treatment Services Needed in County

Expanded MAT. AC DHS recognizes MAT as a lifesaving evidence-based practice that helps to treat opioid use disorders and aids people on their path to recovery. In the Joint Position Statement on MAT for Opioid Use Disorders in Allegheny County,⁹ issued by AC DHS, the Health Department, Community Care and AHCI, AC 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. AC DHS has continued to educate providers and has made it a requirement for funding that agencies accept clients without this discrimination. AC 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 Commonwealth of Pennsylvania, AC DHS recognizes the need for continued expansion of and advocacy for MAT services.

Increased treatment capacity. The need for services for people with SUD across the continuum of treatment in Allegheny County continues to outweigh the supply. In addition to expanding treatment capacity to meet the growing need, AC DHS continues to recognize the need for a better treatment slot management system and clearer pathways for people into and through the system. Through the development of a centralized coordinated entry system, AC DHS worked to make accessing treatment easier for people who need it and utilize the resources available in the County most effectively.

There are five Certified Assessments Centers (CAC) in Allegheny County:

- Jade Wellness
- White Deer Run
- Pyramid
- POWER
- Pathway to Care and Recovery (Renewal)

⁹ http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf

The CACs offer access to level of care assessments and other services, including the identification of barriers and non-treatment needs and referrals to services to address them. Clients are seen within 48 hours or less. All CACs use a universal level of care assessment instrument that is accepted by all Allegheny SCA-contracted providers.

Clients receive follow-up calls to assure treatment admission and engagement and resources are provided if admittance into treatment is delayed.

Expand Recovery Housing. The need for Recovery Housing continues to be a priority. Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Drug and Alcohol Services (BDAS) will re-issue the Recovery Housing Request for Proposals (RFP) during fiscal year 2021-2022 to further expand the availability of this service to county residents.

Creation of Case Management Services for youth. To address an increase in need for youth-centered services, the BDAS is finalizing an RFP for Intensive Drug and Alcohol Case Management for Youth that will be released during fiscal year 2021-2022.

Access to and use of Narcan in County

AC DHS advised and provided subject matter expertise to the Allegheny County Health Department during the development of their 2015 Plan for a Healthier Allegheny,¹⁰ a guide for health improvement for the next three to five years that involved multiple partners and strong commitment from residents. It was designed to complement and build upon plans, initiatives and coalitions already in place in the County. The intent of the plan is to identify major health priorities, overarching goals and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County. One of those goals relates to reducing mortality and morbidity related to mental illness and SUD, and the specific strategies listed to reduce the number of opiate-related overdose deaths. For example:

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

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

Working together, AC DHS and the Health Department distributed 7,519 kits in FY 20-21 to organizations that encounter those at the highest risk of overdose, including human service providers, first responders, pharmacies and libraries. AC DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.

¹⁰ The plan is available at <http://www.achd.net/pha/index.html>

County Warm Handoff Process

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

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

Each COE collects data on the use of the Warm Handoff program and reports that data to the county by the 15th of each month. The county tracks that data for each provider and for all providers, as well as combining the data into one set of numbers. The county also provides technical assistance to the COE's as needed. The county turns in the completed data via ArcGIS to the state by the last Friday of each month.

Warm Handoff Data:

# of Individuals Contacted	1159
# of Individuals who Entered Treatment	551
# of individuals who have Completed Treatment	Unknown

Challenges with Warm Handoff Process Implementation:

As an administrative SCA, we contract with Centers of Excellence to complete Allegheny County's Warm Handoff procedures. They work very diligently with emergency departments to conduct the warm handoffs and get individuals into treatment. However, they do not follow those individuals once the warm handoff is completed. Therefore, we are uncertain about the number of individuals who complete treatment after being referred through the warm handoff procedure.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

In FY 21-22, DHS will use Block Grant funds to support critically important Adult Services and Specialized Services.

Adult Services:

In FY 21-22, DHS will continue to fund two services through the Adult Service category - homemaker services that help to keep low-income adults with disabilities in their homes, as well as case management for at-risk and vulnerable population groups. Each of these programs is described below:

1. Homemaker Services

DHS provides homemaker and assistance services to eligible low-income disabled adults (18 through 59 years of age) who are not eligible for other programs and who depend on these services to allow them to live independently in their residences rather than in a more restrictive, costly alternative such as personal care homes or assisted living facility. The In-Home Specialists assist consumers with light housekeeping, personal care, grooming, errands, making telephone calls, and managing their mail. Additionally, In-Home Specialists help consumers 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 consumers 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.

Consumers receive an initial and semi-annual in-home assessment to determine their physical and mental health needs and their unique strengths. The provider and the consumer create an individualized service plan that details the types and frequency of service, the specific tasks the In-Home Specialist will do, and the tasks that the consumer will receive support in completing. Adjustments are made to the service plan as needed.

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. HSDF funding provides case management services to assist eligible adults to improve stability and economic security.

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.

Aging Services:

DHS did not use the Aging Services cost center in FY 20-21 and does not plan to use this cost center in FY 21-22.

Children and Youth Services:

DHS did not use the Children and Youth Services cost center in FY 20-21 and does not plan to use this cost center in FY 21-22.

Generic Services:

DHS did not use the Generic Services cost center in FY 20-21 and does not plan to use this cost center in FY 21-22.

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. DHS plans to fund the following services in FY 20-21:

1. Services for the Criminal Justice-involved Population

The Allegheny County Jail Collaborative, established in 2000, is an initiative of Allegheny County government—DHS, Jail, and Health Department—the Fifth Judicial District of Pennsylvania and community members with a shared mission to reduce recidivism among people involved in the Allegheny County criminal justice system. The Collaborative’s nationally renowned Reentry Program has been shown to reduce rearrests by a statistically significant amount (24 points) compared with a matched comparison group; and prolong the time to rearrest.

The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and in the community. AC 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 starting in the jail or alternative housing, through their transition to the community and continuing for 9-12 months after they leave the jail. These services include:

- **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 their housing, behavioral health, education and employment goals.
- **Family Support:** Family reunification plays a vital role in facilitating a successful return to the community and research has found that parents who have more visits with their children while incarcerated are less likely to recidivate. The Jail Collaborative offers parenting classes using an evidence-based cognitive-behavioral curriculum called “Parenting Inside Out,” at least two coached phone calls with family members and allows for monthly structured family visits in the jail’s contact visiting room. Visits with children have been found to be most beneficial when parents and children can have physical contact in a child-friendly setting, and the contact visits are designed to do just that. During 2018, the U.S. Department of Justice selected Allegheny County for a grant that is allowing us to enhance our family support services for children and family members of the incarcerated.
- **Vocational Training and Stipends:** The Jail Collaborative offers training in various fields—including masonry, culinary arts and machining—free of charge to clients. Through a new pilot initiative funded largely through a grant from the US Department of Labor, we will begin to pay participants a living wage stipend during the time they are enrolled in training, pre- and post-release. Block Grant funds will support these stipends.
- **Cognitive Behavioral Therapy Groups:** The Jail Collaborative offers Thinking for a Change, an evidence-based cognitive behavioral therapy (CBT) curriculum delivered to groups in the jail, and Sage Maintenance Group, a follow-up to the Thinking for a Change curriculum that allows an extended time to put into practice the CBT concepts in a small-group setting.

- **Educational courses:** The Jail Collaborative offers a range of educational courses for different academic levels, including adult basic education, pre-GED, GED and computer literacy. In addition to the services the Jail Collaborative offers to incarcerated individuals at higher risk of recidivating, DHS will use Block Grant dollars to expand “reentry for all” inside the jail and immediately following release through:

- **Reentry Learning Management System (LMS) for Digital Tablets:** The Allegheny County Jail now offers digital tablets to incarcerated individuals. Currently, the tablets are enabled for reading, listening to music, making telephone calls, and communicating with jail staff. The LMS will add educational, anger management, employment, mindfulness, and recovery-oriented content to the tablets, increasing access to reentry supports for a broader population of incarcerated individuals.
- **Post-incarceration Clinic:** The Jail Collaborative will provide support for a new, holistic medical clinic whose goal is to offer healthcare and address the social determinants of health for individuals leaving the jail who have 2 or more chronic conditions, one acute condition, untreated Hepatitis C virus, a substance use disorder, or women’s health needs. Patients will be identified pre-release and connected with an appointment at the clinic within 72 hours.

2. Battering Intervention Services

AC DHS works 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 AC 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, AC 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 groups, 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 AC DHS and the Fifth Judicial District of Pennsylvania as the only acceptable program for offenders referred by the courts, child welfare and other sources. Some sessions are held for men who are incarcerated within the County jail. Most are hosted in the community in various locations across Allegheny County. During the COVID-19 pandemic, all provider agencies continued to serve their consumers through a variety of means: weekly check-ins, virtual group meetings and written homework. 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. AC DHS therefore entered a contract with four certified providers to supplement participant fees and allow the programs to be financially sustainable.

With the support of Block Grant funds, AC DHS will continue to fund the four certified BIP providers in FY 21-22. These BIP sessions will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but 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 Cognitive Behavioral Therapy, Motivational Interviewing and other psychotherapy techniques to shift perpetrators’ attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. AC DHS monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting

needs. While the majority of BIP sessions are available to men, there are groups for females and one agency that provides BIP specific to same-sex couples.

3. 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 Child and Adult Integration and Teaming Meeting (ITM) process. The goal of integrated planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, criminal and juvenile justice and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process, DHS provides Individual Care Grants through one of its provider partners to pay for a specific service need that none of the existing funding streams can provide. Care grants are only approved as a last resort, when all other resources have been exhausted and an individual needs a service (that adheres to all HDSF policies, procedures and regulations) to move to the next level of care or meet their goals. Sample services include, but are not limited to, assistance with moving the belongings of a client from a hospital to the community and paying for bus passes for a consumer to complete a workforce training program. Any unique service that would help the client move to self-sufficiency, so long as it is permissible within HDSF guidelines, could be funded via an individual care grant. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted). The Individual Care Grants are part of Specialized Services and are not used for rent subsidies. They are for individuals with complex and multiple needs; while some may be homeless, many are not. To design the initiative, DHS convened a committee and created a business process (from the point of referral to the awarding of an Individual Care Grant) that is based on the following criteria:

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

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 Integrated Teaming Meeting process engages all involved systems to discuss strategies 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. Funding is approved upon administrative directive or core team review and approval of the request.

4. Legal Representation

DHS strongly supports legal representation for parents and youth 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 youth 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.