

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

### **Engaging Critical Stakeholder Groups**

The Allegheny County Department of Human Services' (DHS) leadership team is composed of the director, the executive deputy director for Integrated Program Services, and deputy directors and administrators from the offices within DHS: Children, Youth and Families (CYF); Behavioral Health (BH) (which includes the Single County Authority and Early Intervention); Intellectual Disabilities (ID); Community Relations; Administration; Analysis, Technology and Planning (ATP); and the Area Agency on Aging (AAA). This leadership group reviewed consumer feedback, program performance, and reports to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. Information sources also included:

- The guidance and recommendations of 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, Children's Cabinet, Foster Parent Advisory Board, County Community Services Advisory Council, Homeless Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, LGBTQ Community of Practice, and Systems Improvement Through Youth).
- The results of telephone and in-person surveys and focus group interviews of people who have utilized DHS services, conducted by ATP's Client Experience Unit, Consumer Response Action Team of Allegheny County (CART) and Independent Monitoring for Quality (IM4Q)<sup>1</sup>.
- Current information about community needs and service gaps, collected and shared by DHS, Allegheny Health Choices, Inc. (AHC), Community Care Behavioral Health (CCBH, the county's behavioral health Medicaid managed care organization), the Continuum of Care (CoC), and the Allegheny County Health Department (ACHD).
- Opportunities for partnership identified by community members and providers, as well as city, county, and other staff. Examples of these opportunities include partnerships with CareerLink and other aspects of the workforce system that Partner4Work manages; and partnerships with city and county housing authorities to enable DHS clients to access more of the housing available through these agencies.

### **Serving residents in the least restrictive settings**

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—serving 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 19-20, Allegheny County 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 additional services such as housing, food, treatment, or 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 and help them remain safely in their homes and with family members.

### **Key aims in FY 19-20**

In response to the community needs identified during FY 18-19, DHS will focus on the following major initiatives in FY 19-20:

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<sup>1</sup> <http://www.dhs.pa.gov/citizens/intellectualdisabilitiesservices/independentmonitoringforquality/>

1. **Combatting the devastating effects of the opioid epidemic.** During 2018, 432 people in Allegheny County lost their lives to overdose,<sup>2</sup> directly affecting hundreds of children, youth, and families. The opioid epidemic impacts every area of the human service system, exacerbating mental health issues, driving people to homelessness, jeopardizing the stability of families and safety of children, and threatening employment and income. DHS continues to work with partners in the Allegheny County Health Department and our network of providers to implement a coordinated response to this epidemic through a variety of partnerships and initiatives that improve and expand access to prevention, treatment and recovery services and help keep adults, children and families healthy and safe. Key to this work is making available lifesaving overdose-reversing drugs and working in communities to make sure that the people who need them have access. All the while, DHS continues to improve its understanding of the crisis by collecting, analyzing and reporting on overdose and service usage data and using this information to tailor prevention and intervention services to the areas most affected.
2. **Increasing access to safe, affordable housing** for people, especially those with serious mental illness, suffering from substance use disorder and/or experiencing homelessness. Without meeting the basic need of having a place to live, people struggle to attend to getting a job, treating a substance use disorder, pursuing personal goals and otherwise improving their quality of life. DHS will continue to work to reduce barriers to housing and address waitlist times.
3. **Preventing crises and harm** to children, youth, and adults. DHS is investing in services that prevent abuse and neglect, prevent harmful behaviors, and reduce crises and the need for higher levels of care. Through our prevention approach, we are working to empower people, strengthen families, and build a healthy, connected community. (One example of our focus on prevention is Early Intervention. DHS is connecting Early Intervention with early care and education services so that we can identify children with developmental delays or disabilities as early as possible and they can learn new skills and overcome challenges, preparing them to achieve their full potential in school and life.)
4. **Delivering crucial family services through the Early Learning Resource Center (ELRC).** On July 1, 2019, DHS opened the ELRC for Region 5. The ELRC administers the state's childcare subsidy and Keystone Stars programs for Allegheny County and acts as a single-entry point for families to connect with important family services, WIC, early intervention, family support, home visiting and an array of other services for children and caregivers. In addition to working with families, the ELRC is working directly with childcare providers to continually improve the quality of early learning and education in the county, including through providers' Stars certification.

#### **Data systems used for client count projections**

DHS uses its data warehouse and enterprise financial system to monitor the quality and impact of its programs, manage contracts and spending, and inform its approach to further service integration. These systems are the source of the dashboards available to administrators, staff and, often, the public, to be able to view client counts and outcomes. Direct service staff (providers and DHS staff) also use DHS's "Client View" application to quickly see the full range of services that clients are using and have used in the past, as well as collateral information that is important for planning services and coordinating referrals and information across the human services network.

This data warehouse-based information is the source of information for many Block Grant client counts. For programs not fully piloted or not part of the new data system, DHS uses provider reports to aggregate client counts. As all providers convert to the new system, client counts will become automated and more accurate (the system promotes greater adherence to definitions and eliminates duplication). The unduplicated count of clients served within a program area will therefore change as providers begin using the new system; when client counts change

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<sup>2</sup> <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

significantly between years, DHS will provide notations to indicate whether the change is due to providers' use of a new system or reflective of a true change in the quantity of services provided.

**PART II: PUBLIC HEARING NOTICE**

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

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

- April 26, 2019 at 9:30 a.m., Father Ryan Arts Center, McKees Rocks
- April 26, 2019 at 1 p.m., Human Services Building, Downtown Pittsburgh

Twenty-nine individuals attended the public hearings, including members of advocacy groups, contracted providers, and staff. The director of DHS: presented information about the Human Services Block Grant and human service needs; asked the participants to discuss community needs and their ideas for addressing those needs; and facilitated a discussion with participants, collecting their comments and suggestions and using their input to develop the Block Grant plan.

**PART III: CROSS-COLLABORATION OF SERVICES**

**Employment**

Connecting people to appropriate training and employment opportunities and supporting them so that they maintain employment is key to helping them achieve self-sufficiency, independence and wellness. While DHS has a number of workforce initiatives that the Block Grant funds (see Table 1), the local workforce development organization, Partner4Work, is the county’s primary workforce organization, so DHS partners with them to make sure that its 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, with the goal of helping people with human service needs gain employment. DHS and Partner4Work focus on coordinating human service and employment services, advocating for workforce development for people with human service needs, and building stronger referral networks and ways to share resources. In 2019, with the support of the Heartland Alliance, DHS will collaborate 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.

Because of the unique needs of people who are homeless, 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 DHS staff and 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.

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

**Table 1: DHS Workforce Initiatives and Programs**

<b>Program</b>	<b>Description</b>	<b>Annual # of Clients Served</b>
Self-Sufficiency	Helps individuals at or below 125% of the Federal Poverty Level (FPL) meet employment goals	137
Allegheny County Outreach	Provides case management, service coordination, and support services for persons who are at or below 125% FPL who have a goal of improved stability and economic security	40
Community College of Allegheny County (CCAC) Modern Office System Training (MOST)	Provides high-demand, quality office technology training to unemployed and underemployed individuals at or below 125% of the FPL, to develop employment skills that lead to self-sufficiency and career advancement	26

Jail Collaborative	Multiple training and employment services for individuals coming out of the Allegheny County Jail. Participants can attend job training programs that lead directly to jobs in fields that are open to people with criminal records, such as culinary arts, machining and masonry. The Jail Collaborative also supports job placement services at each of the three probation Community Resource Centers. The Jail Collaborative expanded job training opportunities through its second Training to Work grant, a U.S. Department of Labor-funded project in collaboration with Partner4Work. The Jail Collaborative and Partner4Work designed a project that would combine the workforce expertise of Partner4Work with the case management experience of the Jail Collaborative.	385
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 ultimate goal.	571
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).	434 <sup>3</sup>
Intellectual Disability Waiver Employment Services	Supports individuals with intellectual disabilities in finding and maintaining work	3,000 waiver eligible individuals

**Housing:**

DHS recognizes that homelessness is a complex problem and is usually intertwined with unemployment, lack of affordable housing, substance use disorder, 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 2018:

- 59% of people active in the homeless service system had also received a county-funded mental health service
- 28% had also received a county-funded service for substance use disorder
- 11% self-reported an experience of domestic violence.

Using federal, state and local funds, 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 homeless consumers and comprise a Continuum of Care that includes outreach and prevention services, emergency shelters where people can stay for up to 60 days, 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 DHS and the HAB to make homelessness in the County rare, brief, and non-recurring by 2022. The plan includes:

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<sup>3</sup> Number reflects all Employment Institute (not just Youth Zone) clients served in FY 2018-19 through May 31, 2019.

- 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

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

- **Connected people to resources through the Allegheny County Link.** Link services include information and referrals, homeless services coordination, eligibility screening, options counseling, application assistance and case management.
- **Created a Section 811 Housing Initiative in Allegheny County,** which provides project-based and tenant-based Section 8 housing for people who are 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.
- **Streamlined access to behavioral health housing resources through the Housing Portal.** Providers can log on to the portal, fill out basic information about a client, and see what types of housing their client is eligible for, including mental health residential, drug & alcohol recovery, deep rent subsidy, Section 811 and veterans.
- **Establishing the Housing Navigation unit at DHS.** DHS has hired two housing navigators, who will link DHS clients with housing through their case managers. The navigators first identify affordable housing (working with landlords to secure these units for low-income, service-involved clients), and then assist case managers who are working with DHS clients to match their clients with appropriate housing. As the “go-to” source of information and technical assistance for connecting low-income, service-involved clients to affordable housing units, the navigators have built a network of landlords, educated and trained case managers on how to help their clients find and secure housing, and provided targeted assistance for linking clients and housing.
- **Established 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 to these more established initiatives, DHS is working on expanding these homeless prevention initiatives:

- **Homeless prevention program for child welfare-active families.** DHS is currently seeking proposals for a Homeless Prevention Services provider for child welfare-active families. The program will employ mobile case managers (“Housing Specialists”) who will 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.

- **Homeless prevention through the Urban Redevelopment Authority of Pittsburgh.** DHS is collaborating with the URA on the homelessness prevention components of the Housing Opportunity Fund. (The City of Pittsburgh is committing \$10 million per year for the next 12 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 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 supports that consumers need for their health and well-being. During FY 18-19, DHS continued to integrate these services by:

- **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. 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.
  - **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 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.
  - **DHS is working to establish a re-entry housing facility** that will provide a 60-90 day temporary housing arrangement for people exiting the jail who have a mental health or co-occurring mental health and substance use need. While in re-entry housing, people will engage with Justice Related Services (JRS) and receive support in accessing community-based mental health treatment and other supports that will help them transition to living in the community. The plan is for the facility to house 6-10 people at a time and to serve approximately 48 people a year.
- **Providing mobile psychological rehabilitation** – DHS identified a need for a mobile rehabilitation for frequent utilizers of acute services. Two providers will administer mobile psychological 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.
- **Analyzing mental health housing services** to improve the way people access and move through the continuum of services. Through this analysis, DHS hopes to decrease the number of individuals on waitlists and the amount of time people spend on the waitlist; to streamline transitions across the housing continuum; and to more clearly define expectations for each housing service.
- **Providing residential-based mental health treatment to girls** – In collaboration with Community Care Behavioral Health (CCBH), DHS developed 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.

- **Implementing the 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. Organizations received bonus funds for: using their trainers to train the rest of their staff; developing and implementing policies, procedures and guidelines around Narcan use and distribution; and developing and implementing an ongoing training and data collection plan. Fifteen providers (of 26 programs) participated, with 68 staff trained as trainers.
- **Providing training on trauma informed care** to therapists working in Behavioral Health Rehabilitation Services (BHRS), 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.
- **Developing a pay-for-performance initiative for blended service coordination providers** in collaboration with Allegheny HealthChoices Inc. (AHCI) and CCBH to improve access to services and improve staff recruitment and retention. 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 use Continuous Quality Improvement (CQI) and Plan, Do, Study, Act (PDSA) processes to identify interventions and complete quality improvement projects, and they track their progress monthly using PDSA workbooks. If participating providers identify an intervention, report on implementation, and continually measure the impact of the intervention, they receive bonus funds. During the first ten months of this initiative, the number and percent of individuals opened to services within seven days increased. At the start of the initiative, only 44% of individuals referred to Blended Service Coordination were opened within seven days. Ten months later, 71% of individuals referred were opened within 7 days of referral. In addition, providers were asked to rate their progress each month on a scale from 1-5. During the first 2 months of the initiative, no provider rated their progress higher than a 2. Eight months later, no provider rated their progress less than a 4.
- **Collaborating across systems to identify and engage with youth** with behavioral health needs and learn from them about how we can better serve and support them. DHS held focus groups with transition aged youth and parents to get feedback on the transition to adult services. An Education and Transition Specialist will implement best practices to support youth in educational transitions. DHS will continue to learn more from youth and implement new initiatives targeted at best meeting their unique needs in the coming year.
- **Reducing MH stigma in schools** by training, inspiring and equipping middle and high school youth to act against stigma toward youth with mental and/or substance use disorders through the Stand Together program, designed to reduce negative attitudes, beliefs and social distance between youth with these disorders and their peers. Stand Together is based upon a service learning model in which students are educated about an issue and then act to address the issue. Approximately 375 youth across 18 middle and high schools in Allegheny County participated in the program in school year 18-19. Of the 18 schools, 15 schools completed projects to present at our Recognition Event. The National Association of Counties granted Allegheny County a 2017 Achievement Award for Stand Together due to its exceptional results and unique innovations.
- **Reducing barriers to housing for individuals and families with BH needs who are homeless** by providing access to BH treatment and other supports through the Healthy Housing Outreach (H2O) Program, funded by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant and through the annual SAMHSA PATH allocation. H2O and PATH funds support a collaborative effort between four providers, with 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. The H2O Program became fully operational in January 2017 and as of March 31, 2019, 315 clients have enrolled. H2O and 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.

- **Advancing the Community of Practice** among BH providers serving children and families. The Community of Practice 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 DHS work together to solve problems and improve the service delivery system for this target population. During FY 17-18, the Community of Practice, with the support of a SAMHSA grant, developed a comprehensive implementation plan, including a logic model, to assess and develop a cross system business practice model.
- **Expanding the capacity of family members and school teachers to support children and youth with mental illness** by adding a community and school-based BH team to the Penn Hills School district in August 2017. BH teams are already in place at Woodland Hills, Sto Rox, Clairton, McKeesport, Penn Hills, Pittsburgh Public, and Westinghouse schools. An additional team is in development for Pittsburgh Public Schools for youth K-12 with Serious Emotional Disturbance.
- **Increasing services for individuals coming out of state hospitals and the Torrance forensic system.** In FY 16-17, DHS selected two providers, through a competitive procurement process, to develop Long Term Structured Residences (LTSRs) to serve this target population. In 2018, the RISE LTSR, provided by Merakey, reached capacity with eight residents. The second, 12-bed forensic LTSR is scheduled to open in 2019. The additional housing options for individuals with a forensic history, including sex offenses, will create capacity for competency evaluations at Torrance State Hospital.
- **Improving Supported Employment for adults with a serious mental illness.** In November of 2018, DHS selected three providers to implement the evidenced-based practice, Supported Employment. Supported Employment Specialists assist adults with a serious mental illness find jobs that pay competitive wages in integrated settings in the community (i.e., with other people who do not necessarily have disabilities) and provide them with supports necessary to ensure their success in the workplace. DHS also is committed to providing Supported Education services for those individuals who have a need for continued education for further career development.

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

CCBH, the county's BH managed care organization, has been a critical partner with DHS in designing these changes. DHS and CCBH 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, transitionage 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
Early Intervention	Promotion of the social, emotional, developmental and physical wellness of children	Birth-3	Early Intervention
Emergency Crisis intervention	Resolving critical or dangerous problems	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Treatment	<p>Alleviates symptoms and distress. Treatment includes the following and other services:</p> <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Partial Hospitalization</li> <li>• Psychiatric Inpatient Hospitalization</li> <li>• Mobile Therapy</li> <li>• Assertive Community Treatment/Community Treatment Teams</li> <li>• Mobile Medications</li> <li>• Extended acute</li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Rehabilitation	<ul style="list-style-type: none"> <li>• BHRS for Children &amp; Adolescents</li> <li>• Vocational, social and psychiatric rehabilitation for people in recovery, including:                             <ul style="list-style-type: none"> <li>○ Facility-Based Vocational Rehabilitation</li> <li>○ Community Employment/Employment-Related Services</li> <li>○ Psychiatric Rehabilitation</li> </ul> </li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Residential and Housing Support services	<p>These services help to 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. Services include:</p> <ul style="list-style-type: none"> <li>• Community Residential Rehabilitation (CRR)</li> <li>• MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing</li> <li>• Domiciliary Care</li> <li>• Permanent Supportive Housing (PSH)</li> <li>• Housing support services</li> </ul> <p>Clinically-intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> <li>• Residential Treatment Facilities for Children and Adolescents</li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

	<ul style="list-style-type: none"> <li>• Residential Treatment Facilities for Adults (RTFA)</li> <li>• LTSRs</li> <li>• Community-Based Extended Acute Care</li> </ul>		
Peer support & consumer-driven services	<p>The county supports peer mentors, warm line services, drop-in services and Certified Peer Specialists to improve recovery outcomes and community integration for people with mental health and co-occurring disorders.</p> <p>Common Ground is a software program designed by Pat Deegan to support shared decision making in the context of a psychiatric medication clinic. Its use is predicated on the establishment of peer-run Decision Support Centers (DSC) in the waiting area of MH clinics. Allegheny County has a DSC with one provider.</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 <sup>4</sup> individuals.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant

<sup>4</sup> 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).

Training	<p>DHS and its partner organizations provide extensive training for providers, consumers and community members.</p> <p>Training includes:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• LGBTQI training (see special populations, below)</li> <li>• CIT for Police and Allegheny County Jail correctional officers</li> <li>• Hearing Distressing Voices Training is 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.</li> </ul>	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

**b) Strengths and Needs:**

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

Strengths:

- A network of highly-regarded Area Agency on Aging (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
- DHS has improved the degree of integration of its aging and BH services by hiring a BH Specialist who is embedded in the AAA
- The Office of Behavioral Health contracts with a BH provider to provide guardianship services to individuals who are unable to make critical life decisions for themselves due to incapacity or disability

Needs:

- Affordable housing
- Earlier identification of MH needs
- More access to treatment services that will travel to the seniors

- Better coordination between, and more comprehensive care of, the physical needs of people with mental illness. According to the World Health Organization, people with severe MH issues, on average, tend to die 10-25 years earlier than the general population. The majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension.

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

- Rightsizing and enhancing its Geriatric LTSR Domiciliary Care Services, Mental Health Personal Care Home for seniors and In-Home Geriatric Program.
- 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.
- Continuing to embed a BH specialist within AAA to train Options Program in-home workers to identify and serve the BH needs of seniors. This Geriatric BH Specialist, hired through the Block Grant to further integrate BH and aging services, has developed a referral process, provided training to Care Coordination Transition Program coaches at AAA, implemented a tracking tool to monitor referrals, and increased her knowledge of AAA's work through her field visits and staff interaction.

### **Adults (ages 18 to 59)**

#### Strengths:

- Array of services that meet the needs of many specific populations
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN))
- An effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with BH issues as well as their family members and friends, BH professionals, and local government officials)
- Providers, peers, consumers and family members who are recovery-oriented
- Specialized forensic services for individuals transferring out of the state hospital system back into the community
- A Certified Community Behavioral Health Clinic in Allegheny County
- A robust crisis continuum of care which includes crisis residential services

#### Needs:

- Safe and appropriate housing for people with serious mental illness (the current waiting list for housing is 300 people, with the largest number of people waiting for a CRR apartment and 24/7 Supportive Housing)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, individuals with serious mental illness, people with co-occurring disorders, and people with sex offending behaviors who are not on the Megan's Law Registry
- Opportunities for employment and connection to natural supports and other important aspects of life
- Treatment programs for people with co-occurring MH and substance use needs
- Retaining quality workforce, particularly in community-based services and residential programs
- Training for frontline workers who do not get the opportunities they need to develop their skills and understanding and yet most often interact with consumers
- Greater availability of psychiatrists
- Resources and programs to assist individuals with hoarding and related disorders

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

- Expanding its capacity to provide safe, affordable and appropriate housing for people with serious and persistent mental illness or co-occurring disorders. In December 2017, DHS launched a new IT system that has improved the efficiency and effectiveness of the housing referral system for individuals with mental illness.
- Reviewing sequential intercepts, as part of the national Stepping Up initiative. The review (completed by an independent contractor selected through an RFP process), has provided recommendations that span DHS and the criminal justice systems.
- 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. In 2019, DHS will select providers for SE services who will deliver vocational rehabilitation for adults with a serious mental illness. The Successful Provider(s) will employ Employment Specialists and SE Supervisors who will help clients obtain competitive work in integrated settings and provide clients with supports to help them succeed in the workplace. (Competitive jobs are part-time or full-time jobs that exist in the open labor market and pay at least minimum wage and are jobs that anyone could have regardless of their disability status.) The wages should be no less than that paid for the same work performed by people who do not have a mental illness.
- Expanding the housing continuum to include re-entry housing for individuals transitioning back to the community after a period of incarceration.
- 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
- Peer and family support (for some of the youth)
- Youth and Family Support Partners

Needs:

- Knowledge of available services
- Identification and implementation of evidence-based practices for this age group
- Age-appropriate housing and treatment
- Supported job skills training and independent living skills training
- Prevention, intervention and treatment services given higher risk of suicide

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
- 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.
- 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.
- 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, DHS will add an additional four-member Mobile Transition-Age Team.
- Community Residential Rehabilitation (CRR)/Host Home. Allegheny County 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.

### **Children (under age 18)**

#### **Strengths:**

- Participating in a Demonstration Project to address adolescents in crisis with the goal of reducing emergency room visits and providing service linkage in the community
- 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.
- 12 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

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

- Opening a girls' RTF facility that will specialize in trauma services
- Emphasis on infant and early childhood MH through greater collaboration with Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Project LAUNCH promotes the wellness of young children, ages birth through eight, by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed by improving coordination across child-serving systems, building infrastructure,

and increasing access to high-quality prevention and wellness promotion services for children and their families.

- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range from 1:1 to 4:1, depending upon each child's needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support. The homes are staffed by highly-skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with clinical expertise in intellectual disabilities, developmental disabilities and child psychopathology.
- 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.
- School-based case management for two schools with demonstrated high need to ensure children and youth are linked to the appropriate services and supports.

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 exhibit more stable functioning 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.
- Behavioral Health Rehabilitation Services (BHRS). These in-home services provide focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, BHRS aims to develop stability, improve the child's functioning in the family, at school and in the community, and help the child's MH improve. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide BHRS.
- Family-Focused Solution-Based (FFSB) Treatment. FFSB services for children/adolescents aim to meet the treatment needs of children and adolescents with serious emotional disturbance and families involved with the child welfare and/or juvenile justice systems. This group of children/adolescents experiences child abuse and neglect or juvenile justice involvement, often as a result of untreated BH conditions, many of which were associated with the abuse/neglect, combined with complex family systems issues. FFSB is delivered by a team of MH professionals and BH workers, in the home, combining structural family therapy, cognitive behavioral therapy and conflict resolution approaches with families impacted by mental illness and/or co-occurring substance use disorders to help them address the challenges that resulted in CYF/JPO involvement.

### **Individuals transitioning from state hospitals**

#### Strengths:

- Specialized LTSR for individuals with a history of forensic involvement, including sex offenses
- Peer Support Staff engagement with individuals in the state hospital system
- Community support planning process for individuals in state hospitals
- Full continuum of care for individuals needing residential supports

#### Needs:

- Increase in community-based alternatives to institutionalization

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. Community Hospital Integration Projects Program (CHIPP)-supported services include LTSRs, small specialized group homes, comprehensive MH personal care homes, crisis services, community-based Extended Acute Care (EAC), CTT, employment services, service coordination, RTFA, consumer-driven services, peer support, and transitional and community integration services. DHS is set to open an additional 12-bed LTSR with a focus on serving people who are exiting state hospitals and who may have sexually offending behaviors. DHS continues to pursue CHIPP opportunities for developing additional resources to support individuals discharged from state hospitals or who would have previously been served in a state hospital, including individuals in the Torrance Regional Forensic Center.

### **Individuals with co-occurring mental health/substance use disorder**

#### Strengths:

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

#### Needs:

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

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

In addition, DHS, Community Care Behavioral Health and AHCI, in collaboration with Case Western Reserve University, are expanding upon the number of providers interested in delivering integrated dual disorder treatment. Case Western will provide, to a subset of the providers, technical assistance in developing these services. The initial number of providers continues to receive technical assistance. An additional group of providers has expressed interest and is beginning the process of becoming co-occurring competent in their delivery of services.

### **Criminal justice-involved individuals**

Strengths:

- Increased collaboration and partnership with Probation, Courts, and Allegheny County Jail
- Real time information available to providers on individuals who are booked into the jail
- MH and substance use disorder services 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
- Increased resources allocated to identify persons for diversion services
- Robust reentry program for persons sentenced and returning to Allegheny County

Needs:

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

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

- Justice Related Services, which provide 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
- An outpatient-level treatment program based in the Allegheny County Jail, begun through a federal Justice Reinvestment grant and sustained by DHS
- Expansion and maintenance of Medication Assisted Treatment services to incarcerated persons through collaboration with the Allegheny County Jail

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

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 leadership is composed of the Director of DHS, the Warden of the Allegheny County Jail, the Director of the Allegheny County Health Department, the President and Administrative Judges of the Allegheny County Court of Common Pleas, and the chief of staff of the County Executive. The other members of the Collaborative include probation and pre-trial services, service providers, faith-based community organizations, formerly incarcerated individuals, families, and the community at large. The members work with DHS and other local

government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

## **Veterans**

### **Strengths:**

- In-jail PTSD self-assessments, using a validated tool
- Availability of Seeking Safety, 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

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

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

### **Strengths:**

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

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. DHS has developed and implemented SOGIE-related Standards of Practice for serving individuals and families, and these are available to DHS staff and the provider network. Standards of Practice

are fundamental guidelines that help to ensure that staff are using best practices and honoring regulatory requirements in their work with the individuals they serve and with their colleagues.

- Education and Training. One way 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. DHS provides ongoing opportunities for training, education and case consultation related to sexual orientation, gender identity and expression. DHS's full-time SOGIE project manager also provides case consultations to DHS staff, program providers and community members.

Community of Practice. DHS will continue to address systemic barriers that impact its ability to competently serve LGBTQI individuals with MH issues through the DHS LGBTQ Community of Practice. These meetings provide a public forum to discuss issues of concern for LGBTQI individuals across 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 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
- DHS-established office of Equity and Inclusion, which is responsible for establishing strategies for reducing disparity in care and quality in our human services programs.

#### **Needs:**

- Culturally-accessible and competent MH services
- Supportive housing and life skills services

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

- Immigrant Services and Connections (ISAC), which provides culturally- and linguistically-appropriate service coordination to Allegheny County's immigrants and refugees. ISAC aims to address the gaps in existing service provision to immigrants and refugees and promote their self-sufficiency and community empowerment by employing culturally-competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains. The program also strengthens interagency collaboration, enhances capacity across the human services network, and educates the provider community.
- Neighborhood-Based Psychosocial Groups for Immigrants and Refugees. These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces 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.

- DHS's Immigrants and Internationals Advisory Council. The Advisory Council is a key source of information about the human services needs of immigrant and international county residents. It includes members of the immigrant and international communities, consumers of DHS services, and representatives of service provider agencies that work with the immigrant and international communities.

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

Yes    No

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

**Does the county currently have any suicide prevention initiatives?**

Yes    No

DHS, in collaboration with AHCI, supports MHFA training for DHS staff, provider agencies and other stakeholders throughout Allegheny County. In FY 17-18, DHS conducted 192 MHFA trainings, training 2,066 individuals in Allegheny County in either the Adult or Youth MHFA curriculum. 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. In addition to MHFA training, DHS collaborates with law enforcement to train officers in Crisis Intervention Team curriculum, which includes a module specifically on suicide awareness and prevention.

**Based on the Governor's Employment First Initiative:**

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with Serious Mental Illness (SMI)?

Yes    No

DHS uses the SAMHSA evidence-based practice, Supported Employment.

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

Yes    No

DHS works closely with our local OVR office around screening Certified Peer Specialist training applicants. OVR staff attend CPS Advisory Committee meetings and participate in application reviews and pre-training interviews. DHS also works with OVR to encourage counselors to make referrals to OBH-funded Supported Employment programs.

c) **Supportive Housing:**

**Table 3: Mental Health Supportive Housing**

<b>1. Capital Projects for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>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).</b>									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Housing Development Fund	Reinvestment	\$474,248	\$373,248	unknown	13	13	13	30 years	2009
Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
PSH	Reinvestment	\$334,812	\$358,249	70	75	707	\$507	13	2006
TAY	Reinvestment	\$56,515	\$60,471	13	17	114	\$528	1	2015
Notes: "The Number of Bridge Subsidies in FY 17-18" is the total number of bridge subsidy payments issued during the fiscal year. The average subsidy per month for PSH and TAY PSH is 59 and 9.5 respectively.									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average Subsidy Amount in FY 17-18	Year Project first started
PSH	Reinvestment	\$281,455	\$301,157	43	44	27	48	\$624.34	2006
Notes:									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
PSH	Reinvestment	\$57,666	\$61,703	95	105			.75	2006
TAY	Reinvestment	\$24,714	\$26,444	10	10			.25	2015
Notes:									

<b>5. Housing Support Services (HSS) for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.</b>									

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
PSH	Reinvestment	\$491,491	\$525,896	184	190			9	2006
TAY	Reinvestment	\$218,068	\$233,333	31	32			3.25	2015
Bethlehem Haven	State	\$348,172	\$348,172	12	12				
Chartiers	State	\$80,000	\$80,000	12	10			1	1968
CHS	State	\$1,272,550	\$1,251,400	68	72			6	1998
Family Links	State	\$1,255,515	\$1,200,000	6	7			9	
Family Services	State	\$385,754		114					
Fayette Resources	State	\$2,103,745	\$2,100,000	12	20			41	2007
Invision	State	\$265,765	\$200,000	1	1				
Jewish Family & Children's Services	State	\$74,791	\$75,000	430	430			.7	2014
Jewish Residential Services	State	\$225,163	\$226,674	22	23				
L2 Community Support	State	\$79,114	\$109,249	11	11				
Mercy	State	\$3,884,637	\$3,906,440	122	120			19	2003, 2007
Milestone	State	\$107,927	\$108,083	20	22			2	2003
Mon Yough	State	\$177,866	\$238,754	144	145			3	2013
Passavant	State	\$480,770	\$480,813	11	11			12	
Residential Care	State	\$997,480	\$1,072,480	115	115			9	1992
RHD	State	\$1,091,247	\$1,091,247	9	12			17	
TSI	Reinvestment	\$1,438,692	\$1,224,874	128	125			8	1991
Turtle Creek Valley	State	\$819,350	\$893,998	51	47				

UPMC Presbyterian	State	\$2,021,215	\$2,021,215	177	177				
Valley Medical	State	\$33,320	\$35,120	7	7				
Wesley Family Services	State		\$410,902		110				
H2O	Federal	\$800,000	\$800,000	345	350			12	
Notes:	Family Services and Wesley Spectrum have merged into Wesley Family Services for FY 19/20.								

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>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.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
PSH	Reinvestment	\$40,989	\$43,859	65	70			\$630.60	2006
TAY	Reinvestment	\$12,389	\$13,256	22	24			\$563.13	2015
Notes:									

<b>7. Other: Identify the Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<p><b>Project Based Operating Assistance (PBOA)</b> 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; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b>.</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 FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Year Project first started
FWL	MH Block Grant	\$10,000	\$5,000	0	0			2010
Notes:	This grant is to maintain the Fairweather lodge property only.							

**d) Recovery-Oriented Systems Transformation:**

For 2019-20, DHS will continue to shift the MH service delivery system toward community-based services and supports, using these five strategies:

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

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

**Table 4: Recovery-Oriented Systems Transformation Strategies**

<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
<b>1. Supported employment services</b>	Current and throughout FY 2019-20	\$1.15 million in Block Grant funds	Web-based database and Fidelity Scale
<p>DHS is committed to helping people with serious mental illness find and keep jobs through supported employment services. The plan for supported employment in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, supported employment providers have increased the percentage of program participants who are working from 22% to 51.9% in 2018, with an average starting salary of \$9.94/hour. These individuals have an average job tenure of almost two years. DHS has refined and focused Supported Employment through a competitive procurement process; the successful provider(s) are Mon Yough, Mercy, and TCV. Beginning July 1, 2019 DHS restructured SEP services to include these three providers to increase capacity and to maintain workforce to provide person-centered care. The focus of the first year is establishing fidelity to the SEP model.</p>			
<b>2. Justice-related services (JRS)</b>	Current and throughout FY 2019-20	\$8.5 million in Block Grant, private grant funding and CCBH funds	Jail Collaborative computer application; HSAO record system
<p>DHS has expanded Justice-Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record developed by the primary provider of Justice-Related Services, HSAO. Please see the Justice-Related Services page of the Allegheny County website for more information about JRS: <a href="http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx">http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx</a></p>			
<b>3. BH Housing</b>	Current and throughout FY 2019-20	\$65 million in Block Grant, CCBH and reinvestment funds	Internal tracking databases; and tracking of outcomes by ACHI
<p>DHS developed the <i>Housing as Home</i> 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. 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. DHS has continued to invest in housing</p>			

for individuals with serious mental illness. DHS launched a new IT system designed to improve the efficiency and effectiveness of the housing referral system for individuals with 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.

<i>Priority</i>	<i>Timeline</i>	<i>Resource Estimates</i>	<i>Tracking Mechanism</i>
<b>4. Special populations</b>			
<i>LBGTQ</i>	Current and throughout FY 2019-20	\$150,000 in funding (includes grant funding and non-Block Grant funding to support activities including the development of Standards of Practice, case consultations, training of LBGTQ Champions, SOGIE 101 trainings and quarterly LBGTQ Community of Practice meetings)	Contract and licensing monitoring
<i>Persons with hoarding behaviors</i>	Current and throughout FY 2019-20	\$120,000 in Block Grant funding. Includes case management, clean-up services and Community of Practice meetings with community stakeholders and contracted providers	Annual monitoring
<i>Transition-age youth</i>	Current and throughout FY 2019-20	\$567,000 in Block Grant and CCBH funding. 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.	Annual monitoring
<i>Children</i>	Current and throughout FY 2019-20	\$1.5 million in Block Grant and CCBH.	Annual monitoring

		Please see section on Children’s MH for detailed description of strategy.	
<i>Elderly – MH resources for in-home</i>	Current and throughout FY 2019-20	\$50,000 in Block Grant. Please see section on older adults for detailed description of strategy.	Annual monitoring
<b>5. Consumer-driven services and peer support services</b>	Current and throughout FY 2019-20	\$4.6 million in Block Grant, CCBH and reinvestment funds.	Annual monitoring
DHS and CCBH provide a variety of consumer services including Certified Peer Specialists, Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, CPS Trainings, Peer Mentoring, monthly Consumer Support Program (CSP) meetings, Self-Directed Care, and Shared Decision-Making.			

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

- **IRES Electronic Modernization.** DHS is responsible for the 302 Civil Commitment Process in Allegheny County. The DHS Information, Referral and Emergency Services (IRES) interacts, primarily by phone, with stakeholders in the community to carry out the 302 process and provide information and referrals. The DHS phone system has been converted to a computer-based call center operation using a Voice over Internet Protocol (VoIP) phone system. This system allows for IRES calls to be processed more efficiently and also provides data on usage that can be analyzed and used to improve the process and system.
- **Incident Follow Up and Root Cause Analysis.** Providers are required to call IRES to report all incidents within 24 hours of the incident or of learning of an incident. Reportable incidents are defined in the Incident Reporting Standards in the 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 DHS. DHS staff enters data from the incident report into a database. 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,”<sup>[1]</sup> a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee, that includes DHS and provider staff, meets quarterly to review system improvement recommendations and determine the need for training and appropriate actions, including designating special work groups to address specific system improvement recommendations. These work groups have helped to improve outcomes, increase cross-training, and develop treatment for co-occurring mental and substance use disorders.
- **Centralized Mental Health Housing Referral Process.** The Mental Health Residential Housing Application is the central location for MH residential and supportive housing referrals submitted electronically by BH service coordinators, CTT staff, Enhanced Clinical Service Coordinators, inpatient staff, JRS and other provider staff. OBH monitors and reviews each referral to determine appropriate matches for people in need of available and appropriate housing. Individuals not in need of specific MH residential services are referred to other housing options, such as the LINK. The LINK is a place people can call to simplify and streamline access to services and

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

supports. It helps individuals and families maintain their independence, dignity and quality of life, while offering additional housing resources, especially those at imminent risk of homelessness. In FY 2017-18, this centralized process was made electronic, allowing for a more efficient way of matching individuals to the most appropriate available housing option. The electronic process has allowed staff to have real time information when making residential placement decisions.

- Disaster Response.** 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 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 the 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 DCORT members include DHS staff, community BH providers and other community providers.

**e) Existing County Mental Health Services:**

**Table 5: Existing County Mental Health Services**

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<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 checked="" 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

Note: HC= HealthChoices

f) **Evidence-Based Practices (EBP) Survey\*:**

**Table 6: Evidence-Based Practices Survey**

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	800	TMACT	AHCI	Annually	Yes	Y	
Supportive Housing	Y	85	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	571	SAMHSA EBP	DHS	Every 1-2 years	Yes	Y	279 employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	100	IDDT Fidelity Scale	Agency	Annually	Yes	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	140				Yes		Clinical model developed by CCBH
Therapeutic Foster Care	N					N/A		
Multisystemic Therapy	N							
Functional Family Therapy	Y	410				N/A		Wesley spectrum
Family Psycho-Education	Y	400				Yes		Delivered by NAMI

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

**Table 7: Additional EBP, Recovery-Oriented and Promising Practices Survey**

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	2,287	
Compeer	No		
Fairweather Lodge	Yes	10	PghMercy
MA Funded Certified Peer Specialist - Total**	Yes	509	Peer specialists also are integrated within services throughout the system
CPS Services for Transition Age Youth (TAY)	Yes	42	
CPS Services for Older Adults (OAs)	Yes	95	
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	Yes	N/A	Not disaggregated in billing
Mobile Medication	Yes	138	
Wellness Recovery Action Plan (WRAP)	Yes	N/A	Not disaggregated in billing
High Fidelity Wrap Around	Yes	220	
Shared Decision Making	Yes	1,700	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	250-300	Includes clubhouse
Self-Directed Care	Yes	N/A	Not disaggregated in billing
Supported Education	No		
Treatment of Depression in OAs	Yes	80-85	Geriatric in-home team
Consumer Operated Services	Yes	2,200	Consumer-driven services
Parent Child Interaction Therapy	Yes	N/A	Not disaggregated at billing
Sanctuary	Yes	N/A	
Trauma Focused Cognitive Behavioral Therapy	Yes	N/A	Part of outpatient treatment
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	Part of outpatient treatment
First Episode Psychosis Coordinated Specialty Care	Yes	N/A	Not disaggregated at billing
Other (Specify)	Yes	Warmline	CCBH-reinvestment funded

**h) Certified Peer Specialist Employment Survey:**

**Table 8: Certified Peer Specialist Employment Survey**

<b>Total Number of CPSs Employed</b>	124
<b>Number Full Time (30 hours or more)</b>	63
<b>Number Part Time (Under 30 hours)</b>	61

## **INTELLECTUAL DISABILITY SERVICES**

### **Background**

DHS's Office of Intellectual Disability (OID) maintains an Operating Agreement with the Pennsylvania Department of Human Services (Pa-DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. OID is Allegheny County's Administrative Entity (AE), and its FY 16-17 Quality Management Plan 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 to address communication needs, including services for those who are deaf, deaf-blind, and hard of hearing
4. Increase health awareness to reduce hospitalizations and ER visits
5. Reduce re-occurring incidents of psychiatric hospitalization

OID accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures.
- Working with Supports Coordination Organizations (SCOs) to identify (through 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. 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.

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

### ***Continuum of services***

DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. DHS estimates that it will serve 2,063 individuals in FY 18-19.

**Table 9: Individuals Served with HSBG ID Services**

	<b>Estimated Number of Individuals served in FY 18-19</b>	<b>Percent of total Number of Individuals Served</b>	<b>Projected Number of Individuals to be Served in FY 19-20</b>	<b>Percent of total Number of Individuals Served</b>
Supported Employment	72	3.5%	72	3.5%
Pre-Vocational	N/A	N/A	N/A	N/A
Community Participation	37	1.8%	37	1.8%
Base-Funded Supports Coordination	1750	84.8%	1750	84.4%
Residential (6400) / Unlicensed	32	1.6%	32	1.6%
Life sharing (6500) / Unlicensed	1	0.0%	1	0.0%
PDS/AWC	0	0.0%	0	0.0%
PDS/VF	0	0.0%	0	0.0%
Family Driven Family Support Services	0	0.0%	0	0.0%
Other Base Services	171	8.3%	171	8.3%
<b>TOTALS</b>	<b>2063</b>	<b>100.0%</b>	<b>2063</b>	<b>100.0%</b>

**Supported Employment:**

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

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

Since 2007, DHS has participated in ODP’s Base Employment Pilot, which originally was designed to be a pilot in which individuals with limited needs would receive supports to maintain community employment. DHS enjoyed considerable success with this pilot and is now entering its 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.

DHS will use Block Grant funds to provide employment supports to approximately 90 individuals in FY 18-19. Examples of the types of supported employment that DHS will provide include:

- *Project SEARCH.* Since school year 08-09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forgo their last year of school-based training to participate in an employer-based training-to-work curriculum that includes a series of externship opportunities that enhance the individual's career exploration and real work experience portfolio. Project SEARCH is a true multi-agency collaborative effort that uses "braided" funding among local School Districts, the Office of Vocational Rehabilitation (OVR) and OID. The original program expanded into training sites at UPMC-Mercy and UPMC-Passavant, and boasts an impressive 85% job placement rate among all graduates. Eighty-six individuals involved with or potentially eligible for OID supports have graduated from Project SEARCH since 2009; 53 of these graduates currently are employed (with or without on-site job supports) and 25 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-one 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. DHS distributes Pilot funds through individual allocations. These participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). OID has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. To date, 12 individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports, which has maximized funding opportunities, since those waiver slots can be redirected to emergency-level individuals who may have higher total service needs.
- *Community Partnerships.* Other examples of DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities. DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCC), which provides information and networking opportunities for school district transition and special education staff, counselors, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students and families.
- *Customized Employment.* In FY 16-17, OID sponsored Customized/Discovery Employment Training for 16 provider agencies and 60+ employment specialists to increase the local capacity to develop integrated, competitive employment opportunities for those with an Intellectual Disability in our community. A workgroup continues to meet quarterly to problem-solve service delivery and improve our knowledge and skills.
- *Employment First State Leadership Mentoring Pilot (EFSLMP).* In FY 16-17, DHS began participating in a local pilot project to facilitate collaboration between the Allegheny County DHS OID, the Pittsburgh District Office of Vocational Rehabilitation and 4 local School Districts. The purpose is to develop methods of sharing data that will promote and enhance supports for students with an Intellectual Disability or Autism who may be transitioning to Adult Life in the next 3-5 years. The participants plan to re-group to determine next steps. Lessons learned from the pilot will be applied to development of collaborative relationships between DHS, OVR and schools in other areas of PA.

### Supports Coordination:

DHS estimates that it will serve approximately 1,750 individuals with base-funded supports coordination in FY 19-20. 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, DHS estimates that all of the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (in Announcement 060-17 Approval ODP waiver renewals Appendix C) establishes the supports available to individuals receiving services through OID.

A total of 5,710 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, 119 of the 5,710 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 State Center.* 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 Network. Teams reviewed the individual and family desires for consideration of individuals' community living preferences. All individuals residing in state centers were part of the Benjamin Litigation. As Teams, individuals and families were consulted and considered, the final list of individuals targeted to move into the community totaled 15. Reasons for individual removal on the active Benjamin Litigation Planning list included family/individual desires and choices and medical reasons.

Over the next several years, active planning occurred for these 15 individuals. Active planning included: development of an Essential Lifestyle Plan and a One-Page description to document consumer support needs. The one-page description was uploaded to a website for providers to review (ODP tracked provider interest on this website). Active provider search occurred as well as provider selection. Once a provider was selected for these individuals, comprehensive transition planning activities occurred to address each consumer need and staff training component. At this time, 15 individuals have moved into the community from a state center—2 of these individuals have passed away. Movement across each FY is as follows: 2011-2012 = 1; 2012-2013 = 3; 2014-2015 = 0 (this was due to “stay that was placed on Benjamin Litigation to realign consumer and family community preferences”); 2015-2016 = 3; 2016-2017 = 3 (however, one individual had unsuccessful placement and returned to state center briefly while alternate provider was secured); 2017-2018 = 1 (this was the individual that returned) and 1 individual moved in May 2018. 2018-2019; the last initially identified individual moved in November 2018, however, 2 additional individuals have been added to the Benjamin Litigation active planning list. Information has been shared on the Office of Developmental Programs website for provider consideration. Allegheny County has remained active with these individuals to ensure that transition into the community has been successful and that the residential placements are continuing to meet their support needs.

In addition to the 15 Allegheny County individuals identified, there was increased collaboration across other AE/Joinders and State Regions also occurred to maximize community-based options for individuals.

In June 2018, PA-DHS closed the Hamburg Center. Allegheny County had 4 consumers at Hamburg who were identified as needing community-based services. One passed away in October 2017, therefore, we had been actively planning for 3 of these individuals. One of these individuals was not able to be supported in the community and moved to another state center. The 2 remaining individuals have been successfully placed with a residential provider and are receiving the needed supports to be successful in the community.

- *Case Management Services.* In FY 19-20, DHS estimates that 1,750 individuals will receive case management services to help maintain their health and safety in the least restrictive environment by connecting them to appropriate resources. To ensure that DHS is meeting its goal, individuals receiving case management services will be reviewed at least annually, through the ISP process and PUNS review. OID will continue to work with other DHS program offices to meet the needs of individuals with other service needs or those who are aging out of service systems.
- *Community-Based Services and Residential Services.* In FY 19-20, DHS estimates that 313 individuals will receive community-based services and 37 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**

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 18-19, 62 individuals (one funded through child welfare) were served through Life Sharing programs offered by 12 agencies, with two individuals supported through Base funds. Efforts to expand the number of Life Sharing providers and participants in Allegheny County (and to fill vacancies) occurred throughout FY 18-19 and will continue in FY 19-20. 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 Subcommittee Meetings and provide information on various topics of interest
- Attending PA and Western Region Life Sharing Coalition meetings
- Distributing information to supports coordinators, including the Life Sharing Fact Sheet, address of Allegheny County Life Sharing website, Life Sharing Vacancy Information, Life Sharing Agency Information.
- 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.
- Inviting Life Sharing agencies to provider presentation meetings for adults in need of residential placement
- Improving access to Life Sharing information by maintaining DHS's OID webpage.
- The Allegheny County Life Sharing Coalition will continue to plan, on an annual basis, for the Life Sharing Information Fair.
- Accepting offers to present information about Life Sharing.
- 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**

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.

### **Cross Systems Communications and Training**

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

- *Developing intervention strategies for older adults with ID.* Mirage is a committee that strives to use the resources available between DHS's OID and Area Agency on Aging (AAA) to develop effective and collaborative intervention strategies for older adults with ID. This work is accomplished through cross-systems training and networking opportunities, information sharing and individual plan review meetings at which recommendations are developed to address individuals' needs. Whereas the state funding for local Aging/ID teams is currently suspended, Mirage will continue to provide training, information and consultation within the existing Allegheny AE resources. Mirage will also work with the PA Link to Aging and Disability Resources to promote cross system collaboration.
- *Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability.* DHS OID 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.
- *Collaborating with Support Coordination Organizations (SCOs).* DHS regularly collaborates with seven SCOs to encourage consistent implementation of ODP policy and practice. 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. In 2018, the OID Promising Practice team initiated a Complex Case Review process as a means of offering technical assistance to the SCO's. 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 Behavioral Health.* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication among shared members and services. As part of the agreement, 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.* 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. 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.* 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 and individuals, and professionals during critical school years. OID staff also visit schools throughout the year, informing families, individuals and school district personnel on the importance of planning and registration; and they participate in outreach activities in schools. OID staff also use these opportunities to share community supports and other human services.
- *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 9 individuals in neighboring counties. This collaborative effort between OBH/OID, CCBH 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. DHS continues to collaborate regularly with the DDTT, OBH, and CCBH 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.* The DHS OID/JRS collaboration has been a positive partnership and continues to meet a significant system need as we support individuals with ID or Autism who are in jail or involved with the criminal justice system. Since initiating this collaboration in 2014, there have been 210 inquiries with joint planning taking place for 111 individuals, approximately 28 cases per year. 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. OID and JRS continue to review and collaborate on outlier cases that do not meet JRS traditional criteria as a means of addressing the forensic needs of this potentially vulnerable population. Over the next year, through our Promising Practice Team, OID aims to increase our collaboration with our DHS partners as we facilitate responsible release plans for individuals with ID or Autism who are incarcerated. A continued area of growth potential remains with our juvenile population as they interact with the forensic system.
  - Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but who are incarcerated or have legal/court involvement. JRS has been providing "Administrative Assistance" for these cases, which has been beneficial for the Teams and individuals served to best meet the individuals' needs. This remains an area of ongoing collaboration.

- Increased collaboration with the Allegheny County Jail so that DHS is notified when individuals with ID are incarcerated. Though it continues to be an area of needed improvement, this has improved significantly over the past year. In addition, OID Community and Communications Coordinator Liaison conducted a training for ACJ Mental Health Specialists regarding OID eligibility and services.
  - 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 OID-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains an area in need of improvement.
  - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
  - Reinstatement of Medical Assistance upon release from jail continues to be an area of need. 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 and Juvenile Probation to better plan for individuals that receive these services. This remains an area of needed improvement and growth potential.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* DHS is involved in a number of collaborative activities with ODP and other counties:
    - OID frequently works with other counties in the region to review potential common data elements and explore reporting needs.
    - OID reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve quality of life for individuals involved in the Risk Management process.
    - OID participated in the ODP and OMHSAS joint initiative in 2017-2018 at the Capacity Building Institute. Here, the intent is to share ideas and build resources for those with intellectual/developmental disabilities as well as mental health/behavioral challenges by promoting the guiding principles of Everyday Lives and Recovery through a DHS and multi-system stakeholder collaboration. The objectives, strategies, and philosophies of the Capacity Building Institute provide the foundation for our Promising Practice team as we work to improve our collaborative efforts in working with individuals with complex needs.

### **Emergency Supports**

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

- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

DHS OID has a 24-hour on-call protocol in the event of an emergency. This on-call protocol includes contacts with providers who may have available capacity when individuals need a temporary residential placement and other supports. All available funds are allocated to providers through contracts. OID does not reserve any base dollars for emergencies. Any crisis situations would involve re:olve as appropriate.

### **Administrative Funding**

As the PA Family Network expands their reach and a better understanding of their scope of activity is developed, OID will continue to develop a relationship with PA Family Network. 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.

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 through email the information is made available on the AC DHS Facebook page and on the Key Communicators Announcement page. DHS will continue to use this mechanism to educate about the activities related to PA Family Network.

### ***HCQU***

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

### ***IM4Q***

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 OID Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County 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; and the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

Other reports include:

- The Independent Monitoring for Quality (IM4Q) Allegheny County Report, which is specific to this county and details aggregate data collected during the interview process for persons receiving supports and services that are funded by the Allegheny County DHS Office of Intellectual Disability/Developmental Disabilities.
- The Independent Monitoring for Quality (IM4Q) Statewide Summary Report, which details findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania.
- The Independent Monitoring for Quality (IM4Q) State Centers Report, which is specific to State Centers in Pennsylvania and presents information collected through face-to-face interviews with 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. DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 19-20.

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

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

Providers can be reluctant to make commitments to these individual cases. However, OID 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. This included coordination with enhanced clinical supports. OID also held the first of what hopefully will be many round table meetings with those providers. We look to create a network of support in an effort 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, OID staff who participate 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 OID Risk Management committee uses a distinct set of criteria to identify individuals who may be At-Risk and completes an extensive case review process. Findings are shared in writing with the individual's Supports Coordinator, who then conducts a review of findings with the individual/family and support team, including providers. A service note about the review also is entered in HCSIS. The SCO responds to the OID Risk Management Coordinator with any required follow-up, including an Action Plan, if warranted. The collective findings of the Risk Management process are analyzed and documented in an annual report. Findings are used to inform OID Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

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.

***County housing coordinator***

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

### ***Providers' emergency preparedness plan***

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. 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, OID functions as the local AE and DHS/OID personnel deliver all components of the AE Operating Agreement with DHS, including:

- Financial processes (including cost reporting and other financial analysis)
- Managing the Prioritization of Needs for Services (PUNS) and waiver capacity functions
- ISP development and authorization
- Provider monitoring
- System planning
- Quality management services

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. OID personnel also conduct an annual administrative review.

### **Participant Directed Services (PDS):**

DHS has been involved in the implementation and coordination of Participant Directed Services, with both Agency with Choice and Vendor Fiscal models as options. The office works with the SCOs in promoting PDS as a viable choice to families and individuals and, through waiver, both 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 utilizing 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 11/12 to 49 in FY 18/19. There are currently 101 participants active with Agency with Choice in Allegheny County.

ODP can assist Allegheny County in continuing the growth of PDS and Supports Broker Services by including OID in regional meetings with the vendors of these models to brainstorm what is necessary to promote and increase the number of individuals and families participating in these models. OID continues to provide the technical assistance that SCOs and families need.

### **Community for All:**

Based on the data on individuals in congregate settings, OID will continue to be actively engaged in planning for their return to the community through its available initiatives. OID also will continue its collaborative efforts with other systems to use supports such as housing for individuals returning to the community. As previously mentioned, this

includes activities for those in state center, jail and other congregate settings. OID will implement its current transition activities with the SCOs to assure choice for individuals returning to the community.

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

### **Continuum of Services to people who are homeless or at risk of homelessness**

DHS serves as the Unified Funding Agency (UFA) and Infrastructure Organization (IO) of our local Homeless Advisory Board (HAB), which oversees development and implementation of the Allegheny County Strategic Plan to Prevent and End Homelessness. With our community partners, 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 17-18, DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First<sup>5</sup>, and increase the flow of positive exits from homelessness services.

**Strengthening Coordinated Entry (CE).** In 2015, DHS implemented a centralized access system through the Allegheny Link for individuals and households experiencing homelessness and seeking housing. Link staff use the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) to conduct assessments of the callers' risks, needs and potential for diversion (e.g., living with family and friends or mediation with landlords) and then refer people to resources to meet their needs. In FY 17-18, the Link:

- Worked to adopt a continuous quality improvement process that has resulted in shortened wait times for callers and more quality, targeted referrals.
- Prioritized those most in need of homeless services. Our CE prioritization process factors in length of time homeless, so that Homeless Resource Coordinators refer long-time homeless individuals or families to a housing program before a household with similar vulnerabilities but less time on the street or in shelter.
- Homeless Services and Supports Coordinators provided formal case conferences for families in emergency shelter to help them achieve housing permanency.
- Expanded field Link staff in an effort to better engage people on the streets, who are less likely to make contact with the Link independently.
- Implemented 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, regardless of whether they might be better-served in the future by a program not presently available to them.

**Preventing and Diverting 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.

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<sup>5</sup> <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

**Implementing the Housing Navigator Unit (HNU)**, a centralized unit within 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. 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, has conducted several “Housing 101” trainings and technical assistance meetings with homeless providers, and is finalizing a new website to house resources for landlords, service providers, and the public.

**Expanding access to Section 8.** DHS continues to strengthen its relationship with the Housing Authority of the City of Pittsburgh (HACP) and the Allegheny County Housing Authority (ACHA). In 2018, HACP and ACHA received an additional 37 Mainstream housing choice vouchers each (74 total) for people with disabilities aged 18-61 who are experiencing homelessness, living in an institution, or who are at-risk of homelessness or institutionalization. Also in 2018, HACP received 78 housing choice vouchers through HUD’s Family Unification Program (FUP) for families who have had their children in a child welfare placement or who are at risk of having their children placed as the result of inadequate or no housing. DHS serves as the referral agency for these new voucher programs, each of which can be used to prevent a household’s homelessness, divert them from the homeless system, or provide them with a permanent housing option outside of the homeless system if they do become homeless, thus freeing up resources for additional households.

**Piloting enhanced Bridge Housing services** for men experiencing chronic homelessness who are awaiting PSH. DHS capitalized on some vacancies in bridge to safely house and engage this vulnerable group and connected them to additional supports. DHS supports six family units and 139 single units of Bridge Housing.

**Targeting access to Rental Assistance.** 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.<sup>6</sup>

**Services, efficacy, and proposed changes**

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

**Table 10: HAP Services and measures of efficacy**

Service	How DHS evaluates efficacy
<p><b>Bridge Housing</b> provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.</p>	<p>Measure: Share of people served by Bridge Housing who exit to permanent housing.                      In FY 17-18: <b>77%</b> (82 of the 106 total clients who exited Bridge Housing) exited to permanent housing</p>

<sup>6</sup> [https://apps.pittsburghpa.gov/dcp/Pittsburgh\\_Housing\\_Needs\\_Assessment.pdf](https://apps.pittsburghpa.gov/dcp/Pittsburgh_Housing_Needs_Assessment.pdf)

<p><b>Case Management</b> 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. For example, service coordinators help families secure and maintain benefits, including MA, TANF and SNAP, by helping them complete renewal applications, update housing status and troubleshoot barriers in accessing these benefits. Service Coordinators also do very targeted housing search assistance in an effort to move families into affordable housing within the community without having to continue through the homeless system. Service coordinators are also able to follow the family into the community once housed to ensure it is a supported transition.</p>	<p>Measure: Number of homeless individuals assisted by HSSC</p> <p>In FY 17-18: <b>716 families</b> were provided with Case Management services.</p>
<p><b>Rental Assistance</b> 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>Measure: Number of people for whom eviction is prevented, through rental assistance</p> <p>In FY 17-18, <b>377 clients</b> received rental assistance</p>
<p><b>Emergency shelters</b> 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>	<p>Measure: Number of people prevented from being street homeless through shelter (including shelter for people who are victims of IPV)</p> <p>In FY 17-18, <b>2,507</b> individuals were prevented from becoming street homeless</p>
<p><b>Other Housing Supports</b> 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>	<p>Measure: Number of homeless individuals assisted</p> <p>In FY 17-18: DHS provided approximately <b>82</b> clients with other housing supports</p>

**Proposed changes in FY 19-20:**

- 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 19-20, DHS will work to increase consumer voice in homelessness service design and delivery at the system and programmatic levels.
- DHS will continue to evaluate the effectiveness of current Rental Assistance programs and explore models being used successfully in other areas.

**Homeless Management Information System:**

In FY 17-18, DHS issued an RFP to replace the current Homeless Management Information System with a commercial off-the-shelf system and awarded Eccovia Solutions the contract. DHS intends to go live with the new software in October 2019 and will provide training and support to providers. DHS's dedicated HMIS staff and a homelessness/housing analytics team continue to produce analysis and reports that guide planning and decision-making. 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. 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. The expectation is that the new software will be cost-effective and HUD-compliant.

## **SUBSTANCE USE DISORDER SERVICES**

DHS aims 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 Behavioral Health (CCBH), the county's managed care organization), consumers, peers and family members, and it leverages community resources so that the county's children, youth, adults and families have a network of services and supports that make a positive impact in their lives. DHS and its partners work to ensure that 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 17-18:**

- **Planning an engagement center, safe place to stay and engagement and coordination teams.** Together with Community Care, DHS issued an RFP that offers a three-pronged approach to providing Allegheny County residents 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*- 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), 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.

DHS and Community Care released the RFP in December 2018 and are working to complete the evaluation process. For more information, see the RFP at: <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations/Archive.aspx>

- **Preventing homelessness and ensuring housing stability for people with Opioid Use Disorder (OUD)** by establishing a DDAP grant-funded pilot system of rental assistance and housing supports, along with expanded case management and supported services. Approximately 200 individuals, during a one-year grant period, will receive housing supports along with intensive case management. Case managers act 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.
- **Establishing quality case management, separate and distinct from treatment and other services, and expanding the availability of close support through certified recovery specialists.** Through the support of a DDAP grant, DHS is working to:
  - Establish a separate and distinct case management unit that can serve at least 300 additional individuals each year, with quality and adherence to a holistic model of care.
  - Expand CRS to serve at least an additional 150 individuals each year
  - Establish referral mechanisms to make case management and CRS a consistent element of the improved system of care for people with SUD

- Coordinate this transition with providers to ensure every organization that is a part of the new system of care is clear on the respective contribution/role
- **Establishing a family residential substance use disorder treatment program.** In August 2017, DHS issued a Request for Proposals (RFP) to develop and manage an innovative, recovery-oriented and trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. The families will be referred by DHS's child welfare office and will have a recent history of child abuse and/or neglect. The family residential treatment program will include residential treatment and supportive services, offering a new approach to family substance use disorder treatment as an enhanced 3C by providing individualized support to family members while coordinating care to holistically treat the whole family unit. DHS expects to serve eight families with up to four children at a time, with an average length of stay for four to six months, for a total of 15-20 families per year. DHS awarded the contract to Auberle and researched, vetted, and approved a proposed site/community in Mt. Oliver. The local zoning board approved variances to the purchased property, after several public hearings on the matter. DHS and Auberle are working on program planning and facility design. DHS estimates that the Auberle Healing Center will open in January 2020.
- **Providing family-based recovery in-home services.** DHS contracted with Holy Family Institute (selected via a competitive procurement process) to replicate and adapt a recovery-oriented, trauma informed, in-home substance use disorder treatment model originally developed for the Connecticut Department of Children and Families called "Family-Based Recovery" or "FBR." The FBR model uses in-home therapy and substance use disorder treatment to help parents overcome substance use disorders while improving the parent-child relationship. As of May 2019, 36 families received supports, and DHS plans to add a second team in FY 19/20.
- **Implementing a coordinated response to the opioid epidemic.** To combat the devastating effects of the opioid epidemic, DHS is coordinating 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. DHS developed a Narcan training for wide distribution in the behavioral health provider community and is working to maximize opportunities to screen for D&A across the behavioral health system. The goal is to improve the assessment skills of mental health providers so that they can identify people at risk for overdose and help work together with D&A supports to prevent overdose and put them on a path toward health and recovery. DHS implemented a pay-for-performance incentive (discussed in greater detail in the mental health section of this document) that allows mental health providers to receive bonus dollars if they receive training on the use of naloxone and make it available on-site.
  - Expanding prevention programs with schools and community groups, especially leveraging Student Assistance Programs (SAP), a program that 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.
  - Working to expand access to effective treatment for those with opioid use disorders, including medications (i.e., Methadone, Suboxone and Vivitrol), utilizing results from 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 DHS human service organizations.
- **Investing in evidence-based prevention services.** In January, 2018, DHS issued an RFQ for prevention services designed to prevent or reduce the use and abuse of alcohol, tobacco and other drugs, as well as compulsive and problem gambling, that correspond to DDAP's prevention strategies. Twenty-five percent of the prevention services provided must be evidence-based or evidence-informed. For more information see the RFQ: <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations/Archive.aspx>

- Utilizing CURES funding.** DHS was awarded CURES funding to be used for outreach, treatment, case management and recovery support services for people with Opioid Use Disorder. Because of this funding, DHS expanded contracts with MAT providers so that more people could gain access to this crucial treatment. In FY 18-19, 1,608 clients were served through CURES funding.
- Continuing to convene the Centers of Excellence (COE) in partnership with CCBH.** In 2016, the state designated six COEs in Allegheny County to help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. DHS served as a pass-through for two COEs (Gateway and Tadiso), requiring fiscal monitoring and compliance oversight. Together with CCBH, DHS began convening all six COEs in the county, along with other stakeholders, to better understand what each COE is doing and how they can work together to achieve best outcomes for individuals with opioid use disorder in the county. In FY 17-18, DHS continued to convene the COEs and worked on ensuring warm handoffs to treatment.
- Expanding distribution of Narcan** by working with the Health Department to give over 6,210 kits to organizations that come into contact with those at the highest risk of overdose. 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.
- Connecting individuals in the Allegheny County Jail to MAT.** DHS has 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 CCBH, 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 May 2019, 83 individuals received support during their transition out of jail, 86 individuals are currently receiving services while in the jail and 17 clients completed applications for Medical Assistance.
- Building peer support capacity.** In FY 17-18, DHS collaborated with the Pennsylvania Recovery Organizations Alliance to help train 26 individuals to become Certified Recovery Specialists. In FY 18-19, DHS has a goal of training 75 individuals as Certified Recovery Specialists and on Narcan administration by the end of the fiscal year.

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

**Table 11: Funding Sources for publicly-funded D&A Services in Allegheny County**

<i>D&amp;A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
<b>Prevention services</b>	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,	Adults Adolescents	D&A Base Compulsive & Problem Gambling Prevention W/C Prevention Base D&A

	family, community agencies and groups.		SAP Base County Match
<b>Intervention services</b>	Services that discourage people who are experimenting or substance-abusing from further involvement by suggesting alternative ways to cope with problems	Adults Adolescents	D&A Base D&A SAP Base HSBG-BHSI HSBG-Act 152 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C HEP C County Match
<b>Residential treatment</b>	For persons with serious SUDs. Includes individual and group counseling on a daily basis and family education and counseling as needed. This treatment is typically offered in a non-hospital residential setting. The length of treatment varies with the severity of the SUD. Ongoing treatment typically occurs on an outpatient basis after completion of the residential program.	Adults, Adolescents	D&A Base Act 2010-01 Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152 Drug Court
<b>Outpatient services</b>	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
<b>Recovery housing; halfway house</b>	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
<b>Case/care management</b>	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

<b>Recovery supports</b>	Non-clinical services, such as mentoring, education and telephone support, that assist individuals in their recovery from substance use disorders	Adults, Adolescents	D&A Base Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152
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**1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)</b>
Withdrawal Management	2	2
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	7	12
Partial Hospitalization Program (PHP) Services	1	1
Outpatient Services	4	10

During FY 18-19, Allegheny County will continue to work with its partners to reduce this waiting list by establishing a coordinated entry system and working with providers to prioritize use of beds, expand the total number of beds and increase the availability of MAT.

**2. Overdose Survivors' Data:**

Allegheny County currently works with 6 Centers of Excellence 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

Their hours of operation are:

WPIC	Mon-Fri - Daylight only
Gateway	Days and Evenings 7 days per week
Tadiso	Days and Evening 7 days per week
Magee	Mon-Fri Daylight only
GIM	Mon-Fri - Daylight only
AHN	Mon-Fri - Days and Evenings

**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

By the 15<sup>th</sup> of each month COEs submit data to DHS regarding the warm handoffs that occurred from EDs in the previous month. DHS tracks data for all COEs as well as combines the data into one dataset for DDAP. DHS provides technical assistance to the COEs as needed.

**Table 12: Overdose Survivor Data**

<b># of Overdose Survivors</b>	<b># Referred to Treatment</b>	<b># Refused Treatment</b>	<b># of Deaths from Overdoses</b>
A review of all available Emergency Medical Services (EMS) information for instances when naloxone was administered, from Jan 1, 2014- Sept, 20, 2015 showed that there was 1,466 occasions when EMS was dispatched and naloxone was administered and documented. It is important to note that not all episodes of naloxone administration are equivalent to opioid overdoses. On most occasions (89%) the person was "treatment and transported". Very few (<2%) "refused transportation or treatment." While it is unclear whether all EMS services were captured in EMS records, in 2014 there were 630 records showing that EMS administered naloxone and the person was revived.	According to information on overdose survivors collected from the COEs, in 2018, 242 overdose survivors received warm handoff referrals to treatment from emergency departments.	According to information on overdose survivors collected from the COEs, in 2018, 11 overdose survivors refused warm handoff referrals to treatment from emergency departments.	In 2018, there were 391 overdose deaths in Allegheny County.

3. Levels of Care (LOC):

Table 13: Levels of Care

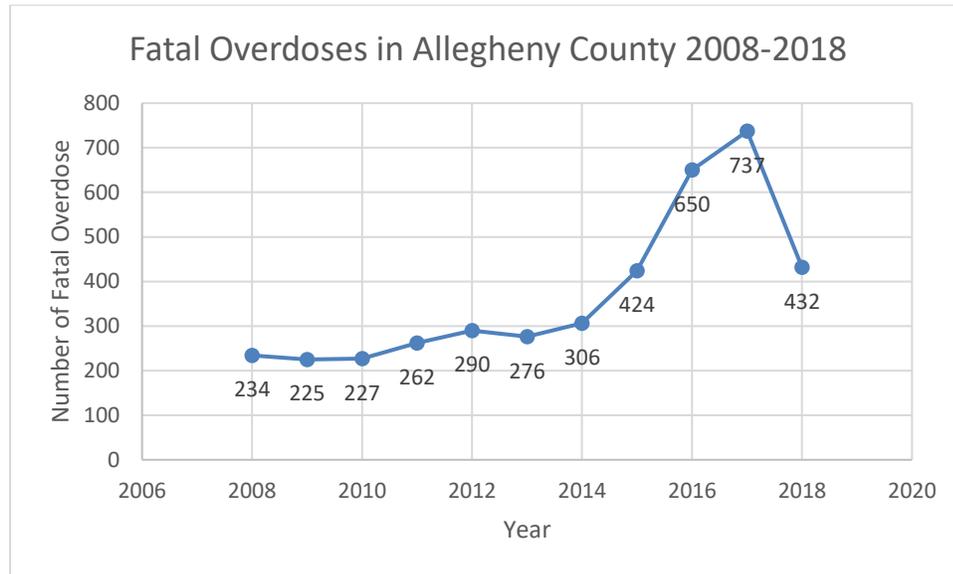
LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	2	0
4	1	1	0
3.7 WM	5	1	1
3.7	0	0	0
3.5	Long term: 13 Short term: 7 Total: 20	Long term: 8 Short term: 2 Total: 10	8
3.1	8	3	3
2.5	7	7	5
2.1	12	12	6
1	18	18	11

4. Treatment Services Needed in County:

- Expanded MAT.** 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<sup>7</sup>, issued by DHS, the Health Department, CCBH and AHCI, DHS makes it clear that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT. As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. DHS has continued to educate providers and has increasingly made it a requirement for funding that agencies accept clients without this discrimination. DHS maintains that an individual’s choice to use MAT should not limit his or her access to other services. As the opioid epidemic continues in Allegheny County and the state of Pennsylvania, DHS recognizes the need for continued expansion of and advocacy for MAT services.
- Increased treatment slot capacity.** The need for services for people with substance use disorder across the continuum of treatment in Allegheny County continues to outweigh the supply (see Waitlist section above). In addition to expanding treatment capacity to meet the growing need, DHS also recognizes the need for a better treatment slot management system and clearer access pathways to people into and through the system. Through the development of a centralized coordinated entry system, DHS hopes to make accessing treatment easier for people who need it and to utilize the resources available in the County most effectively.
- A safe place to await treatment.** DHS recognizes the need for a safe place for people to go to access information and stay while they wait for an open treatment slot. Through the Engagement Center and A Safe Place to Stay outlined in the “Notable Initiatives” section above, people will have access to safe places where they can receive housing, support, information and monitoring.

<sup>7</sup> [http://www.achd.net/overdoseprevention/010917\\_Final\\_MAT\\_Position\\_Paper.pdf](http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf)

- **Responding to the Opioid Epidemic.** The demand for D&A prevention, intervention and treatment services has grown in Allegheny County over the past year, as opiate use has increased dramatically. The public health impact of this epidemic has extended throughout the county, with opiates a contributing cause in most of the overdose deaths in Allegheny County. As shown below, these overdose deaths grew significantly since 2008, peaking in 2017. Thankfully, the number of deaths has declined in 2018 from 737 to 432; however, this number still remains higher than the average from 2008-2015.



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

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

- Stopping the initial addiction of people by increasing the public's awareness. Specifically, DHS is actively engaged in the PA Stop campaign, designed to educate people about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. Through information sharing and advocacy, DHS is working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers to stop opiate addiction before it starts. Opioid overdose can be reversed by widely distributing naloxone and helping to ensure that treatment providers and others at key intercept points are prepared to use it, when needed.
- Getting people to treatment and recovery support, particularly at the critical points of intervention, for example through warm hand offs after leaving facilities in which they have undergone withdrawal and no longer can tolerate the same level of drug use.. This includes the Allegheny County Jail and treatment facilities. People with opiate addictions who leave the jail are at high risk of OD. According to a joint report by DHS and the Health Department<sup>8</sup>, 18% of people who overdosed in FY 15-16 had been released from jail in the year prior to their death. After a period of time removed from opiates, their tolerance of drugs is lower and they are returning to environments that trigger their drug use (Binswanger 2012: Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors).

<sup>8</sup> [http://www.achd.net/overdoseprevention/Opiate-Related\\_Overdose\\_Deaths\\_in\\_Allegheny\\_County.pdf](http://www.achd.net/overdoseprevention/Opiate-Related_Overdose_Deaths_in_Allegheny_County.pdf)

- Facilitating warm handoffs from treatment or jail through serving as pass-through for two COEs and working to convene and coordinate the work of COEs in the County.
- Continuing to implement Allegheny County's Opiate Overdose Prevention Plan, outlined below:

*Goal 1. **Reduce overdoses and deaths*** by expanding the availability/use of Naloxone for people with opioid addictions and others who are in contact with them, by increasing access to treatment, and by focusing resources at key intercept points (points of danger for overdose, such as the period prior to and after release from treatment and incarceration).

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

*Goal 3. **Prevent addiction*** through prevention education.

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

- **Prevention for youth:** The Single County Authority Treatment Needs Assessment, which used the National Survey for Drug Use and Health (NSDUH) for 2012, showed that Allegheny County youth between the ages of 12-17 report significant use of illicit drugs and alcohol, and of needing but not receiving treatment at rates higher than both the PA average and the average for Philadelphia. This survey also showed that almost every age group reported an increase in their non-medical use of pain relievers. DHS recognizes the need to not only connect with youth in need of treatment, but also to work on prevention efforts, especially for young people.

**Leveraging reinvestment:** DHS will utilize reinvestment dollars to support several behavioral health initiatives over the next year, including the Family Residential Treatment program referenced above.

## 5. Access to and Use of Narcan in County:

DHS advised and provided subject matter expertise to the Allegheny County Health Department during the development of their 2015 Plan for a Healthier Allegheny<sup>9</sup>, 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 substance use disorders, 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.

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<sup>9</sup> The plan is available at <http://www.achd.net/pha/index.html>

Working together, DHS and the Health Department distributed 6,210 kits in FY 17-18 to organizations that encounter those at the highest risk of overdose, including human service providers, first responders, pharmacies and libraries. 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.

Further, in 17-18, DHS continued implementation of the Naloxone Initiative, a train the trainer course on recognizing the signs of overdose and administering Naloxone for mental health service providers, namely Community Treatment Teams (CTT), Blended Service Coordination providers, and Long Term Structured Residential (LTSR) programs. Participating organizations identify a minimum of two staff members to become trainers. If organizations utilize their trainers to train the rest of their staff, develop and implement policies, procedures and guidelines around Narcan use and distribution, and develop and implement an ongoing training and data collection plan, they receive bonus funds. In FY 17-18, DHS conducted 3 trainings, training a total of 56 people.

**6. County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

Allegheny County currently works with 6 Centers of Excellence (COEs) who use the warm handoff procedure to assist individuals who go to the emergency room and whom 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 15<sup>th</sup> 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 Survey Monkey.

**Warm Handoff Data:**

**Table 14: Warm Handoff Data**

<b>Number of Individuals Served</b>	362
<b>Number Entering Treatment</b>	144
<b>Number Completing Treatment</b>	unknown

Please identify Challenges with Warm Handoff Process Implementation:

Providers identified the stigma that surrounds D&A abuse, especially OUD, as the main challenge with the Warm Handoff process. An additional challenge is the large size of Emergency Departments (ED): not all staff, especially newer staff, are fully aware of, or remember to use, the COEs. Further, not all COEs are available 24/7, which limits what can be accomplished in the hours more likely to see overdose survivors at the EDs.

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

In FY 18-19, DHS will use Block Grant funds to support critically important Adult Services and Specialized Services.

### **Adult Services:**

In FY 18-19, DHS will continue to fund three 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 and transportation services 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 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 service's In-Home Specialists assist consumers with light housekeeping, personal care, grooming, errands, making telephone calls, and managing their mail. These staff also 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 a service plan that details the types and frequency of service, the specific tasks the In-Home Specialist will do, and the tasks that the consumer will receive support in completing.

*Service Category:* Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

#### **2. Case Management**

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

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

#### **3. Transportation Assistance**

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

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

### **Aging Services:**

DHS did not use the Aging Services cost center in FY 18-19 and does not plan to use this cost center in FY 19-20.

**Children and Youth Services:**

DHS did not use the Children and Youth Services cost center in FY 18-19 and does not plan to use this cost center in FY 19-20.

**Generic Services:**

DHS did not use the Generic Services cost center in FY 18-19 and does not plan to use this cost center in FY 19-20.

**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 18-19:

**1. Computer and Employment Skills Training**

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

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

The Allegheny County Jail Collaborative, 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, thereby improving public safety through system change and implementation of evidence-based practices. The Collaborative’s Reentry Program has been shown to work. A 2014 Urban Institute study of the program found that: it has fidelity to its model; reduced rearrests by a statistically significant amount (24 points) compared with a matched comparison group; and prolonged the time to rearrest. The Collaborative has been widely recognized locally and nationally; former Attorney General Eric Holder described it as a model program in his March 2013 NACO speech.

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

- Reach and serve some of the highest-risk individuals and families in Allegheny County. Many of these individuals have behavioral health disorders, and their family members have extensive needs for human services, including child welfare prevention services.
- Achieve strong outcomes for these individuals in the areas of employment and reductions in criminal thinking and job/career training. The following are outcomes and participation rates during FY 18-19:
  - The job placement rate for participants was 57%
  - 500 individuals participated in cognitive behavioral therapy in the jail, alternative housing, and community
  - 113 individuals participated in family support programming in the jail, including either parenting or relationship classes
  - 198 individuals received transportation assistance following release that assisted them in accessing community services and resources

DHS will use Block Grant funds, in combination with federal, other state and private funds, to continue to support the Jail Collaborative’s services to men and women who are at medium-to high-risk of recidivism starting in the jail or alternative housing, through their transition to the community and continuing for 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 those goals. Service Coordinators are critical to ensuring that clients receive substance use disorder treatment, mental health services, housing, education and training, employment assistance, transportation assistance, and understand the terms of their probation and maintain a positive connection with probation and the services of the Community Resource Centers.
- **Family Support:** Family reunification plays a vital role in facilitating a successful return to the community. Family and marital factors are considered one of the top needs that impact an individual's likelihood to recidivate, 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 and family support activities in the jail through an experienced provider. The parenting class uses an evidence-based cognitive-behavioral curriculum called "Parenting Inside Out," which develops parents' skills in communication, problem solving, providing positive reinforcement, and utilizing non-violent discipline. The parenting class also provides 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 of the incarcerated.
- **Vocational Training:** The Jail Collaborative offers training in various fields—including masonry, culinary arts and machining—free of charge to clients.

### 3. Batterers' Intervention Services

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

With the support of Block Grant funds, DHS will continue to fund certified BIP providers in FY 19-20. These BIP classes 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 CBT, Motivational Interviewing and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. DHS monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting to the courts. 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.

#### **4. Individual Care Grants as part of an integrated service planning process for adults**

A subset of adults served by DHS (and in certain cases, families) who are involved with multiple systems have complex service needs that cannot be met with categorically-funded services, and are involved in DHS's Adult 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, 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 HSDf 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.

#### **5. Supporting 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. In FY 18-19, DHS served approximately 549 individuals.