

Appendix B
County Human Services Plan

PART I: COUNTY PLANNING PROCESS

The Allegheny County Department of Human Services' (AC DHS) leadership team is composed of the director and deputy directors from the Offices of Children, Youth and Families (CYF); Behavioral Health (OBH) – which includes the Single County Authority and Early Intervention; Developmental Supports (ODS); Community Services (OCS) -- including the Region 5 Early Learning Resource Center and local Continuum of Care United Funding Agency; Aging Services; Equity and Engagement (OEE); Analytics, Technology and Planning (ATP); and Administration (OA). This leadership group reviewed local needs assessment data, consumer feedback, and program performance to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. Information sources included:

- Feedback shared by providers and community members during annual public hearings.
- The guidance and recommendations of AC DHS Advisory Boards and Councils – The Human Services Block Grant Advisory Board, Aging Advisory Council, Drug and Alcohol Planning Council, Mental Health/ID Advisory Board, CYF Advisory Board, Community Services Advisory Council, Homeless Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, the Children's Cabinet, and our Youth Advisory Board (Systems Improvement Through Youth).
- The results of text, online and in-person surveys, and focus group interviews of people who have used AC DHS services, conducted by ATP's Client Experience Unit, Consumer Action Response Team of Allegheny County, and Independent Monitoring for Quality.
- Information about community needs and service gaps, from AC DHS, Community Care Behavioral Health (CCBH), the Continuum of Care (CoC), the Allegheny County Health Department (ACHD), and Allegheny County Economic Development (ACED).
- Regular calls with providers held on a bi-weekly or monthly basis. Providers engaged include those delivering mental health, drug and alcohol, housing and homelessness, and child welfare services. Calls include staff from the executive level down to front line supervisors.
- Input from partners such as our local workforce investment board, the United Way of Southwestern PA, our philanthropic community, as well as city and county officials.

Serving residents in the community

AC DHS has participated in the Human Services Block Grant since the year it was initiated, because it allows Allegheny County to address the needs of vulnerable children, adults and families in integrated ways and serve more people with a full range of support and preventive services. These services improve health and address current issues, thereby preventing people's needs from becoming more complicated and requiring more restrictive settings. During FY 22-23, AC DHS will continue to use the flexibility of the Block Grant to focus on prevention and service integration so that – whether someone seeks one service only or needs housing and food and treatment and transportation – they can quickly receive the full range of needed support and assistance. The goal of service integration is to improve the lives of individuals and families while serving them in the community and preventing more intensive service involvement.

Key aims in FY 22-23

- 1. Create wide-open access to human services.** We can prevent problems from getting worse by making sure people who really need help are receiving useful services—whether that’s housing, childcare, family support, treatment for substance misuse, or other services. AC DHS’s strategies to improve access to human services will include:
 - Place-based strategies: Building and expanding multi-service locations and good mobile/home delivery.
 - Digital strategies: Developing a rich, always-current database of the services people need—and sharing it; providing clients with access to their own records; and creating ways for people to offer feedback on the services they’ve experienced so we can continue to improve.
 - Outreach and marketing: Making sure people who need services know where to turn for help.
 - Triage: Ensuring people who need services the most are given highest priority.
- 2. Invest in economic security.** Targeted programs will strengthen the economic security and resilience of individuals and families, therefore preventing crises and the need for more intensive services. AC DHS will support economic security by investing in:
 - Basic needs: Addressing the “COVID cliff” requires AC DHS to fill the gaps left by supports put in place due to COVID that are now ended or will be ending soon. For example, the Child Tax Credit, Emergency Rental Assistance Program, etc.
 - Childcare: Helping families to access quality and affordable childcare through subsidies, expanding capacity for short term and crisis childcare, and investing in the Out-of-School Time program network.
 - Transportation: Making transportation more affordable for vulnerable communities.
 - Housing: Improving our county’s housing system for individuals experiencing homelessness and people who need supportive services to maintain housing through:
 - Eviction prevention: Robust eviction prevention efforts – including administration of rental assistance and investments in landlord incentives and mediation, tenant education, and legal advice and representation.
 - Better prioritization: AC DHS recently adopted a new decision support tool to help prioritize admissions to supportive housing services for individuals or families experiencing homelessness. This tool uses administrative data to predict the likelihood of three types of events occurring in a person’s life if they remain unhoused over the next 12 months – a mental health inpatient stay, a jail booking, and frequent use of hospital emergency rooms.
 - Integration of our County’s housing resources: AC DHS operates two different housing systems of care – one through our mental health system and one through our homeless system. A person who needs housing could be eligible for both systems, but since these systems do not share a front door, people most often end up in the system where they first connect, which is not always the system best tooled to meet their needs. To address this problem, AC DHS is working to better integrate its behavioral health and homeless housing systems; and to retool its supportive services to better meet people’s needs and support their exit from the housing system back to the community.
 - Second Avenue Commons: Opening this fall, The Commons is an innovative, low-barrier shelter providing comprehensive and trauma-informed services. The

five-story, 45,000 square foot facility will be the first of its kind in the County, providing year-round shelter and wrap-around services to address mental and physical health issues, substance misuse, and other complex challenges faced by individuals experiencing homelessness. Key components include case management to assess individual needs and match people to resources and services; an on-site clinic for physical and mental health services, as well as drug and alcohol treatment; a drop-in center with hygiene facilities, laundry, food, a seating area and a library/computer room; mail services; 95 shelter beds and additional overflow beds; and 42 single room occupancy units to facilitate people's transition to independent housing.

3. **Prevent harm and reduce the use of coercion.** Our aim is to reduce the number of people impacted by serious issues that cause them to enter coercive systems whenever possible. This includes prevention across human services domains including:
 - Family Strengthening Efforts: Building a robust network of services that meet the needs of families with children and prevent child welfare involvement.
 - Juvenile Justice Diversion: Referring youth to voluntary services, programs and supports rather than to the juvenile justice system.
 - Law Enforcement Assisted Diversion (LEAD): Connecting high utilizers of the criminal legal system with harm-reduction-focused case management instead of being arrested.
 - Community Violence Prevention: Convening stakeholders to plan and lead community-based efforts while funding evidence-based, public health approaches to reduce violence — which has increased and causes significant trauma, especially impacting children's long term mental health and wellbeing.
 - Homelessness: Expanding rental assistance, supporting efforts for increasing access to affordable housing, and improving system flow.
 - Involuntary systems involvement: Working with partners to redesign systems, investing in jail population reduction, juvenile justice alternatives and diversion from child welfare involvement.
 - Housing support for older adults: DHS is developing strategies to support aging in place and collaborating to serve the anticipated growing populations of people aged 60+ who are experiencing homelessness.
4. **Support people, their families and first responders during crises.** Building a robust crisis response system that reduces the overuse and misuse of the criminal justice system for people with human service needs. Even with the best access and prevention services, people still need help through emergencies like homelessness or behavioral health crises. AC DHS is working with its partners to build a system that provides quick help from human services and the community (instead of expecting law enforcement or other first responders to do the work alone). Crisis support efforts include:
 - One number to call: Implementing “988” as the number people call when someone is having a crisis and testing different response models.
 - Mobile response: Supporting co-responder models and expanding the number of social work teams that can respond when someone is in a behavioral health, housing, or other crisis.
 - Community response: Supporting communities in instituting ways of helping their neighbors in crisis and helping make this part of the 911 system.

- Peer respite: Establishing welcoming, peer-operated spaces where people can find support when their mental health symptoms are escalating, or they need to recover from a crisis.
- Informal mental health supports: Delivering non-medical supports through community-led partners that broaden the ways in which people connect to care.
- Opioid epidemic response: Adapting and innovating programs such as Pathway to Care and Recovery, Certified Assessment Centers, and the POWER Restore Program to treat and support the recovery of individuals with substance use disorders.

PART II: PUBLIC HEARING NOTICE

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

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

- July 27, 2022, at 11:30am
- July 28, 2022, at 4:30pm

AC DHS held the public hearings virtually, using Zoom. Individuals were able to join the hearings by phone or weblink. Questions and comments were accepted orally, by email or through a Q&A chat box. Live closed captioning and ASL interpretation was available, and individuals could request a copy of the transcript, translated as needed. An event recording is posted to <https://vimeo.com/735583788>.

865 individuals attended the hearings on Zoom, including community members, advocacy groups, service providers and AC DHS staff. The video recording of the hearing has also been viewed more than 200 times. The AC DHS Director presented information about the Human Services Block Grant, human service needs and opportunities. The Director asked participants to share community needs and their ideas for addressing those needs; and facilitated a virtual discussion with participants, collecting their comments and suggestions and using their input to develop the Human Services plan.

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

As stated in the ‘key aims’ section of this document, AC DHS is committed to promoting economic security for our clients. To this end, AC DHS invests in programs and services that connect people to appropriate training and employment opportunities and support them to maintain employment (see Table 1 below). AC DHS also partners with key regional stakeholders to make sure that clients have a clear pathway to training and employment resources and supports.

One of AC DHS’s most important partnerships in this space is with Partner4Work (P4W), Allegheny County’s workforce investment board. P4W connects funding, expertise, and opportunities for employers, job seekers, agencies, and policy makers to develop a thriving workforce in the Pittsburgh area. The AC DHS and

Partner4Work partnership focuses on coordinating human services and employment services, advocating for workforce development for people with human service needs, and building stronger referral networks and ways to share resources. Recent collaborative initiatives between P4W and AC DHS include:

- Participation in the Heartland Alliance’s Pathways Forward Challenge, a systems-change initiative aimed at more effectively and equitably connecting homeless and unstably housed job seekers to employment.
- Efforts, supported by the Aspen Institute, to raise local employers’ awareness of human service programs so that their employees are connected to all services and benefits for which they are eligible.
- The Career Service Expansion Project, which connects residents of Allegheny County with PA CareerLink services through targeted outreach and partnerships with community-based organizations in low-income and geographically isolated areas. This project currently operates in 23 sites and includes a warm handoff to CareerLink, shared case management, as well as a dual focus on job readiness and job connections. Further, the project has established computer kiosks at seven community locations which helps community members to virtually connect with CareerLink services.

Because of the unique needs of people experiencing homelessness, AC DHS also partners with the Employment Training and Advisory Board (ETAB) to identify and overcome employment barriers for this special population. ETAB is an affiliate of the Homeless Advisory Board (HAB) for the Allegheny County Continuum of Care (CoC). The group includes AC DHS staff, provider agencies and community stakeholders, and it aims to 1) promote housing stability and self-sufficiency by linking homeless services providers and the people they serve to employment and training resources; and 2) work 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. ETAB also organizes cross training opportunities that help both the workforce sector and homeless services better understand clients served by both systems and the best practices and resources that exist to meet agency and client needs.

The following chart outlines AC DHS’s workforce initiatives and programming, which complement its partnerships. To provide the following programs and services, AC DHS leverages funding from the Human Services Block Grant, Community Services Block Grant, Independent Living Grant, and competitively awarded funds.

Table 1: AC DHS Workforce Initiatives and Programs

Program	Description	Annual # of Clients Served
Self-Sufficiency	Helps individuals at or below 200% of the Federal Poverty Level (FPL) achieve improved stability and economic security. Economic security for many working age adults is improved employment and increased earned income.	174
Allegheny County Outreach	Provides case management, service coordination, and support services for persons who are below 125% FPL who have a goal of improved stability and economic security.	30
Supported Employment for people with Serious Mental Illness (SMI)	Supported employment services based upon individual choice, integrated with comprehensive mental health treatment and focused on employment as the goal.	505

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).	888 ¹
Intellectual Disability Waiver Employment Services	Supports individuals with intellectual disabilities in finding and maintaining work	2,218 waiver eligible individuals
Jail Collaborative	Multiple training and employment services for individuals coming out of the Allegheny County Jail. Through a partnership with Goodwill and various training programs, 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 further expanded job training opportunities through a third U.S. Department of Labor-funded project, Pathway Home, in collaboration with Partner4Work. Pathway Home combines the workforce expertise of Partner4Work with the case management experience of the Jail Collaborative. Through Pathway Home, the Jail Collaborative plans to pilot a pre-release certificate-bearing training program and is also providing living wage stipends to individuals enrolled in vocational training programs.	45
Learn and Earn	Learn and Earn is a summer youth employment program delivered by Allegheny County, the City of Pittsburgh, and Partner4Work, that aims to set young people on the path to a successful future through a 6-week, paid summer employment program. Young people spend at least 20 hours per week at a worksite and also receive professional development coaching in soft skills. Learn and Earn is open to young people ages 14 to 21 who meet certain income and residency requirements. They are matched to job opportunities based on interest, experience, and skills. Young people work at sites across the county in corporations, nonprofits, and community-based organizations.	1,328

Housing:

AC DHS recognizes that homelessness is a complex problem and is often intertwined with unemployment, lack of affordable housing, substance use disorder (SUD), serious and persistent mental illness, intimate partner violence and poverty. Homelessness also contributes to severe negative outcomes for individuals and families, including hunger, inadequate medical care, social isolation, mental illness and school absenteeism. Because of this complexity, most of the individuals who receive homeless services work with multiple service providers. In 2021:

- 55% of people active in the homeless service system had also received a publicly funded mental health service in the past²
- 26% had also received a publicly funded service for substance use disorder in the past

¹ Number reflects all Employment Institute (not just Youth Zone) clients served in FY 21-22 through June 30, 2022.

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

- 16 % self-reported an experience of intimate partner violence.³

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

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

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

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

- **Connected people to resources through the Allegheny County Coordinated Entry System.** The Allegheny Link (including its Field Unit, described below) functions as the single access point for homeless services in Allegheny County. The Link offers information and referrals, homeless services coordination, eligibility screening, options counseling, application assistance and case management. Importantly, the Link ensures the County’s housing resources are allocated as fairly, equitably, and effectively as possible using a decision support tool called the Allegheny Housing Assessment (AHA) to prioritize individuals and families experiencing homelessness for long term housing. More information about the AHA is available at <https://www.alleghenycounty.us/Human-Services/News-Events/Accomplishments/Allegheny-Housing-Assessment.aspx>
- **Expanded coordinated entry services** through the Field Unit so that we can reach more individuals in their communities. The Field Unit acts as a bridge between those who are street homeless and unable to contact Allegheny Link. The Field Unit consists of skilled field service coordinators who partner with Street Outreach Teams, drop-in centers, medical clinics and libraries to bring coordinated entry to those who are unsheltered.
- **Created a Section 811 Housing Initiative in Allegheny County**, which provides project-based and tenant-based Section 8 housing for people ages 18-61 with disabilities, have income at or below 30% of Area Median Income (AMI), and who are enrolled in Medicaid or who are eligible for Medicaid (but who are not yet enrolled). The program sets as priorities for this housing people who are institutionalized but able to live in the community if they have permanent supportive housing; at-risk of institutionalization; or living in congregate care setting but able to live in the community.

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

- **Established the Housing Navigation unit at AC DHS** that fosters relationships with landlords to encourage renting to higher-need households, creates a system to track available and affordable housing, and assists AC DHS case workers and providers in their efforts to help clients obtain housing.
- **Doubled the Landlord Risk Mitigation Fund.** The Fund facilitates the ongoing engagement and support of our network of landlords. It reduces the risk to landlords by covering the costs of repairing rental unit damage or lost rent, providing an incentive for landlords to continue to rent to our clients.
- **Established the Deep Rental Subsidy Program,** which supports the cost of housing for people living with a disability who are ready to transition out of group homes, Community Residential Rehabilitation (CRR) facilities, and other more intensive levels of service. In addition to rental assistance for community-based living, clients receive service supports to help ensure successful transitions.

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

- **Expanding access to low-barrier shelter and services.** Over the past two years, AC DHS has worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations to design and build a new Low-Barrier Shelter called Second Avenue Commons (The Commons). This brand new 45,000-square-foot, five-floor facility is scheduled to open in Fall 2022, pending the completion of construction. It will house: a 24/7, 92-bed Low-Barrier Shelter with space to add 40 additional beds when needed; a daytime drop-in center; a clinic staffed and operated by UPMC that provides routine physical and behavioral health services; and 43 Single Room Occupancy (SRO) units (permanent housing that offers small, private, furnished rooms along with shared bathroom and kitchen facilities). AC DHS released an RFP in April 2021 to identify the operator of the shelter and drop-in center.
- **Homelessness prevention through the Urban Redevelopment Authority (URA) of Pittsburgh and the Emergency Rental Assistance Program (ERAP).** AC DHS is collaborating with the URA on the homelessness prevention components of the Housing Opportunity Fund⁴, including aligning our prevention programs. The URA also uses AC DHS's HMIS. Additionally, AC DHS launched the Emergency Rental Assistance Program (ERAP), funded by the U.S. Department of Treasury and Pennsylvania Department of Human Services, which has assisted nearly 20,000 households with rental and utility assistance since March 2021. In fall 2022, AC DHS will release an RFP for a more robust homeless prevention program funded by HAP, leveraging lessons learned from the ERAP program.
- **Aligning homelessness and health services through**
 - AC DHS's Housing and Healthcare group (H2), which brings together a range of stakeholders to work on the system changes needed to enhance integration and collaboration between housing and healthcare systems. Member initiatives include a medical respite program, hospital discharge planning for those without housing, and using data to address the social determinants of health.
 - A collaborative effort with the Allegheny County Health Department to strengthen partnerships between homeless shelters and Federal Qualified Health Centers.
 - Continued work with doctoral students at the University of Pittsburgh's School of Occupational Therapy. The student's capstone project focused on fostering an ecosystem of healthcare and housing providers. They interviewed a variety of both homeless and healthcare stakeholders with the goal of promoting cross system communication and resource sharing. They recommended several ways that the ecosystem could be strengthened, and their efforts support the work of the Ecosystem Learning Collaborative, a national effort led by the Camden Coalition. Both OCS and DHS's Office of Behavioral Health are active in this collaborative along with five other sites across the country.

- Ongoing work to better integrate AC DHS's behavioral health and homeless housing systems to maximize resources and ensure individuals receive the right housing and services for their needs.
- **Housing mobility.** Research has demonstrated that households with children achieve better educational and economic outcomes when they live in well resourced, low poverty, "high opportunity" neighborhoods, yet many families with Housing Choice Vouchers (HCV) face barriers in moving to these high opportunity areas. AC DHS will be launching a housing mobility initiative in FY 22/23 as part of the U.S. Department of Housing and Urban Development's HCV Mobility Demonstration. The program aims to expand geographic choice for HCV families who want to move to high-opportunity areas by working with landlords, public housing authorities, and HCV holders.

Finally, AC DHS implemented an array of initiatives and services in response to the COVID pandemic and we are adjusting these strategies as we continue to support the community's recovery. These include: maintaining **isolation/quarantine facilities** for any system-involved families or individuals; working with Allegheny County Economic Development on **rental assistance to prevent eviction**; obtaining **HUD waivers** to extend housing and virtual inspections; and **purchasing phones** for people experiencing homelessness who do not have access to phones or Wi-Fi.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

The Human Services Block Grant – alongside HealthChoices, Reinvestment, DDAP, and competitively awarded federal funds – is critically important for AC DHS's ability to achieve its vision of a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance – a system that must be integrated with other services to enhance consumers' health and well-being.

During FY 21-22, AC DHS continued to work toward this vision and improve available behavioral health resources and supports through:

- **Efforts to make it easier to access behavioral health supports.**
 - The Peer Support Advocacy Network (PSAN) warmline is staffed by peers with lived experience providing support by telephone. All phone calls received are kept confidential. PSAN's Telephone Support Specialists are trained to actively listen to their peers, empathize with their concerns and empower individuals to choose their path to wellness and recovery. This is an existing service that AC DHS expanded given increased need due the pandemic's impacts on mental health and substance use. The expanded Warmline hours made possible with COVID Relief Funds have been sustained due to continued use.
 - Since the onset of the pandemic, AC DHS enhanced its crisis service array to include a new chat line operated by resolve Crisis Services. Providing crisis services via text and online chat allows resolve Crisis Services to engage with consumers who otherwise may never access crisis support.
 - AC DHS is supporting providers' ongoing efforts to offer telehealth services by educating the provider network on telehealth guidelines and best practices, as well as by obtaining feedback on provider and member satisfaction. Regular communications to providers about telehealth services include, but are not limited to, Telehealth Best Practice Guidelines and Provider Alerts

from the BHMCO. Further, Community Care, OBH, and AHCI encouraged providers and individuals using services and their families to participate in the OMHSAS Behavioral Health Telehealth surveys.

- Allegheny County provides a wide array of Mobile Community based services that include but are not limited to the following. Assertive Community Treatment (ACT/CTT) for individuals 16 and up and have a diagnosis of serious mental illness, Mobile Mental Health Treatment for adults, Integrated Dual Disorder Treatment (IDDT) for individuals that have housing insecurity and substance use, Dual Diagnosis Treatment Team (DDTT) for individuals that are diagnosed with a mental health and intellectual disability, Mobile Psych Rehab, Behavioral Health Nursing Home Diversion Team (New Connections), Mobile Medication Teams, Enhanced Clinical Service Coordination (ECSC), and Blended Service Coordination.
- AC DHS issued an RFP for Informal Mental Health Supports, which are non-medical supports for mental health provided by peers, friends and family, religious leaders or other non-health professionals. Informal Mental Health Supports aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and wellbeing; smooth pathways to more formal services; broaden the ways in which people connect to care; and/or reduce both stigma and crises.
- **Programs that integrate behavioral health resources and supports into schools.**
 - Stand Together is a mental and substance use disorder anti-stigma initiative that educates middle and high school students about stigma, promotes social inclusion of youth with mental and substance use disorders in the social fabric of the school, and encourages youth to reach out to a trusted adult if they are concerned about themselves or a peer. When schools closed due to COVID, Stand Together adapted its program to operate online and students continued to create virtual projects to provide support and education for their peers. During the 2022-2023 school year, 350 students in 19 schools participated in Stand Together, most in-person. It is anticipated that 500 youth in 25 schools will participate in Stand Together during the 2022-2023 school year.
 - Community and School Based Behavioral Health Teams provide a comprehensive school-based approach to students within the school setting that need mental health treatment and support, while also bridging the gap between home and school by working with families in their homes and community settings. Allegheny County DHS currently has 10 teams working throughout multiple school districts within the county. It was determined after a needs assessment that the team in the McKeesport School District should be expanded to further address the needs of the students and that a new team would be procured and funded in the East Allegheny School District.
- **A strategic initiative to better serve Transition Age Youth.** AC DHS continues to work across systems to effectively support youth ages 16 to 25 (i.e., “transition age youth”) with behavioral health needs. Specifically, AC DHS aims to support this population in seamlessly transitioning from child to adult services, so they have continuity of care while learning to independently manage their life goals. OBH, in conjunction with CCBH, developed a Provider Incentive Plan with input, collaboration and review from key stakeholders. Three key areas targeted by the incentive plan are: 1) TAY retention in clinically appropriate services; 2) Providers capacity to serve TAY as a special population; and 3) Preparation of clients for the transition from school-based outpatient to new adult services through collaborative, inclusive, and effective treatment planning process. To

support providers in making these improvements, OBH will convene a new Learning Collaborative.

- **System of Care grant-funded pilot programs aimed at better serving child welfare-involved children and families.**
 - The Administrative Service Coordination (ASC) pilot under the System of Care grant focuses on improving access to Administrative Service Coordination and Blended Service Coordination for families being served by the Allegheny County Child Welfare system. Five (5) behavioral health providers are working with the CYF North Regional and Mon Valley Regional offices, as well as other system partners, to prioritize CYF-involved youth and adults for Service Coordination and test changes to policies and processes that may positively impact the referral process and service delivery for these families. Over the next three (3) years, we will expand the pilot to the remaining CYF offices. There are four components to the pilot: Planning/Training/Communication, Referral, MH Service Coordination, and Teaming. Within these components, the primary focus is to develop and implement best practices related to communication, efficient and effective practices for informed consent and sharing of information.
 - The Family Centered Service Coordination (FCSC) pilot focuses on streamlining and coordinating mental health services and supports for child welfare-involved families when two or more members of the household are experiencing serious emotional disturbance or mental health needs. The purpose is to improve access, functionality and effectiveness of behavioral health services and supports for families served through multiple systems. FCSC focuses on the needs, goals and priorities of the entire family unit while also meeting the individual needs of each member of the household. Eligibility requirements include referral by the CYF Caseworker, consent to participate by at least one parent/caregiver in the home, and agreement to meet at least weekly with the FCSC provider. The FCSC Service Coordinator and CYF Caseworker communicate at least two times per month to help ensure that the family's needs are being met. This grant pilot is currently a collaboration between Pressley Ridge and CYF North Regional Office.
- **Two new Children's Diversion and Stabilization (DAS) Programs.** AC DHS is in the process of developing two child DAS programs to meet the needs of the children and families within the county. One DAS program will focus on a generalized population age 12-17 and will provide hospital diversions as well as step downs to those children meeting criteria for the program. The second DAS program will focus on providing support to children within the CYF system who are demonstrating the needs for this level of care and may have unique needs related to trauma, discharge planning and disposition planning. This program will have flexibility to provide a longer length of stay and will incorporate specialized planning processes with community partners to provide a comprehensive discharge back to community settings.
- **Initiatives to reduce arrest, incarceration, and avoidable emergency department visits for people with behavioral health needs, and to connect them instead to supportive care.**
 - In FY 22/23, we will be launching a Law Enforcement Assisted Diversion (LEAD) program in approximately 14 municipalities outside the City of Pittsburgh which will enable police officers to refer people who frequently encounter the criminal legal system to harm- reduction focused, long-term case management instead of charging them. LEAD is intended to serve individuals

whose underlying behavioral health needs are driving their criminalized behavior, and to reduce racial disparities.

- We are also working with police and partners at 911 to build an “alternative responder” model that would send behavioral health teams to certain 911 calls in lieu of police whenever appropriate. While we are building toward a system in which most people with behavioral health needs will call 988, instead of 911, we want the right kind of responder to be available no matter where someone calls.
 - In addition, we have been preparing for the recent launch of 988 in partnership with our provider, Resolve Crisis Services. This work has involved efforts to expand Resolve’s mobile crisis team capacity, increase response times and follow-up supports, and improve data collection. In FY 22/23, we intend to test out a model that dedicates and stages a mobile crisis team in a higher need area, while also providing police in that area with a dedicated point of contact at the call center via a new “police liaison” function.
- **Efforts to reduce recidivism and improve mental health care for people with criminal justice involvement.**
 - The Central Recovery Center (CRC) works to stabilize people’s mental health, connect them to services, and refer them to the appropriate level of care to meet their needs after leaving jail. AC DHS is working with the district attorney’s office to provide diversion at the time of arrest, so officers take individuals with mental health needs to the CRC, instead of jail, when their charges allow it. AC DHS has begun planning with Adult Probation so that they may also use the CRC to allow for diversion from incarceration and connection to services for individuals with mental health needs that have violated the terms of their probation.
 - A daily report provided to Allegheny County Jail from the AC DHS data warehouse 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. This information is also shared with CCBH and OBH, who in turn notify service providers that a person in service has been incarcerated. Providers can then reach out to the jail and begin planning for release, and medical staff at the jail can reconcile medications with the individual’s community provider. AC DHS has started the process to develop a report for individuals with behavioral health services who are being released from the jail, so that providers can be notified of the release in a timely manner and work towards successful reengagement and support in the community.
 - AC DHS contracts with a provider to complete medical assistance applications for those being released from the jail to a treatment bed and is actively working to expand this service to all releases in order to better support continuity of care.
 - A new effort to train the full contingent of staff at Allegheny County Jail in Mental Health First Aid (MHFA) took place from January to May 2022. This year, AC DHS will also coordinate MHFA training for the County Probation Office; facilitate verbal de-escalation train the trainer opportunities through Western Psychiatric Hospital for Allegheny County Jail and Justice Related Services staff; and develop a Crisis Intervention Team for County Corrections.
 - AC DHS facilitates monthly case discussion meetings between AC DHS programs (OBH, OID, Aging, and CYF), the Allegheny County Jail, Justice Related Services (JRS), and the Behavioral Assessment Unit for the courts to develop and plan supports for complex justice involved cases. AC DHS also participates in a biweekly meeting with the courts to coordinate supports in the

community for individuals incarcerated on probation detainers who may be eligible for release and provides consultation to the courts on cases as requested. AC OBH has developed the Behavioral Health Justice Collaborative meeting that includes ACJ staff, probation staff, public defender social workers and providers of Mental Health and Drug and Alcohol services. The meeting is held every other month and includes an informative topic on system needs, a provider spotlight, upcoming events and an open discussion forum for any presenting needs. Smaller workgroups are formed when there is a need to improve specific processes-currently AC DHS is convening a workgroup to outline a standard communication protocol between Probation and BH providers.

- AC DHS regularly facilitates discussions to improve processes and communications between human service providers and our justice partners, including the jail and courts, and actively works to reduce any barriers that may arise. Representatives from AC DHS participate in both the Torrance Advisory Committee and RCPA Criminal Justice Committee to increase collaboration with Torrance and other justice and human service partners represented. AC DHS is actively working with the courts on a plan to implement local competency restoration with goals of increasing access to necessary mental health treatment at the local level, reducing wait times in jail and commitments to Torrance, improving treatment retention, and reducing recidivism.
- **Efforts to improve services for people experiencing homelessness with serious mental illness and other behavioral health needs.** AC DHS uses its PATH funds to support a collaborative effort between providers that coordinate to provide outreach, engagement, screening, treatment and supports to individuals and families experiencing homelessness in locations where they live and are comfortable. PATH providers work with Allegheny County's Continuum of Care to help identify and support individuals and families who are homeless and have behavioral health needs. (Additional services targeting individuals experiencing homelessness are described in the housing section of this plan.)
- **Improving the skills of mental health services providers for assessing SUD and risk of overdose.**
 - This has included a Naloxone P4P (Pay-for-Performance) Initiative – a train-the-trainer course that teaches staff to recognize the signs of overdose and how to administer Naloxone. Staff who took the course represent Community Treatment Teams (CTT), Blended Service Coordination providers, and Mental Health Residential Providers. Participating organizations identified a minimum of two staff members to become trainers.
 - Allegheny County providers have been participating in the COD Capacity Initiative since 2014. Initial focus was on reviewing the initial assessments in mental health and substance use and ensuring that MH assessments included assessing for SUD and that SUD assessments included assessing for MH challenges. Over the last 8 years, these providers have been offered ongoing training and technical assistance in close collaboration with Case Western Reserve University's Center for Evidence-Based Practices (CWWRU CEBP). This year, we are recognizing and their work and continuing efforts and offering an enhanced billing rates to eligible providers. The process is voluntary and to be eligible, providers must be an active participant in the COD Initiative, undergo a Dual Diagnosis Capability for Addictions Treatment (DDCAT) or Dual Diagnosis Capability for Mental Health Treatment (DDCMHT) review and

meet established score thresholds in each of the seven sections of the DDCAT and/DDCMHT review. Providers who qualify will receive an enhanced rate for assessments, individual, family, and group therapy. Providers who do not meet the threshold will be eligible to be evaluated again, the review cycle will occur every two years. Ongoing training, technical assistance, and peer engagement opportunities will continue to be offered to all providers in the COD Capacity Initiative to support efforts toward integrated COD treatment.

- **Pay for performance initiative to improve access to medical health screening and supports.** AC DHS's blended service coordinator providers are continuing a pay for performance initiative addressing wellness that aims to support improving access to medical health screening, supports and reduction of unhealthy activities. AC DHS collaborates on this initiative with Community Care, the county's behavioral health managed care organization. Participating providers submit wellness registries and complete the BHHP Provider Verification Survey for each of two six-month windows of activity measurement throughout the year. Through the use of a standardized assessment, providers determine how they may increase the level of involvement an individual has in making decisions and setting goals regarding wellness. Areas of activity to address may include: tobacco use reduction or cessation, hypertension identification and treatment, and diabetes screening through HbA1c or fasting glucose testing.
- **Continued work to become a trauma-informed agency.** AC DHS procured a new trauma-informed practice trainer who will provide online and in person trauma training for AC DHS staff and providers. There are multiple trainings with varying curriculum levels that serve to train those with clinical experience and those who are interested in learning more about the role trauma plays with the different populations served throughout AC DHS. The trainings are offered throughout the year to support providers and the trainer is available for consultation on specific case needs.

Services available in Allegheny County

Allegheny County residents have access to a continuum of evidence-based MH services made possible through the Human Services Block Grant, HealthChoices, Reinvestment, DDAP funds, and competitively awarded federal and private grants, outlined in Table 2.

Table 2: Mental Health Service Continuum

MH Service	Description	Funding sources
Emergency Crisis intervention	<p>Developing crisis response models that will reduce and/or eliminate the use of law enforcement responding to behavioral health crises. This will include:</p> <ul style="list-style-type: none"> • One number to call: Implementing "988" as the number people call when someone is having a crisis and testing different response models. • Mobile response: Supporting co-responder models and expanding the number of social work teams that can respond when someone is in a behavioral health, housing, or other crisis. • Community response: Supporting communities in instituting ways of helping their neighbors in crisis and helping make this part of the 911 system. 	Block Grant HealthChoices

	<ul style="list-style-type: none"> • Peer respite: Establishing welcoming, peer-operated spaces where people can find support when their mental health symptoms are escalating, or they need to recover from a crisis. • Informal mental health supports: Delivering non-medical supports through community-led partners that broaden the ways in which people connect to care. 	
Treatment	<p>Alleviates symptoms and distress. Enables people to develop/refine personally optimal ways of communicating, interacting with others, planning, etc. Treatment includes the following and other services:</p> <ul style="list-style-type: none"> • Outpatient • Partial Hospitalization • Psychiatric Inpatient Hospitalization • Mobile Therapy • Assertive Community Treatment/ Community Treatment Teams • Mobile Medications • Extended acute services • Medication if needed • School-Based Treatment, including CSBBH 	Block Grant HealthChoices Private/ Commercial Insurance Medicare
Rehabilitation	<ul style="list-style-type: none"> • IBHS for Children & Adolescents • Vocational, social and psychiatric rehabilitation for people in recovery, including: <ul style="list-style-type: none"> ○ Community Employment/Employment-Related Services ○ Psychiatric Rehabilitation (office and mobile community-based) ○ Peer Support Services ○ Social Rehabilitation 	Block Grant HealthChoices
Residential and Housing Support services	<p>These services help ensure that individuals with MH and/or substance use disorders can live in the least restrictive setting possible, and help to prevent their homelessness, hospitalization, incarceration, or psychiatric emergencies.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation (CRR) • MH Comprehensive Personal Care Homes, • 3-person specialized group homes • Bridge housing • Domiciliary Care • Permanent Supportive Housing (PSH) • Housing support services <p>Clinically intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> • Residential Treatment Facilities for Children and Adolescents • Residential Treatment Facilities for Adults (RTFA) • Long Term Structured Residentials • Community-Based Extended Acute Care 	Block Grant HealthChoices
Peer support & consumer-driven services	The county supports peer mentors, warm line services, drop-in centers, clubhouse services and Certified Peer Specialists to improve recovery	Block Grant HealthChoices

	<p>outcomes and community integration for individuals with mental illness and co-occurring disorders.</p> <p>Through the Peer Support and Advocacy Network, Allegheny Family Network and Allegheny County Coalition for Recovery, Allegheny County residents experiencing mental illness personally or through family members can access a consumer- and family-operated system of support, socialization, education and advocacy. AC facilitates CPS trainings twice a year. 13 trainees completed in the spring of 2022, and one is scheduled for the weeks 9/26/2022 and 10/3/2022.</p>	
Service coordination	Service coordinators work with consumers so that they gain access to the services needed to achieve their plans. These services may include treatment, medical, social and other services. To increase access to services and supports that are important to least restrictive living and recovery, service coordinators advocate for and help adults, youth and families arrange for services.	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 ^s individuals.	Block Grant
Training	<p>AC DHS and its partner organizations provide extensive training for providers, consumers and community members. Training includes:</p> <ul style="list-style-type: none"> • Mental Health First Aid (MHFA), and Youth Mental Health First Aid (YMHFA), which educates community members and non-professionals about the risk factors and warning signs of mental illness so that they can understand how to engage youth and adults in available supports and are aware of the impact of their actions on people with mental illness. • LGBTQI training • CIT for Police and Allegheny County Jail correctional officers • Hearing Distressing Voices Training, a three-hour training that consists of participants experiencing hearing distressing voices in a group setting. The activity is followed by a debriefing session. The training program is structured and managed by a team of trained professionals. • Blended service coordination training. New Blended service coordinators receive in depth training around accessing community support services, crisis services and housing. 	Block Grant HealthChoices

b) Strengths and Needs by Populations:

1. Older Adults (ages 60 and above)

Strengths:

- Network of highly regarded Aging Services, such as Older Adult Protective Services and Caregiver Support, available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members. Aging Services houses a Behavioral Health Aging Resource Coordinator who connects individuals served in the agency's Options Care

Management and Older Adult Protective Services programs with appropriate behavioral health services.

- Contracting with a BH provider to provide guardianship services to individuals who cannot make critical life decisions for themselves due to incapacity or disability.
- Coordinating care with the two Community Health Choices (CHCs) providers that were implemented in Allegheny County.
- Conducting joint case reviews with program offices (Aging Services and the Office of Behavioral Health) in complex cases.
- Participating in the Healthy Ideas statewide initiative, a program that provides intensive, specialized interventions to identified older adults who have either signs of depression or a formal diagnosis. Through Healthy Ideas, Aging Services will help eliminate barriers to receiving BH services for underserved, chronically ill older adults.

Needs:

- Affordable, accessible housing. In response, AC DHS is implementing the SHARE program in Allegheny County. SHARE funds a housing counselor to connect homeowners with extra space with those in need of affordable housing.
- Long term care facilities that are more willing to serve individuals with BH concerns. In response, AC DHS is implementing a BH Nursing Home Transition and Diversion Team. The goals of the service are to provide innovative behavioral health services for nursing facility residents and support individuals living in or returning to the community or assist people in maintaining their community tenure.
- Rebuilding and stabilizing direct care services workforce.
- Coordination among the myriad partners committed to the Aging Services ecosystem.

2. Adults (ages 18 to 59)

Strengths:

- Array of services that meet the needs of many specific populations, including a robust crisis continuum of care which includes telephone, mobile, walk-in and crisis residential services.
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN)).
- Effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with BH issues as well as their family members and friends, BH professionals, and local government officials).
- Specialized forensic services for individuals transferring out of the state hospital, jail or prison, or as a diversion to being admitted to a State Hospital system back into the community.
- Integrated Community Wellness Center in Allegheny County.
- 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. While there was a decline in client participation and referrals with the pandemic, by FY 22-23 AC DHS expects that the three SE providers will be able to maintain the required staffing and continue to increase caseload size and be able to sustain programming within a value-based purchasing model.

- Working to integrate the behavioral health and homeless housing systems through a shared front door and common assessment tool and assessment; and adjusting available supportive services to better meet people's needs and support their exit from the housing system back to the community.
- Continuing to fulfill OMHSAS requirements of training for new Service Coordinators.

Needs:

- Safe, affordable, and appropriate housing for people with serious mental illness (while the waitlist fluctuates in real time, it is regularly around 275 individuals—the list is continuously monitored and ongoing coordination with housing providers seeks to efficiently admit individuals into programs—and yet we are not able to fill the need.)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors.
- Treatment programs for individuals with co-occurring MH and substance use, as well as MH and ID.
- Retaining quality workforce, particularly in community-based services and residential programs. The pandemic led to a staffing crisis across the continuum of care. Providers need resources and support to rebuild to former capacity.
- Enhancing opportunities for frontline workers to develop their skills and knowledge.
- Greater availability of psychiatrists, especially child psychiatrists.
- Resources and programs to assist individuals with hoarding and related disorders.
- Better coordination and comprehensive care for addressing the physical needs of people with mental illness. According to the World Health Organization, people with severe MH issues, on average, die 10-25 years earlier than the general population. The majority of these deaths are due to chronic physical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension.

3. Transition-age Youth (ages 18-26)

Strengths:

- Transition-age Youth Strategic Initiative, described in the Program Highlights section.
- First Episode Psychosis (FEP) programs for youth and families.
- Mobile Transition-age Youth Program (MTAY) – Two providers that engage youth with a specialized team of individuals that assist with independent living skills, mental health treatment, employment/education goals and housing.
- Certified Peer Specialists – Peers that specialize in the support of transition-age youth
- Youth and Family Support Partners.
- Ongoing collaboration with system partners to increase coordinated efforts to provide a seamless transition to adult services.
- Supported housing for transition-age youth who have a mental illness.
- Focusing on individuals transitioning into adult services with complex needs to ensure services are wrapped around the individual.
- Enhancing collaboration with child and adult serving system partners.

Needs:

- Increasing knowledge of available services across the community.
- More evidence-based practices for this age group.
- Age-appropriate housing and treatment.
- Supported job skills training and independent living skills training.
- Increased suicide prevention, intervention and treatment services for this age group.
- Technology-focused services and engagement strategies.

4. Children (under age 18)

Strengths:

- Education Service Coordinators working within at-risk schools to provide specialized case management for children, youth, and families.
 - 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.
 - School Based Outpatient treatment in most school districts across the county.
 - School Based Liaisons within OBH Children's Department providing consultation, monitoring of services and guidance to school districts.
 - Education Specialists within OBH Children's Department providing guidance and support to families with children who have specialized IEP needs.
 - Student Assistance Program (SAP) providers qualified through a competitive procurement process to provide school-based SAP services.
 - Stand Together, described in the Program Highlights section.
- AC DHS has integrated services and planning for children and families with complex needs and for those involved in multiple systems.
 - RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) -- a highly selective, intensive residential program that 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 and are supported by a shared Mobile Treatment Team (MTT).
 - JPT – Joint Planning Team - The joint planning team utilizes the principles of the high-fidelity wraparound model where services are highly collaborative, and family driven. The process allows for the development of a highly individualized plan that addresses the child's complex emotional issues and focuses on needs rather than services. Along with the family, the team is comprised of a JPT facilitator, Family Support Partner, and Youth Support partner.
 - 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.
 - LIFE (Living in Family Environments) Project -- The LIFE Project team provides service coordination for people of any age but is geared toward children and adolescents who require intensive BH treatment. The LIFE team plans, implements and coordinates all services that meet child/family needs in the least restrictive setting possible.

- The following services funded through Health Choices will continue to be reimbursed by the Block Grant funding for children who are not eligible for MA or other affordable health insurance:
 - Partial Hospitalization Program (PHP). PHP is a non-residential, intensive MH treatment program in a freestanding or special school-based program for 3-6 hours per day. The program is structured treatment and support services including group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As a child's MH improves, the goal is for him/her to return to school and to function stably within the family.
 - Family-Based MH Services. These comprehensive services are designed to assist families with caring for their children and adolescents at home. Services (available 24 hours a day, seven days a week) are provided by a team of MH professionals in the family's home. They may include treatment for the child and other family members, case management, and family support services.
 - Intensive Behavioral Health Services (IBHS). These in-home services provide focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, BHRS aims to develop stability, improve the child's functioning in the family, at school and in the community, and help the child's MH improve. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide IBHS.
 - Outpatient Treatment – School Based and Clinic Based – Provides individual, group, and family therapy as well as medication management to children and youth who are identified as having a mental health need. A comprehensive treatment plan is formulated with the child, youth, and family to identify goals to reduce symptoms and assist the child/youth with developing coping skills. Assessment and psychiatric evaluations may be provided as well.

Needs:

- Responding to the staffing crisis in all levels of care.
- Specialized DAS Programs, the development of which is described in the Program Highlights section.
- Host Home/CRR program for children with mental health needs. AC DHS is developing this program to serve 8-10 children in a host family setting in which the host families are trained to provide the structure and support needed for a child with a mental health disorder.
- EAC level of care for children/youth that need extended inpatient stays. AC DHS is developing this inpatient program to allow the child to continue stabilizing and reducing symptomology while engaging in programming and treatment that will assist with necessary skill building. The program will offer comprehensive discharge planning tailored to the needs of the individual and family.
- Eight bed residential treatment facility (RTF). Due to unforeseen circumstances, the specialized RTF for girls is no longer providing RTF services. Allegheny County DHS is in the process of reassessing the need to develop alternative service provisions for this population.
- Workforce development in community based and residential programs.
- Earlier identification of BH conditions in children (prevention).
- Improved and expanded D&A services for children and youth.
- Workforce development to provide services in infant and early childhood MH.
- Specialized psychiatric residential treatment facilities for cross system youth.

5. Individuals transitioning from state hospitals

Strengths:

- Specialized LTSR for individuals with a history of forensic involvement, including sex offenses.
- Community support planning process for individuals in state hospitals.
- Full continuum of care for individuals needing residential supports or other community supports upon discharge.
- Community integration team to support those who are now residing in the community to ensure treatment and needed community supports are provided.

Needs:

- Increase in community-based alternatives to institutionalization for those with complex needs, i.e., aggressive behaviors, sexual offenses as well as severe mental illness and other co-morbidities. Alternatives are needed 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.

6. Individuals with co-occurring mental health/substance use disorder

Strengths:

- Strong array of justice related services, built through consistent collaboration among AC DHS, courts and jail.
- Peer support network.
- Availability of the evidence-based Integrated Dual Disorder Treatment Team (IDDT) by one provider.
- Crisis service directly related to SUD challenges, available by phone, mobile and a short-term residential stay if necessary.
- 8 providers participating in the COD Initiative that is described in section above.
- AC DHS, Community Care and AHCI, in collaboration with Case Western Reserve University's Center for Evidence-Based Practices, expanded the number of providers receiving integrated dual disorder treatment training and technical assistance.
- Integrated Community Wellness Center.
- Assertive Community Treatment teams that include a D&A Specialist.

Needs:

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

7. Criminal justice-involved individuals

Strengths:

- Justice Related Services 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
- Increased collaboration and partnership with Probation, Courts, and Allegheny County Jail through the Safety Justice Challenge Grant, and Torrance State Hospital forensic unit
- Real time information available to providers on individuals who have received a service within six months and booked into the jail
- Services for individuals with a mental and substance use disorder in the jail. For example, Medication Assisted Treatment services to incarcerated persons through collaboration with the Allegheny County Jail, Allegheny County Health Department and the Vital Strategies Task Force.
- 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
- MHFA Training at the Jail, described in the Program Highlights section.
- Diversion services, including diversion to the Central Recovery Center by CIT-trained officers and Probation
- AC DHS will also continue to be involved in the Allegheny County Jail Collaborative, a 20+-year initiative of the county and courts that aims to reduce recidivism and improve the employment, health and housing outcomes of people in/leaving the jail. The Collaborative includes the Jail, AC DHS, Courts (including probation and pre-trial services) and service providers, faith-based community organizations, formerly incarcerated individuals, families, and the community at large. The members work with AC DHS and other local government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

Needs:

- Housing, particularly for individuals with co-occurring disorders, MH, substance use disorders, and Intellectual Disabilities
- Integrated MH and substance use disorder services, both in the jail and in the community
- Greater availability of peer support
- Stronger connections to training opportunities, including Mental Health First Aid, verbal de-escalation and Crisis Intervention for Corrections officers.

8. Veterans

Strengths:

- In-jail PTSD self-assessments, using a validated tool
- Seeking Safety, a treatment for PTSD and substance use disorder, in the community

- Peer support at the VA and with Veterans Leadership Program
- Supporting veterans involved with Veterans Court who are not eligible for VA services through Justice Related Services (JRS). 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.

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

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

Strengths:

- AC DHS has developed and implemented Sexual Orientation, Gender Identity and Expression (SOGIE) related education, training and Standards of Practice that are available to AC DHS staff and the provider network.
- AC DHS Office of Equity and Engagement provides case consultations to AC DHS staff, program providers and community members.
- AC DHS LGBTQIA+ Champions Group (AC DHS and provider agency representatives) is a Community of Practice that helps AC DHS to continue to address systemic barriers that impact its ability to competently serve LGBTQIA+ individuals with MH issues. Meetings provide a public forum to discuss issues of concern for LGBTQIA+ individuals across AC DHS-serving systems.
- DHS LGBTQ+ Advisory Board

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

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

Strengths:

- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers. These support groups help immigrants and refugees face obstacles to accessing existing services and navigate unique concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence.
- Engagement through the AC DHS Immigrants and Internationals Advisory Council – a key source of information about the human services needs of immigrant and international county residents. It includes members of the immigrant and international communities, AC DHS clients

and representatives of service provider agencies that work with the immigrant and international communities.

- Improved coordination of services through the Immigrant Services and Connections program (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.
- OBH has representation and participation in the Minority [Psychiatric] Resident Recruitment and Retention Workgroup facilitated by the Pennsylvania Psychiatric Leadership Council. This group is addressing the lack of PA psychiatrists from the BIPOC community.
- With leadership from its Office of Equity and Engagement, AC DHS is committed to diversity, equity and inclusion in all services, policies and processes. As part of its responsibilities, this office provides racial equity education and training.

Needs:

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

11. Other populations, not identified in #1-10 above (if any, specify)

N/A

c) Strengths and Needs by Service Type: (items-c) #1-7 below)

1. Describe telehealth services in your county:

a. How is telehealth being used to increase access to services?

- Telehealth services became essential during the pandemic shutdown and continue to be available in all levels of care. Services are provided in all forms across Allegheny providers and practitioners, including video conferencing, chat, text, and telephone. Mobile services are also available via telehealth.
- Communications continue to be sent to providers to keep them abreast of any changes regarding telehealth and also to remind them of expectations once the state disaster emergency declaration ends. Communications, include but are not limited to, Telehealth Best Practice Guidelines and Provider Alerts from the BHMCO. Community Care, OBH, and AHCI encouraged providers and individuals using services and their families to participate in the OMHSAS Behavioral Health Telehealth surveys. Allegheny County OBH, AHCI, and Community Care continued to support providers by making telehealth services and to provide up-to-date information related to the impact of COVID-19 on the service delivery system, including posting relevant information on the DHS and Community Care website.
- Educating the provider network on telehealth services, as well as obtaining feedback around provider and member satisfaction around the use of telehealth services continue to be a priority and we continue to collect information from providers as to what forms of telehealth they are offering and what telehealth strategies have been and are successful. We continue to

support the provider community and their clients to participate in the OMHSAS telehealth provider surveys

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community?

- AC DHS supported equipment/device distribution (e.g., laptops, Wi-Fi hotspots) to ensure clients' access to telehealth services using COVID Relief Funds, private foundation grants, and our regular state allocations
- Additionally, AC DHS partnered with Allegheny Health Network to provide tablets for people experiencing homelessness living in a temporary hotel for people infected with, or at-risk of COVID-19 infection.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

☒ Yes ☐ No

Solicitations for new services request that staff be trained and have experience in delivering trauma informed services. Services related to children include a recommendation that be trained on using the Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network. It is recommended that families also receive trauma education and support to develop skills to identify secondary traumatic stress they may experience and effective coping strategies. If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 22-23.

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

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

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

- DHS recently established Employee Resource Groups (ERGs) as a way for staff from underrepresented groups to build community at DHS. ERGs are recognized as an effective tool for organizations to support employee health and well-being. DHS currently has ERGs for Black staff, Latinx staff, and staff who have served in the armed forces.
- DHS released a solicitation to procure a provider which will offer equity and diversity trainings for DHS staff and contracted providers. Previously, equity and diversity trainings were typically conducted by internal DHS staff. By procuring a provider to lead these trainings, we will be able to train many more staff on important topics such as Sexual Orientation, Gender Identity, and Gender Expression, as well as Advancing Racial Equity. DHS will select the provider and the provider will begin offering trainings in FY 22-23.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

☒ Yes ☐ No

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

1. Facilitate and provide connections to training as well as local and national resources.
2. Bring awareness and break the stigma of death by suicide.
3. Identify and support those most at risk of suicide
4. Provide specific culturally sensitive support, resources and trainings for individuals and families of all communities.

The SAFE Task Force has participated in two Safer Gun Storage events in collaboration with Children's Hospital, hosted a virtual conference, "Breaking the Silence: Understanding Suicide", on 10/22/21, hosted a *Mental Wellness & Suicide Prevention Day* event in collaboration with Penn Hills School District on 5/7/22 and developed a wallet card containing information about warning signs, how to ask someone if they are suicidal and a list of population-specific crisis lines.

AC DHS also collaborates with ACHI to support MHFA training for AC DHS staff, provider agencies and other stakeholders throughout Allegheny County. In the MHFA course, participants learn signs and

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

6. Employment First:

- a. Please provide the following information for your county employment point of contact (POC).
 - Name: Melissa Medice
 - Email address: Melissa.Medice@Alleghenycounty.us
- b. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
☒ Yes ☐ No
- c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data		
• Please complete all rows and columns below with FY 21-22 data. • If no data available, list as N/A. • If data is available, but no individuals were served within a category, list as zero (0) . Include additional information for each population served in the Notes section. (for example, 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	County Response	Notes
i. Total Number Served	228	
ii. # served ages 14 up to 21	0	
iii. # served ages 21 up to 65	217	
iv. # of male individuals served	141	
v. # of females individuals served	87	
vi. # of non-binary individuals served	N/A	
vii. # of Non-Hispanic White served	87	
viii. # of Hispanic and Latino served	1	
ix. # of Black or African American served	116	
x. Asian	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	

xiv.	# of individuals served who have more than one disability	N/A	
xv.	# of individuals served working part-time (30 hrs. or less per wk.)	62	
xvi.	# of individuals served working full-time (over 30 hrs. per wk.)	9	

Data Requested		County Response	Notes
xvii.	lowest hourly earned wage of individuals served (ex: minimum wage)	\$7.25/hr.	
xviii.	highest hourly earned wage of individuals served	\$20/hr.	
xix.	# of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	N/A	

7. Supportive Housing:

- a. County housing specialist/point of contact (POC)
 - Name: Veronica Meriwether
 - Email address: Veronica.Meriwether@Alleghenycounty.us
- b. Supportive Housing Activity *(See next page)*

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY21-22 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY21-22	7. Projected Number to be Served in SFY22-23	8. Number of Targeted BH Units		9. Term of Targeted BH Units (e.g., 30 years)
TSI Permanent Supportive Housing (PSH), Housing Development Fund	2009	HealthChoices Reinvestment	0	\$500,000	19	22	22		30
Totals	N/A	N/A	0	\$500,000	19	22	22		30
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY21-22	10. Number of Individuals Transitioned to another Subsidy in SFY21-22
TSI PSH	2006	HealthChoices Reinvestment	\$320,951	\$483,360	63	95	525	\$614.36	19
TSI Transition Age Youth (TAY) PSH	2015	HealthChoices Reinvestment	\$74,935	\$256,919	13	48	132	\$561.72	4
Totals	N/A	N/A	\$395,886	\$558,295	76	133	657	N/A	23
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY21-22	10. Average Subsidy Amount in SFY21-22
TSI PSH	2006	HealthChoice s/Medicaid Reinvestment	\$339,312	\$442,581	46	60	35	48	\$823.20
Totals	N/A	N/A	\$339,312	\$442,581	46	60	35	48	N/A
Notes:									

4. Housing Clearinghouse for Behavioral Health								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22		7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY21-22
TSI PSH	2006	HealthChoice s/Medicaid Reinvestment	\$53,988	\$56,698	113 referrals		160	.75
TSI TAY PSH	2015	HealthChoice s Reinvestment	\$17,999	\$18,899	15 referrals		54	.25
Totals	N/A	N/A	\$71,997	\$75,597	128		214	1
Notes:	Clearinghouse staff is now paid out of CBO funding.							

5. Housing Support Services (HSS) for Behavioral Health							
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22	7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY21-22
Bethlehem Haven	1992	State	\$348,172	\$348,172	13	11	3
Chartiers	1968	State	\$116,100	\$116,100	5	29	1.5
CHS	1998	State	\$1,196,980	\$1,196,980	52	75	27.5
Fayette Resources	2007	State	\$2,000,000	\$2,000,000	12	12	38
Jewish Residential Services	1992	State	\$226,674	\$226,674	17	20	4
L2	2003	State	\$60,000	\$109,249	3	12	1
Mercy	2003, 2007	State	\$3,906,440	\$3,906,440	155	153	61.2
Mon Yough	2013	State	\$183,754	\$183,754	92	105	3
MileStone Centers	1992	State	\$2,000,000	\$2,000,000	22	22	2
Passavant		State	\$6,000	\$6,000	1	1	1
Residential Care	1992	State	\$950,000	\$950,000	56	55	6

RHD	2008	State	\$1,091,247	\$1,091,247	6	6	12
TSI	1991	State	\$1,224,874	\$1,224,874	108	108	6
TSI PSH	2006	HealthChoices Reinvestment	\$832,196	\$932,000	158	190	9
TSI TAY PSH	2015	HealthChoices Reinvestment	\$488,323	\$582,866	44	65	5.75
Turtle Creek	2007	State	\$950,000	\$1,008,998	41	30	12
UPMC Presbyterian	2009	State	\$2,021,215	\$2,021,215	8	8	6
Valley Medical	2020	State	\$35,120	\$35,120			
Wesley Family		State	\$380,000	\$410,902	110	120	6
Totals	N/A	N/A	\$18,017,095	\$18,350,591	903	1022	204.95
Notes:							

6. Housing Contingency Funds for Behavioral Health								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22		7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
TSI PSH	2006	HealthChoices/ Medicaid Reinvestment	\$37,794	\$73,500	60		80	\$1500
TSI TAY PSH	2015	HealthChoices/ Medicaid Reinvestment	\$17,146	\$34,500	24		31	\$1500
PATH Contingency Funds		SAMHSA/PAT H funds, federal and state matching funds	\$29,936	\$30,000	47		100	\$300
Totals	N/A	N/A	\$84,876	\$138,000	131		211	N/A
Notes:								

7. Other: Identify the Program for Behavioral Health						
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY21-22	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY21-22	7. Projected Number to be Served in SFY22-23
FWL	2010	MH Block Grant	\$139,789	\$139,789	7	2010
Totals	N/A	N/A	\$139,789	\$139,789	7	2010
Notes:						

c) Recovery-Oriented Systems Transformation:

AC DHS will continue to shift the MH service delivery system toward community-based services and supports. While progress has been made on the priorities identified in our FY 21-22 plan, we still have additional work to do to achieve our vision. Therefore, we will continue to focus on the following five priorities in FY22-23:

1. Supported employment services
2. Justice-related services
3. Behavioral Health Housing
4. Consumer-driven services and peer-support services
5. Administrative Case Management

1. Supported employment services

☒ Continuing from prior year ☐ New Priority

AC DHS is committed to helping people with serious mental illness find and keep jobs through supported employment (SE) services. The plan for SE in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, SE providers increased the percentage of program participants who are working from 22% to 51% in FY 21-22, with an average current salary of \$13.17/hour. These individuals have an average job tenure of 1.4 years.

Since the onset of the pandemic, SE providers have had ongoing challenges related to hiring and retaining staff, which will continue to be a point of focus for OBH in the coming year. Due to turnover, having a workforce that is well-trained in SE principles and practices is important, so providers are using evidence-based practices (EBPs) with clients, as set forth by the federal Substance Abuse Mental Health Services Administration (SAMHSA).

Another complication of the COVID pandemic was a decline in client participation and referrals. As more people have become vaccinated, it is noted that employers are eager to hire, and we have seen an increase with job placements and a substantial increase in program referrals. However, the workforce concerns continue to be prevalent. By FY 22-23, AC DHS expects that the three providers will be able to maintain the required staffing and continue to increase caseload size in order to establish a threshold that creates sustainability when moved into a value-based purchasing (VBP) model. In moving forward, AC DHS will present providers with the goal of developing a plan of ongoing recruitment efforts. Furthermore, AC DHS will continue to collaborate with system partners to increase the number of persons with multi-level needs in the SE program.

FY 22-23 Goals/Timeline:

- SE providers will average a 50% employment rate for participating clients.
- SE EBP training will occur within two months of hire for all new employment specialists
- All SE providers will score above 55 points on the SE fidelity review conducted by OBH
- All providers will continue to implement their comprehensive plan for all aspects of program operation (staff recruitment, hiring, and retention) that will sustain their programs when moving to a VBP model

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

Tracking Mechanism: Web-based database and Fidelity Scale

2. Justice-Related Services (JRS)

☒ Continuing from prior year ☐ New Priority

AC DHS has expanded Justice-Related Services to be able to serve more consumers. JRS outcomes are reported in the Electronic Health Record (EHR) developed by the provider of Justice-Related Services, Human Services Administration Organization (HSAO). Using a newly established feed from the EHR, AC DHS is working to develop a dashboard that shows JRS data and outcomes. This dashboard streamlines business processes and allows for identification of and planning to meet any potential unmet service needs. Please see the Justice-Related Services page of the Allegheny County website for more information about JRS: <http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx>

FY 22-23 Goals/Timeline: AC DHS will improve collaboration across systems to support individuals with mental illness as they return to the community from incarceration through:

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

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

Tracking Mechanism: Jail Collaborative computer application; HSAO record system

3. BH Housing

☒ Continuing from prior year ☐ New Priority

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

Additionally, AC DHS is working to integrate its behavioral health and homeless housing systems. Through this work, AC DHS aims to ensure that individuals are effectively connected with the housing and services that best responds to their needs, regardless of how they enter the system. Within the homelessness system a decision support tool has been designed and implemented to help prioritize

admissions to supportive housing services for individuals or families experiencing homelessness. The tool uses administrative data from Allegheny County's data warehouse to predict the likelihood of three types of events occurring in a person's life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking, and frequent use (4 or more visits) of hospital emergency rooms. As next steps, AC DHS is exploring the use of a shared front door, with the decision support tool serving as a common assessment, continuing to build appropriate supports across housing and seeking to gain efficiencies across funding sources.

FY 22-23 Goals/Timeline:

- Building on the implementation of the predictive risk model for homelessness, explore opportunities to establish a single front door for behavioral health and homelessness housing and utilize a common assessment. This work is continuing into FY23, a tool has been developed for use of MH predictive risk and will be tested and implemented within FY23.
- Identification of a process to monitor time on wait list and establishment of procedures for making stakeholders aware of this information. In the 2Q of FY23, the MH predictive risk tool will be applied to the waitlist and individuals who fall below the threshold number will be reviewed and removed from the waitlist if appropriate. Beginning with the 3Q, individuals who do not score beyond the threshold established will not be added to the waitlist and other supportive services will be sought.

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

Tracking Mechanism: Internal tracking databases; and tracking of outcomes

4. Consumer-driven Services and Peer Support Services

☒ Continuing from prior year ☐ New Priority

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

FY 22-23 Goals/Timeline:

- Increase the number of people with CPS certification by continuing to facilitate CPS training opportunities twice a year.
- Increase who are employed by sponsoring job fairs in conjunction with OVR that link providers with openings to CPSs seeking employment.
- Supported employment providers will be integrated into the above-mentioned job fairs to connect CPS job hunters with services provided by these programs. This will help to reduce turnover among CPS staff with provider programs that hire them.
- ACCR, a stakeholder advocacy organization, will provide funding for The Voice of Peer Professionals (VP2), an organization comprised of people who are CPS or aspire to be CPS, to conduct ethics training for CPS licensed individuals.
- ACCR will highlight its mission that people can and do recover from mental illness and substance use disorders by conducting a public awareness campaign in collaboration with the public transit system in Allegheny County.

- Establish a collaborative relationship with primary advocacy organizations—NAMI-Keystone and the Allegheny Family Network—to provide mutual awareness and information exchange to enhance the BH service system for the benefit of persons with lived experience, their families and other supports (relationship established but information exchange is ongoing in FY 22-23)

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

Tracking Mechanism: Annual monitoring

5. Administrative Case Management/Service Coordination

☒ Continuing from prior year ☐ New Priority

The Mental Health Bureau began further investigation into this cost center and the activities that were being performed by contractors. Multiple meetings with contractors occurred and discussion around the activities and services that were being performed were identified. The PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin, OMHSAS-12-02, “Cost Centers for County Based Mental Health Services,” was reviewed and the activities and services identified by contractor discussions were created and aligned with the bulletin. The goal is to create consistency across contractors and ensure the residents of Allegheny County are receiving appropriate and consistent services. As contractors report on these new activities and services, the Bureau of Mental Health Services will better understand the needs of the individuals and usage of the dollars being spent in this cost center.

FY 22-23 Goals/Timeline: By the end of the FY 22-23, administrative case management performance expectations will be standardized across the MH provider system. Providers will be reporting on specific activities related to administrative case management. These reporting expectations were added to providers FY 21-22

Fiscal and Other Resources: AC DHS commits approximately \$10M to Administrative Case Management annually, primarily using MH-Base funds from the Human Services Block Grant

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

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

- **Incident Follow Up and Root Cause Analysis.** Providers are required to call IRES to report all required incidents within 24 hours of the incident or of learning of an incident. Reportable incidents are defined in the Incident Reporting Standards in the AC DHS Office of Behavioral (OBH) Health Contract Specifications Manual. After the provider calls in the incident, they must submit a written, detailed incident report to AC DHS. AC DHS staff enters data from the incident report into a database. AC DHS contacts the provider for information about disposition, updates and resolution; that information also becomes part of the database. If an incident is determined to be a “Sentinel Event,” a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee, that includes AC DHS and provider staff, meets quarterly to review system improvement recommendations and determine the need for training and appropriate actions, including designating special work groups

to address specific system improvement recommendations. These work groups have helped to improve outcomes, increase cross-training, and develop treatment for co-occurring mental and substance use disorders.

- **Disaster Response.** AC DHS is a partner agency in the emergency response system with other public and private providers within Allegheny County, local government offices, providers from surrounding counties and state agencies. When a natural or man-made disaster occurs, the AC DHS Emergency/Risk Coordinator acts as the point of contact for requests for assistance. The Emergency/Risk Coordinator assesses the need for emergency BH services for victims of disasters and coordinates the establishment of a multi-agency resource center (MARC) when disasters affect multiple individuals and/or families. The Emergency/Risk Coordinator contacts the Behavioral Health Outreach and Disaster Response Coordinator to activate Emergency Behavioral Health (EBH), formerly Disaster Crisis Outreach and Referral Team (DCORT), to staff locations for as long as BH services are necessary. This can involve conducting door-to-door canvassing of victims to tell them about available services. The EBH members include AC DHS staff, community BH providers and other community providers.

d) 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 - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<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
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" 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
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 type="checkbox"/> HC <input 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 type="checkbox"/> HC <input 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 type="checkbox"/>	<input 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 checked="" 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 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 checked="" 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

e) Evidence-Based Practices (EBP) Survey*:

*Please include both county and HealthChoices funded services.

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	800	TMACT	AHCI, CCBH, AC DHS	Annually	Y	Y	
Supportive Housing	Y	80	Fidelity Scale	Agency	Annually	Y	Y	
Supported Employment	Y	500	SAMHSA EBP	AC DHS	Every 1-2 Years	Y	Y	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	90	IDDT Fidelity Scale	AHCI, CCBH, AC DHS	Annually	Y	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	110				Y		Clinical model developed by Community Care
Therapeutic Foster Care	N							Contracts were recently awarded to implement multiple models of TFC over the next year
Multisystemic Therapy	Y	15						
Functional Family Therapy	N							In June 2021, AC DHS released an RFP to identify a provider for FFT-Child Welfare
Family Psychoeducation	Y	360				Y		Delivered by NAMI

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	2,300	
Compeer	No	N/A	
Fairweather Lodge	Yes	10	PghMercy
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	450-500	Peer specialists also are integrated in services throughout the system
CPS Services for Transition Age Youth (TAY)	Yes	30-50	
CPS Services for Older Adults (OAs)	Yes	80-100	
Other Funded CPS- Total**	No	N/A	
CPS Services for TAY	Yes	N/A	Not disaggregated in billing
CPS Services for OAs	Yes	110-140	
Dialectical Behavioral Therapy	Yes	15-25	
Mobile Medication	Yes	190-220	
Wellness Recovery Action Plan (WRAP)	Yes	1,500-1,700	
High Fidelity Wrap Around	Yes	220-300	
Shared Decision Making	Yes	N/A	Not disaggregated in billing
Psychiatric Rehabilitation Services (including clubhouse)	Yes	1,121	4 providers following Psych Rehab Regs, and one clubhouse using the Boston University Clubhouse model.
Self-Directed Care	Yes	70-85	Geriatric in-home team
Supported Education	Yes	2,000-2,200	Consumer-driven services
Treatment of Depression in OAs	Yes	N/A	Not disaggregated in billing
Consumer-Operated Services	Yes	N/A	
Parent Child Interaction Therapy	Yes	N/A	Part of outpatient treatment
Sanctuary	Yes	N/A	Part of outpatient treatment
Trauma-Focused Cognitive Behavioral Therapy	Yes	N/A	Not disaggregated at billing
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	
First Episode Psychosis Coordinated Specialty Care	Yes	2,300	
Other (Specify)	No	N/A	

*Please include both county and HealthChoices funded services.

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

g) Certified Peer Specialist Employment Survey:

CPSs employed in any mental health service in the county/joinder:

Name and email of county CPS Point of Contact (POC)	Sue Martone Smartone@Alleghenycounty.us
Total Number of CPSs Employed	68 (one provider has 6 vacancies)
Average number of individuals served (ex: 15 persons per peer)	104.25
Number of CPS working full-time (30 hours or more)	33
Number of CPS working part-time (under 30 hours)	37
Hourly Wage (low and high)	\$11 - \$25.42
Benefits (Yes or No)	Yes, for full time employees

h) Involuntary Mental Health Treatment

- During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
☒ No, chose to opt-out for all of CY2021
- If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2021 (check all that apply): N/A
 - ☐ Community psychiatric supportive treatment
 - ☐ ACT
 - ☐ Medications
 - ☐ Individual or group therapy
 - ☐ Peer support services
 - ☐ Financial services
 - ☐ Housing or supervised living arrangements
 - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - ☐ Other, please specify: _____
- If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2021:

- a. Provide the number of written petitions for AOT services received during the opt-out period.

- b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)).

N/A. Allegheny County does not provide AOT or IOT. We have not historically collected this information as there is no single mechanism for collection.

4. Please complete the following AOT/IOT chart as follows:

- a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **IOT services column:** if no one has been served in the last year, enter 0. (Row V) Administrative costs of AOT and IOT

	i. AOT	ii. IOT
I. Number of individuals subject to involuntary treatment in CY2021	N/A	N/A
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		N/A
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	N/A	N/A
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	N/A	N/A

N/A. Allegheny County does not provide AOT or IOT. We have not historically collected this information as there is no single mechanism for collection.

i) CCRI Data reporting

Have all available claims paid by the county/joiner during CY 2021 been reported to the state as a pseudo claim? ☒ Yes ☐ No

INTELLECTUAL DISABILITY SERVICES

Background:

AC DHS's Office of Developmental Supports (ODS) maintains an Operating Agreement with the Pennsylvania Department of Human Services (PA DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. ODS is Allegheny County's Administrative Entity (AE), and its FY 22-23 Quality Management Plan included four objectives that reflect ODP's priority areas:

1. Provide a system of services and supports for individuals with complex behavioral health needs by increasing capacity and capabilities of the service system, including the provider network
2. Provide a system that supports individuals physical, mental health, human rights, safety, and total wellness
3. The system supports the promotion and support of racial diversity within all levels of ODS services.
4. The system supports real lives by ensuring participants services are individually tailored, seamless, and holistic. This includes supporting individuals and families utilizing the Life Course Framework

ODS accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures.
- Working with Supports Coordination Organizations (SCOs) to identify (through Prioritization of Needs for Services (PUNS) reviews) people who may require specialized supports for complex needs.
- Collaborating with local provider workgroups and associations.
- Evaluating Individual Support Plans (ISPs) on a regular basis, to ensure that all registrants have an active and current plan that is implemented according to standards required by the AE Operating Agreement. AC DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA Health Care Quality Unit (HCQU) through APS Healthcare, Inc. While Allegheny County does not hold the direct contract with the Southwestern PA HCQU, it provides services that include provider training, complex technical assistance on individual cases and local healthcare resource development.
- Providing oversight to Independent Monitoring for Quality (IM4Q), the quality management effort that is offered through a contract with Chatham University.

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

Continuum of services

AC DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. AC DHS estimates that it will serve 1,939 individuals in FY 22-23.

Table 3: Individuals Served with HSBG ID Services

	<i>Estimated Number of Individuals served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	65	3.4%	72	3.7%

Pre-Vocational	N/A	N/A	N/A	N/A
Community participation	19	1.0%	18	0.9%
Base-Funded Supports Coordination	1,586	83.7%	1,591	82.1%
Residential (6400)/unlicensed	25	1.3%	25	1.3%
Lifesharing (6500)/unlicensed	0	0.0%	2	0.1%
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	200	10.6%	231	11.9%
TOTALS	1,895	100.0%	1,939	100.0%

Supported Employment:

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

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

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

AC DHS will use Block Grant funds to provide employment supports to approximately 100 individuals in FY 22-23. Examples of the types of supported employment that AC DHS will provide include:

- *ODP Base Employment Pilot.* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 05-06 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. AC DHS distributes Pilot funds through individual allocations. These participants work in a variety of fields, including childcare, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). ODS has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise

require waiver-funded supports to maintain ongoing employment. As of June 2022, the Base Employment Pilot supports 100 individuals in maintaining competitive and integrated employment at an average allocation of just over \$2,500/person.

- *Community Partnerships.* Other examples of AC DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities. AC DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCCAC), which provides information and networking opportunities for school district transition and special education staff, counselors, AC DHS education & transition staff (ODS & OBH are represented), community rehabilitation agencies, students and families.

Supports Coordination:

AC DHS estimates that it will serve approximately 1,591 individuals with base-funded supports coordination in FY 22-23. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (Approval ODP waiver renewals Appendix C) establishes the supports available to individuals' receiving services through ODS.

A total of 5,824 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, 90 of the 5,824 reside in a state center. One of the various ways we collaborate with the Supports Coordination Organizations is through our work transitioning individuals out of state centers and state hospitals.

- *Benjamin Litigation and the closure of Hamburg Center history summary.* Since FY 2011-2012, individuals residing in state centers were given the opportunity to move out into the community through the Benjamin Litigation, a lawsuit filed against PA DPW by Disability Rights of PA. From FY 2011-12 through FY 2018-19, a total of 15 individuals were transitioned from state center into the community, the last move occurring in November 2018. These transitions were individualized and comprehensive in nature, involving collaboration between state center staff/teams and selected community-based providers, supports coordinator, and AE utilizing person-centered approaches and techniques based on person's needs and desires as identified through their Essential Lifestyle Plan (ELP).
- *Targeted closure of Polk and White Haven State Centers.* In the fall of 2022, in an effort to increase opportunities for individuals in state centers/congregate settings to live in less restrictive environments in the community, Governor Wolf has called for the systematic closure of Polk and White Haven State Centers. (Once these facilities are closed, this will leave two state centers open in PA: Ebensburg and Selinsgrove State Centers.) Allegheny County has a total of 47 individuals in these two state centers (two in White Haven and 37 in Polk). ELPs are being developed for each of these individuals in the state center and conversations are being held with the individuals and families regarding community options and resources available to them. In addition, SIS Assessments and HRST reports are also being

completed on all these individuals and several are participating in IM4Q interviews. Prior to COVID, the AE was participating in the ELP meetings when possible.

- *Community-Based Services and Residential Services.* In FY 22-23, AC DHS estimates that 321 individuals will receive community-based services and 25 individuals will receive residential services. Supports may include, but are not limited to: residential (e.g., Life Sharing, 24-hour residential, or less than 24-hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.
- *Participant Directed Services.* We continuously work with the SCOs to remind and promote those situations that can and should be participant driven. See more about specific projects and activities related to this under the section titled **Participant Directed Services**.

Lifesharing Options:

AC DHS estimates that it will serve approximately 1,591 individuals with base-funded supports coordination in FY 22-23. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (Approval ODP waiver renewals Appendix C) establishes the supports available to individuals' receiving services through ODS.

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Supported Living Options:

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

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

Cross-Systems Communications and Training:

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

- *Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability.* AC DHS ODS participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County. The task force is comprised of representatives from the Allegheny County Department of Human Services, PA ODP, OVR, PA Office of Deaf and Hard of Hearing, PA Bureau of Blind and Visual Services, Deaf/Deaf-Blind stakeholders and service providers. The task force meets bi-monthly to work toward system change to affect service integration and coordination and development of service resources and employment and mentoring opportunities for individuals who are Deaf, Deaf-Blind, or Hard of Hearing. ODS also participates in the ODP Bureau of Supports for Autism and Special Populations Deaf, Deaf-Blind, and Hard of Hearing Advisory Committee which meets quarterly to

develop capacity for supporting people with intellectual disability who are deaf, deaf-blind, or hard of hearing.

- *Collaborating with Support Coordination Organizations (SCOs).* AC DHS regularly collaborates with SCOs to encourage consistent implementation of ODP policy and practice. AC DHS and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet in person every two months to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The ODS Promising Practice team continues to offer a Complex Case Review process as a means of offering technical assistance to the SCOs. The review is focused on planning activities for individuals with intensive and/or complicated needs with an anticipated outcome of diversion from restrictive settings.
- *Agreement with UPMC Health Plan and Community Care.* In April 2012, AC DHS executed a coordination agreement with UPMC Health Plan and Community Care to improve communication among shared members and services. As part of the agreement, AC DHS is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member health, improving satisfaction with services, and coordinating resources for physical and behavioral healthcare for persons with ID.
- *Integrating services for children and youth with complex needs.* AC DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by two providers in three homes licensed under 3800 regulations for a total of six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs.

The group homes also are supported by a shared Mobile Treatment Team (MTT) which includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with a range of clinical expertise in ID and child psychopathology. AC DHS is examining the possibility of developing a similar program for adults with complex ID and behavioral health needs.

- *Engaging families and individuals through school districts.* AC DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education as well as the Allegheny County – Pittsburgh Transition Council. This is a critical way of conveying information to families, individuals, and professionals during critical school years. ODS staff also visit schools throughout the year, informing families, individuals, and school district personnel on the importance of planning and registration and participating in outreach activities in schools. ODS staff also use these opportunities to share community supports and other human services.

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

- *Integrating services for adults with complex needs.* Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served over 90 individuals in Allegheny County and nine individuals in neighboring counties. This collaborative effort between OBH/ODS, Community Care and Merakey uses a recovery-oriented approach to support individuals with co-occurring mental health disorders and diagnosed ID or Autism Spectrum Disorder. For 12-18 months, a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator provide support. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. In the spring of 2015, Merakey recruited additional staff and increased its capacity to 30 individuals. AC DHS continues to collaborate regularly with the DDTT, OBH, and Community Care to monitor progress as well as discuss and recommend appropriate referrals for the programs at discharge. Quarterly metrics reports are reviewed on a regular basis. The team has continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

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

- *Collaboration with Justice-Related Services/Forensic System.* Since initiating this collaboration in 2014, there have been 260 inquiries into ODS involvement with individuals, with joint planning taking place for 122 individuals – approximately 28 cases per year. Inquiry origination has increased to include: ACJ, Pre-Trial Services (Behavioral Assessment Unit) and the Public Defender’s Office. The priority of this collaboration continues to be focused on planning activities and resources that assist in diversion from jail as well as technical assistance throughout an individual’s legal involvement. The ODS Promising Practice Team aims to increase our collaboration with our AC DHS partners as we facilitate responsible release and support plans for individuals with ID or Autism who are incarcerated and/or involved with the court system. Our ODS Legal Liaison along with Promising Practice Team staff work to identify gaps in the service system regarding support needs and working with AC DHS and community partners to address these gaps in service needs. A continued area of growth potential remains with our juvenile population as they interact with the forensic system and potentially age-out into the forensic system and community supports. Some specific activities and needs/barriers in this collaboration area include:
 - Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but who are incarcerated or have legal/court involvement. JRS has been providing “Administrative Assistance” for these cases, which has been beneficial to best meet the individuals’ needs. In addition, the ODS Legal Liaison has been working with courts and court personnel regarding these individuals
 - Increased collaboration with the Allegheny County Jail so that AC DHS is notified when individuals with ID are incarcerated. This has continued to improve over the past year as has collaboration during transitions to provide community providers facilitation and assistance to meet individuals and build rapport to support more successful community transitions. ACJ staff has also assisted in obtaining needed information and documentation for community-based provider needs to facilitate quicker jail release into community provider setting. This ongoing collaboration and partnership remain very important to ensure that individuals with ID and Autism receive services and supports in the least restrictive setting possible.
 - Streamlining funding timelines that accommodate jail release, identified needs and Waiver stipulations. This is met but remains an area to be vigilant on.

- Barriers to newly ODS-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains a priority area in need of improvement as many times, these individuals have exhausted many alternate housings and supports and have very limited options prior to ODS Intake. Their needs can involve very complex and concurrent mental health and behavioral concerns as well as significant history of trauma that adversely impact quality of life. Planning from a jail setting can be very challenging, as can transition activities.
 - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
 - Reinstatement of Medical Assistance upon release from jail continues to be an area of need. The Allegheny County Jail has a mechanism to submit an MA application prior to an individual's release in order for MA to be activated in a timely fashion; however, this mechanism cannot be applied to individuals who will need Waiver services immediately upon discharge from jail.
 - Increased collaboration with Juvenile JRS, JRS IL and Juvenile Probation to better plan for individuals that receive these services. Also working to identify individuals in juvenile justice placements that need long-term supports earlier in the planning process This remains an area of needed improvement and growth potential.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* AC DHS is involved in collaborative activities with ODP and other counties:
 - ODS frequently works with other counties in the region to review potential common data elements and explore reporting needs.
 - ODS reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve quality of life for individuals involved in the Risk Management process.
- *Collaboration with UPMC CONNECT Program*
 - In 2009, The Congress of Neighboring Communities (CONNECT) was founded to bring together the City of Pittsburgh and surrounding municipalities in Allegheny County to identify common public policy challenges. One of these initiatives was recognizing the dire situation facing many emergency medical service (EMS) agencies. The CONNECT Community Paramedic Program was born out of this initiative and aimed to provide non-emergent, customized care to county residents struggling to manage chronic health conditions.
 - As part of the UPMC Health Plan, CONNECT is one of the longest-running community paramedic programs in the nation. This team of specially trained paramedics helps the most complex and vulnerable individuals find assistance for their medical conditions, while also addressing finances, housing, mental health, and social support needs. This team can close gaps in care by expanding the role of EMS personnel in the community.
 - The CONNECT Community Paramedic Program, which is part of the UPMC Health Plan, is a free program to anyone in Allegheny County and helps individuals manage their overall health for the long-term. They can help connect individuals with existing resources to address individuals' medical care, health, chronic illness, etc., and other important factors beyond that which may be negatively affecting the individual's life. Some of these factors may include transportation, housing, diet and exercise, or financial resources.

- The CONNECT team typically arranges for two of their members to conduct a first meeting where the individual feels most comfortable, whether that is in the individual's home or a public place. This meeting offers an opportunity to become familiar with each other and to help determine long-term goals the individual may have for their life/health. From there, the team will gather the appropriate, available resources and provide solutions to help the individual meet those goals.
- Initial meetings occurred between the Office of Developmental Supports and the UPMC CONNECT Program in late 2019 to discuss a collaboration between the two offices.
- In January 2020, 86 individuals over the age of 21 who had an Emergency or Critical PUNS status and were not enrolled in one of the three ODS waivers, were identified to participate in the pilot.
 - 24% (21 individuals) of the individuals were removed from the pilot due to the following: receiving an ODS waiver, not living in Allegheny County, or dying.
 - 56% (48 individuals) have been contacted.
 - 10% (5 individuals) have been enrolled in the program
 - 19% (9 individuals) have refused to participate in the program
 - 71% (34 individuals) have not responded to the initial contact
 - 20% (17 individuals) still need to be contacted
- In the fall of 2020, additional participants were added for a total of 146. This extended grouping now included anyone with a need identified on the PUNS. They may also be receiving PFDSW.
 - Number of individuals Active/ Enrolled: 13
 - Number of Individuals Unable to be reached: 72
 - Number of individuals that still need uploaded: 5
 - Number of individuals that Refused: 20
 - Number of individuals on the Wait month: 13
 - Number of Individuals closed per Allegheny County (Due to being out of county, death, or waiver funding received): 23
- The ODS team and the UPMC Connect team meet monthly. From this point forward, any individual, enrolled with UPMC, that appears on our E-PUNS will be shared with UPMC for outreach. For FY 21-22, this included an additional 62 individuals.

Emergency Supports:

When an individual experiences an emergency, AC DHS uses several processes to ensure support when no waiver capacity is available:

- Enacting ODP's Unanticipated Emergency Request Process when an individual's health and safety is at immediate risk.
- Exploring alternative waivers and services to meet the individual's needs, such as Independence Waiver, Autism Waiver, Dom Care, or Personal Care Boarding Homes.
- Partnering with Aging Services to review service delivery to meet the needs of aging caregivers and individuals.
- Working in conjunction with OBH, re:solve and MH housing to meet the needs of individuals dually diagnosed with mental health issues and ID.
- Relying on community resources, such as the Allegheny Link, low-income housing, homeless shelters and natural supports.
- Coordinating efforts with Dom Care, PCHs, re:solve, Allegheny Link, Community Care and system options meetings.

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

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

Administrative Funding:

PA Family Network

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

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

Charting the LifeCourse

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

AC DHS ODS has successfully completed the Charting the LifeCourse Ambassador training series. The LifeCourse Ambassador series was designed to include training, professional development, and implementation coaching to provide foundational understanding of the key principles of the framework and to introduce the application of the principles for a specific focus area and/or practice. There are currently 3 LifeCourse Ambassadors. The LifeCourse Ambassadors have trained all ODS staff.

HCQU

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

IM4Q

AC DHS continues to work with its local IM4Q program on the annual identification and interview of individuals in the system. IM4Q and National Core Indicator (NCI) reports of survey results are shared with providers, County ODS Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County AC DHS Website. Two separate reports are developed for each

program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

Other reports include:

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

Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. AC DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 22-23.

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

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

Allegheny County ODS and OBH have entered into a pilot with the PA DHS of the START Model. This is an evidence based, treatment model from the Center for START Service, University of New Hampshire. The model is aimed at addressing the challenges often encountered when supporting individuals with Intellectual Disability and/or autism and Behavioral health issues. We hope this will bolster the provider system as well as support families who are supporting individuals with the most complex of needs.

This pilot will last for 3 years. We look to award a provider to work with us sometime in September of 2023.

Risk management

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

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

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

The ODS Risk Management committee uses a distinct set of criteria to identify individuals who may be at-risk and completes an extensive case review process. Findings are shared in writing with the individual's Supports Coordinator, who then conducts a review of findings with the individual/family and support team, including providers. A service note about the review also is entered in HCSIS. The SCO responds to the ODS Risk Management Coordinator with any required follow-up, including an Action Plan, if warranted. The collective findings of the Risk Management process are analyzed and documented in an annual report. Findings are used to inform ODS Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

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

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

County housing coordinator

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

Providers' emergency preparedness plan

AC DHS continues to enforce the bulletins and regulations that require providers to have Contingency Plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes and day and vocational programs. AC DHS is available to offer technical assistance in the development of these plans, regardless of funding source, since the safety of all individuals in our system is of the utmost importance. Finally, ODS functions as the local AE and AC DHS/ODS personnel deliver all components of the AE Operating Agreement with AC DHS, including:

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

AC DHS continues to be monitored annually through the AE Oversight Management Process (AEOMP), which includes Remediation and a Corrective Action Plan to address issues resulting from external reviews, monitoring and audits. ODS personnel also conduct an annual administrative review.

Participant Directed Services (PDS):

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

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

Here in the western part of the region, PDS continues to grow, although slowly, for the Vendor Fiscal. The number of participants increases each year, growing from 11 participants in FY 2011-12 to 49 in FY 2018-19 and 101 in FY 2019-20. For FY 20-21, there were 300 participants active with PDS in Allegheny County. And now for FY 21-22 there were 322 participants. There are three Support Broker Providers with authorizations and 23 participants currently using this service.

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

Community for All:

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

HOMELESS ASSISTANCE PROGRAM SERVICES

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

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

Achievements and Improvements

In FY 21-22, AC DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First,⁷ and increase the flow of positive exits from homelessness services, while also adapting processes and responding to new and emerging needs due to the COVID pandemic.

Response to COVID

Safe Haven: After just three weeks of planning, Allegheny County's Safe Haven Hotel, a temporary shelter with individual rooms and bathrooms for those impacted by COVID, opened on April 6, 2020. Thanks to countless community partnerships with groups that include Allegheny County Health Department, Allegheny Health Network, Allied Security, Community Human Services, and Community Kitchen, AC DHS's Safe Haven has now provided safety along with isolation and quarantine shelter space. In FY 21-22, the Safe Haven continues to operate, but its scale has been reduced in line with the reduced need in our community.

Expanded Access to Winter Shelter: Each year, AC DHS supports a winter shelter for men and women downtown and a severe weather shelter in suburban McKeesport. Due to the space restrictions imposed by COVID, AC DHS extended the McKeesport severe weather shelter into a winter shelter kept open every day and operated 3 temporary winter shelters in the downtown Pittsburgh area. AC DHS continues to support 2 of the temporary shelters that were stood up as winter shelters, with plans to keep them operational until a new low barrier, year-round shelter opens in September 2022 (Second Avenue Commons).

Emergency Rental Assistance Program (ERAP): AC DHS launched its Emergency Rental Assistance Program (ERAP) in March 2021, funded by the U.S. Department of Treasury and Pennsylvania Department of Human Services. By the end of FY 21-22 the program has assisted nearly 18,000 households with rental and utility assistance.

System Enhancements

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

emergency rooms. These events serve as indicators of harm if a person remains un-housed. Like the previous assessment tool, the AHA assigns a risk score that is used as part of the housing prioritization process, but it is far more accurate and equitable and does not require the time or trauma associated with asking sensitive questions at the time of housing crisis.

In FY 21-22, the Link:

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

Prevented and diverted people from homelessness. Allegheny Link staff actively seek to divert individuals and families to safe options outside of the homeless system—mediating with family members over the telephone or calling landlords, as well as assisting individuals and families with finding more affordable housing before their situation reaches a crisis.

Expanding access to low-barrier shelter and services. Over the past two years, AC DHS has worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations to bring to life the vision of a Low-Barrier Shelter. Together, this group envisioned a place where anyone over the age of 18 can go to receive immediate access to shelter and housing assistance that is not contingent on sobriety, income requirements, criminal records or program demands. The group envisioned a Shelter where adults experiencing homelessness are empowered and supported to quickly obtain stable, permanent housing. The result of this collaboration is Second Avenue Commons (The Commons), a brand new 45,000-square-foot, five-floor facility currently under construction on Second Avenue in the downtown corridor of Pittsburgh. The Commons is scheduled to open in late September 2022, pending the completion of construction. The new building will house four complementary services that do not currently exist elsewhere in Allegheny County:

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

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

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

Targeted access to Rental Assistance. AC DHS offered expediated 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. In fall 2022, AC DHS will release an RFP for a more robust homeless prevention program.

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.⁸

Economic mobility: Research⁹ has demonstrated that households with children achieve better outcomes when they live in high opportunity neighborhoods. Many families utilizing Housing Choice Vouchers do not have the option of moving to a high opportunity area. AC DHS launched an economic mobility initiative in FY 21-22 that aims to expand the acceptance of HCV in high-opportunity areas through work with landlords, communities, and HCV holders.

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

Loss of Permanent Supportive Housing (PSH) capacity: Allegheny County Continuum of Care did not have 2 of its HUD-funded PSH programs funded for FY 21-22, resulting in a loss of approximately 22 single PSH units and 51 family PSH units. This loss of capacity will make the challenge of moving people experiencing homelessness into safe and stable permanent housing even more difficult.

Services, efficacy, and proposed changes

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

Table 4: HAP Services and measures of efficacy

Service	How AC DHS evaluates efficacy
<p>Bridge Housing provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.</p>	<ul style="list-style-type: none"> • Measure: Share of people served by Bridge Housing who exit to permanent housing. • In FY 21-22: 56% of households who exited bridge housing exited to permanent housing.
<p>Case Management assists families experiencing homelessness in achieving self-sufficiency through client centered service plans that may include goals for basic life skills, financial management, job preparation skills and/or employment skills. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services, help families secure and maintain, conduct very targeted housing search assistance to move families into affordable housing within the community without having to continue through the homeless system, and follow the family into the community once housed to ensure it is a supported transition.</p>	<ul style="list-style-type: none"> • Measure: Number of homeless individuals assisted by HSSC • In FY 21-22: 922 individuals (374 adults + 548 minor children) were provided with case management services.
<p>Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.</p> <p><i>Note: In addition to the existing HAP rental assistance, Allegheny County provided assistance to approximately 9,936 households in FY 21-22 through ERAP.</i></p>	<ul style="list-style-type: none"> • Measure: Number of households for whom eviction is prevented, through rental assistance • In FY 21-22, 205 households received rental assistance.
<p>Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. The median length of stay for homeless households utilizing Emergency Shelter should be 30 days. The Winter Shelter (formerly the SWES) is open from November 15 through March 15 and provides a low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.</p>	<ul style="list-style-type: none"> • Measure: Number of people served by emergency shelter programs (including shelter for people who are victims of IPV) • In FY 21-22, 2,408 individuals were served by emergency shelter programs
<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. One of the program's primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.</p>	<ul style="list-style-type: none"> • Measure: Number of homeless individuals assisted • In FY 21-22: AC DHS provided approximately 205 clients with other housing supports

Proposed changes in FY 22-23:

- AC DHS has long benefited from individuals with lived experience providing input and feedback on service design and delivery in the child welfare system. In FY 22-23, AC DHS will work to increase consumer voice in homelessness service design and delivery at the system and programmatic levels. Using our Youth Action Board as a guide, we intend to develop a similar board of adults.
- AC DHS will continue to evaluate the effectiveness of current Rental Assistance programs and explore models being used successfully in other areas.
- AC DHS is working to integrate its behavioral health and homeless housing systems through a shared front door and common assessment tool; and to rethink and retool its available supportive services to better meet people's needs and support their exit from the housing system back to the community.

Homeless Management Information System

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

SUBSTANCE USE DISORDER SERVICES

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

Notable initiatives in FY 21-22:

- **The operation of a new engagement center, safe place to stay, and engagement and coordination teams.** Using a three-pronged approach to providing Allegheny County residents aged 14 and up with SUD and/or co-occurring disorders (along with their family and friends) with clear and easy access to treatment, substance use education, resources, screenings, assessments and recovery support. In November of 2020 the Engagement Center opened and began operation as well as the Engagement and Coordination Teams. In May of 2021 the Safe Place to Stay opened for operations as well. Since their opening they have had 4557 in-person visits, 838 of which were fielded by an EC team.

- *The Engagement Center* – The Pathway to Care and Recovery operated by Renewal is a space open 24/7/365 where people seeking substance use support, as well as family members and loved ones, can access screenings, assessments, peer support, evaluations, referrals, treatment transition support, Medicated Assisted Treatment (MAT) education, harm reduction education and other recovery resources.
 - *A Safe Place to Stay* – a space where people who have received an assessment and are awaiting an open treatment slot can stay and receive certified addiction and peer support, along with food, shelter and professional monitoring.
 - *Engagement and Coordination Teams* – team-delivered, community and site-based peer recovery support and case management services designed to reduce the barriers that prevent individuals from initiating and engaging in treatment and recovery services.
- **Preventing homelessness and ensuring housing stability for people with Opioid Use Disorder (OUD)** through an established DDAP grant-funded pilot system of rental assistance and housing supports, along with expanded case management and supported services. Approximately 200 individuals received housing supports along with intensive case management. Case managers acted as the single point of contact for coordination of care and services across multiple health and social service systems, helping with transitions between levels of care, making referrals for professional services (i.e., mental health, physical health) and connecting individuals to resources, like Medical Assistance and TANF, while supporting them in meeting their self-directed recovery goals.
- **Establishing a family residential SUD treatment program.** The Family Healing Center (operated by Auberle) maintains its purpose to serve as a trauma-informed residential drug treatment program (ASAM Level 3.5) for families involved with CYF with a parent in critical need of treatment for unhealthy substance use. The proposed community site located in Mt. Oliver was being renovated in preparation for the program. It had been repurposed as a COVID-19 space for families involved with Children, Youth and Families. In early 2021, renovations resumed and there was a tentative date for completion by the close of the calendar year. Supply chain issues brought on by the pandemic led to delays in construction. A tentative opening date of Fall 2022 is anticipated. Workgroups comprised of stakeholders and Auberle staff have been established to address various programmatic aspects of The Family Healing Center and have again begun work in preparation for the program implementation.
- **Continuing to implement a coordinated response to the opioid epidemic.** To combat the devastating effects of the opioid epidemic, AC DHS continues to coordinate efforts to serve people most in need in the most effective way by expanding treatment and availability, providing naloxone training and distribution and focusing on early prevention. Key components of this initiative include:
 - Expanding prevention programs with schools and community groups, especially leveraging the Student Assistance Program (SAP), which places liaisons in school districts to help school personnel identify students with drug and alcohol and/or mental health needs that pose a barrier to student success and to help students overcome these barriers so that they may meet their academic goals. All prevention programs must include overdose education.
 - Working to expand access to effective treatment for those with opioid use disorders, including medications (i.e., Methadone, Suboxone and Vivitrol), using results from AC DHS' MAT survey and feedback from D&A provider meetings.

- Putting the supports in place to reverse opioid overdose by distributing Narcan to BH providers and various AC DHS human service organizations.
- **New residential treatment and withdrawal management program for women.** *Restore*, an ASAM Level 3.7WM and 3.5 program operated by Pennsylvania Organization for Women in Early Recovery (POWER), was anticipated to open by the end of the 2021 calendar year. However, staffing shortages delayed the opening of the program. As of June 2022, POWER Restore is accepting women into the 3.5 program. The 3.7WM program is anticipated to begin accepting clients early in FY 22-23. This program will help women seamlessly transition from managing withdrawal symptoms to receiving treatment services. *Restore* will provide a gender-responsive treatment environment, with an understanding of how women's issues and trauma affect the progression of addiction and the recovery process.
 - **Continuing to Expand distribution of Narcan** by working with the Allegheny County Health Department to give over 14,909 kits to organizations that come into contact with those at the highest risk of overdose. AC DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to ensure staff have access to Narcan.
- **Expanding access to MAT for individuals in the Allegheny County Jail.** AC DHS continues to have several initiatives targeted at giving people in the jail access to MAT and ensuring that they continue to have access when in the community. The initiatives provide screening and assessment for opioid use disorder, education on overdose prevention, distribution of Naloxone, appropriate MAT based on the clinical decision support tools developed by Community Care, service coordination and rapid enrollment in Medicaid. Important changes to the D&A and criminal justice systems include: expanding the number of available MAT slots available to the re-entering population; and increasing the acceptance of evidence-based treatment, including MAT, among judges, jail staff, probation officers and treatment providers. Through the work with MAT in ACJ for this year, 504 and individuals, bringing the total to 573, have received Oral Buprenorphine while in the jail. In addition, since January of 2022, 69 individuals have been given a sublocade injection.
 - Allegheny County Jail and Tadiso are currently collaborating on a new program in the jail. This is an expansion of an existing program that provides methadone to pregnant women in the jail. Individuals who are booked into the jail and have a prescription for methadone will be able to receive the medication from Tadiso, on-site at the jail, throughout the time of their stay. This program is anticipated to begin early in the 2022-2023 fiscal year.
- **Building peer support capacity.** In FY 21-22, Passages to Recovery began to provide CRS services to residents of Allegheny County through a contract with AC DHS. This program was initially funded through a grant with DDAP. From October 2021 through June 2022 this program served approximately 200 individuals.
- **Expanding recovery housing capacity.** In FY 21-22, AC DHS made progress toward expanding the availability of recovery housing, selecting JADE Wellness as its newest provider through a competitive procurement process. This will increase our system capacity by 20 beds.

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

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

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

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

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management		
Medically-Managed Intensive Inpatient Services		
Opioid Treatment Services (OTS)		
Clinically-Managed, High-Intensity Residential Services	3	7
Partial Hospitalization Program (PHP) Services		
Outpatient Services	15	30
Other (specify)		

*Average weekly number of individuals

**Average weekly wait time per person

Overdose Survivors' Data:

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
495	265	COE	44

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

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

By the 15th of each month COEs submit data to AC DHS on warm handoffs that occurred from EDs during the previous month. AC DHS tracks data for all COEs as well as combines the data into one dataset for DDAP. Due to the ongoing pandemic and the fact reporting is not a mandatory requirement the data relies on the willingness and ability of COEs to provide their data to the county. AC DHS provides technical assistance to the COEs as needed.

2. Levels of Care (LOC):

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	2	0
4	1	1	0
3.7 WM	5	1	1
3.7	0	0	0
3.5	20	10	8
3.1	8	3	3
2.5	7	7	5
2.1	12	12	6
1	18	18	11

3. Treatment Services Needed in County:

- **Expanded MAT.** AC DHS recognizes MAT as a lifesaving evidence-based practice that helps to treat opioid use disorders and aids people on their path to recovery. In the Joint Position Statement on MAT for Opioid Use Disorders in Allegheny County,¹⁰ issued by AC DHS, the Health Department, Community Care and AHCI, AC DHS makes it clear that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT. As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. AC DHS has continued to educate providers and has made it a requirement for funding

that agencies accept clients without this discrimination. AC DHS maintains that an individual's choice to use MAT should not limit his or her access to other services. As the opioid epidemic continues in Allegheny County and the Commonwealth of Pennsylvania, AC DHS recognizes the need for continued expansion of and advocacy for MAT services.

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

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

1. Jade Wellness
2. White Deer Run
3. Pyramid
4. POWER
5. Pathway to Care and Recovery (Renewal)

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

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

- **Expand Recovery Housing.** The need for Recovery Housing continues to be a priority. Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Drug and Alcohol Services (BDAS) will re-issue the Recovery Housing Request for Proposals (RFP) during fiscal year 2022-2023 to further expand the availability of this service to county residents.
- **Creation of Case Management Services for youth.** To address an increase in need for youth-centered services, the BDAS is finalizing an RFP for Intensive Drug and Alcohol Case Management for Youth that will be released during fiscal year 2022-2023.

4. Access to and Use of Narcan in County:

AC DHS advised and provided subject matter expertise to the Allegheny County Health Department during the development of their 2015 Plan for a Healthier Allegheny,¹¹ a guide for health improvement for the next three to five years that involved multiple partners and strong commitment from residents. It was designed to complement and build upon plans, initiatives and coalitions already in place in the County. The intent of the plan is to identify major health priorities, overarching goals and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County. One of those goals relates to reducing mortality and morbidity related to mental illness and SUD, and the specific strategies listed to reduce the number of opiate-related overdose deaths. For example:

- Objective 5.5: Decrease the number of opiate-related drug overdose deaths.
 - Strategy 5.5.1: Increase the distribution of naloxone to first responders, opiate users and their family members, and health care providers.
 - 5.5.2: Enhance/design surveillance and monitoring to effectively respond to overdoses in youth and adults.
 - 5.5.3: Increase distribution of naloxone to drug and alcohol service providers in Allegheny County.
 - 5.5.4: Increase access to naloxone in pharmacies.
 - 5.5.5: Increase efforts to educate physicians on appropriate prescription writing for opioids.

Working together, AC DHS and the Health Department distributed 14,909 Naloxone kits to organizations that encounter those at the highest risk of overdose, including human service providers, first responders, pharmacies and libraries. AC DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.

5. County Warm Handoff Process:

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

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

Each COE collects data on the use of the Warm Handoff program and reports that data to the county by the 15th of each month. The county tracks that data for each provider and for all providers, as well as combining the data into one set of numbers. Due to the ongoing pandemic and the fact that reporting is not a mandatory requirement, the WHO data below relies on the willingness and ability of COEs to provide their data to the county. The county also provides technical assistance to the COE's as needed. The county turns in the completed data via ArcGIS to the state by the last Friday of each month.

Warm Handoff Data*:

# of Individuals Contacted	491
# of Individuals who Entered Treatment	265
# of individuals who have Completed Treatment	Unknown

* Note that prior year submissions have included COE providers that are no longer reporting this information to the AC DHS

Challenges with Warm Handoff Process Implementation:

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

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

In FY 22-23, AC DHS will use Block Grant funds to support critically important Adult Services and Specialized Services.

Adult Services

In FY 22-23, AC DHS will continue to fund two services through the Adult Service category - homemaker services that help to keep low-income adults with disabilities in their homes, as well as case management for at-risk and vulnerable population groups. Each of these programs is described below:

Homemaker Services:

DHS provides homemaker and life skills assistance services to eligible low-income disabled adults (18 through 59 years of age) who are not eligible for other programs and who depend on these services to allow them to live independently in their residences rather than in a more restrictive, costly alternative such as personal care homes or assisted living facility. The In-Home Specialists assist consumers with light housekeeping, personal care, grooming, errands, making telephone calls, and managing their mail. Additionally, In-Home Specialists help consumers address safety issues in their homes, such as reducing tripping hazards, removing rotten foods, and providing reminders about keeping doors and windows locked. They also encourage consumers to engage in healthy living practices such as keeping regular doctor appointments; taking medications as prescribed; becoming more active; eating healthy, well-balanced meals; and connecting with informal supports.

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

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

Case Management:

DHS supports case management for unemployed and under-employed low-income adults (125% of federal poverty guidelines) who participate in a comprehensive self-sufficiency program. HSDF funding provides case management services to assist eligible adults to improve stability and economic security.

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

Aging Services

AC DHS did not use the Aging Services cost center in FY 21-22. Given the impact of the Intrastate Funding Formula (IFF) gap, AC DHS may elect to use the Aging Services cost center to support initiatives such as its OAPS capacity increase and nutrition services redesign in FY 22-23. If these funds are needed, AC DHS will submit a budget amendment as required.

Children and Youth Services

AC DHS did not use the Children and Youth Services cost center in FY 21-22 and does not plan to use this cost center in FY 22-23.

Generic Services

AC DHS did not use the Generic Services cost center in FY 21-22 and does not plan to use this cost center in FY 22-23.

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 22-23:

1. Services for the Criminal Justice-involved Population:

Jail Collaborative --

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

The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and in the community. AC DHS will use Block Grant funds, in combination with federal, other state and private funds, to continue to support the Jail Collaborative’s services to men and women who are at medium- to high-risk of recidivism starting in the jail or alternative housing, through their transition to the community and continuing for 9-12 months after they leave the jail. These services include:

- **Service Coordination:** Service Coordinators work intensively with individuals prior to release and following release to develop service plans that build upon clients’ strengths and reduce their criminogenic risks, and to support them in achieving their housing, behavioral health, education and employment goals.
- **Family Support:** Family reunification plays a vital role in facilitating a successful return to the community and research has found that parents who have more visits with their children while incarcerated are less likely to recidivate. The Jail Collaborative offers parenting classes using an evidence-based cognitive-behavioral curriculum called “Parenting Inside Out,” at least two coached phone calls with family members and allows for monthly structured family visits in the jail’s contact visiting room. Visits with children have been found to be most beneficial when parents and children can have physical contact in a child-friendly setting, and the contact visits are designed to do just that. Though during most of the COVID-19 pandemic, coached phone calls and contact visits were not possible, coached phone calls are now occurring again and it is

expected that structured visits will resume as soon as the fall of 2022. In 2018, the U.S. Department of Justice selected Allegheny County for a grant that is allowing us to enhance our family support services for children and family members of the incarcerated. After some COVID-19 related delays, this Extended Family Support initiative is successfully engaging children and caregivers in support groups, cultural outings, and activities to foster connection with the incarcerated parent.

- **Vocational Training and Stipends:** The Jail Collaborative offers training in various fields—including masonry, culinary arts and machining—free of charge to clients. Through an initiative funded largely through a Pathway Home grant from the US Department of Labor, the Jail Collaborative is offering workforce development services and paying participants a living wage stipend during the time they are enrolled in training programs. In addition, in the fall of 2022, the first pre-release training is scheduled to launch, offering participants the chance to earn a certificate in lead abatement while still incarcerated, and connections to construction industry employers upon release. Block Grant funds support some of these stipends.
- **Cognitive Behavioral Therapy Groups:** The Jail Collaborative offers Thinking for a Change, an evidence-based cognitive behavioral therapy (CBT) curriculum delivered to groups in the jail, and Sage Maintenance Group, a follow-up to the Thinking for a Change curriculum that allows an extended time to put into practice the CBT concepts in a small-group setting.
- **Educational courses:** The Jail Collaborative offers a range of educational courses for different academic levels, including adult basic education, pre-GED, GED and computer literacy.

Reentry For All --

In addition to the services the Jail Collaborative offers to incarcerated individuals at higher risk of recidivating, DHS is using Block Grant dollars to expand “reentry for all” inside the jail and immediately following release through:

- **Pre-release Medical Assistance Enrollments:** Since 2015, the Jail Collaborative has partnered with a provider organization to complete Medical Assistance applications for a subset of people leaving the jail (i.e., primarily individuals with known behavioral health diagnoses). In the coming year, we are expanding this initiative to enable applications to be completed for everyone in the jail who may be eligible for Medical Assistance. This expansion involves a close partnership with the County Assistance so that there is communication around which individuals are being released each day whose enrollment or reinstatement paperwork should be quickly processed. The goal of this initiative is to reduce gaps in coverage following a period of incarceration and to improve continuity of health care for justice-involved populations.
- **Medication for Opioid Use Disorder (MOUD):** Jail Collaborative partners are working to expand access to MOUD for individuals in the Allegheny County Jail. In the past year, we initiated programs to provide both oral and injectable forms of buprenorphine to individuals entering the jail who have active prescriptions and will be launching a Methadone continuation program as early as fall 2022. Beyond that, and with a sense of urgency, we are working to identify a timeline for further expansion so that every individual in need of MOUD who enters the jail may have access to evidence-based treatment.
- **Post-incarceration Clinic:** The Jail Collaborative supports a holistic medical clinic whose goal is to offer healthcare and address the social determinants of health for individuals leaving the jail who have two or more chronic conditions, one acute condition, untreated Hepatitis C virus, a substance use disorder, or women’s health needs. Patients are identified pre-release and connected with an appointment at the clinic within 72 hours. The Clinic is also able to provide

“bridge” medication for people with Opioid Use Disorder whose Medical Assistance has not reactive

Crisis Response and Diversion --

DHS and its partners in law enforcement and the community are also collaborating around new strategies to reduce arrest, incarceration, and avoidable emergency department visits for people with behavioral health needs, and to connect them instead to supportive care.

- In FY 22-23, we will be launching a Law Enforcement Assisted Diversion (LEAD) program in 14+ municipalities outside the City of Pittsburgh which will enable police officers to refer people who frequently encounter the criminal legal system to harm-reduction focused, long-term case management, instead of charging them. LEAD is intended to serve individuals whose underlying behavioral health needs are driving their criminalized behavior, and to reduce racial disparities.
- We are also working with police and partners at 911 to build an “alternative responder” model that would send behavioral health teams to certain 911 calls in lieu of police, whenever appropriate. While we are building toward a system in which most people with behavioral health needs will call 988, instead of 911, we want the right kind of responder to be available no matter where someone calls.
- In addition, we have been preparing for the recent launch of 988 in partnership with our provider, Resolve Crisis Services. This work has involved efforts to expand Resolve’s mobile crisis team capacity, increase response times and follow-up supports, and improve data collection. In FY 22-23, we intend to test out a model that dedicates and stages a mobile crisis team in a higher need area, while also providing police in that area with a dedicated point of contact at the call center via a new “police liaison” function.

2. Battering Intervention Services:

AC DHS works with criminal justice and community partners to improve the local response to intimate partner violence (IPV), an epidemic that affects many individuals in Allegheny County, including many of AC DHS’s clients. IPV has serious health, social and economic consequences for victims. Children who are exposed to IPV are at increased risk of becoming direct victims of child abuse. Intimate partner violence can be reduced when the community holds perpetrators accountable, and perpetrators change their behaviors. In 2014, AC DHS, in partnership with the Allegheny County Jail, issued an RFP to select providers of Battering Intervention Programs (BIP). BIP is the most commonly accepted intervention for perpetrators of IPV in the United States. It is structured as a set of curriculum-based, psycho-educational groups, the main purpose of which is to hold offenders accountable and to ensure victims’ safety. Participants learn to take responsibility for abusive behavior and explore the negative effects of their violence. As a result of the RFP, providers were certified by AC DHS and the Fifth Judicial District of Pennsylvania as the only acceptable program for offenders referred by the courts, child welfare and other sources. Some sessions are held for men who are incarcerated within the County jail. Most are hosted in the community in various locations across Allegheny County. During the COVID-19 pandemic, all provider agencies continued to serve their consumers through a variety of means: weekly check-ins, virtual group meetings and written homework. Perpetrators are expected to pay for their participation in the program on a sliding scale, but that precluded participation of those with very low incomes. AC DHS therefore entered a contract with four certified providers to supplement participant fees and allow the programs to be financially sustainable.

With the support of Block Grant funds, AC DHS will continue to fund the four certified BIP providers in FY 22-23. These BIP sessions will continue to be offered in multiple locations and consist of 24

sequential sessions. The curriculum may vary by agency, but organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S. BIP helps perpetrators to understand their behavior as a means of controlling their partners and facilitators incorporate Cognitive Behavioral Therapy, Motivational Interviewing and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. AC DHS monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting needs. While the majority of BIP sessions are available to men, there are groups for females and one agency that provides BIP specific to same-sex couples.

3. Individual Care Grants: as part of an integrated service planning process for DHS consumers

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

- Individual Care Grants must only be used to meet a need that cannot be funded through another source.
- The disbursement of funds must be related to achieving a specific goal included in the recipient's service plan.
- Funds distributed through Individual Care Grants will not exceed \$1000 per request unless special circumstances are approved administratively.

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

4. Legal Representation

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

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g., salaries, paying for needs assessments, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

N/A