

# RESPOND

*When funding streams determine service delivery, our residents with complex problems (many of them children and youth) may fall through the cracks. Those with more than one diagnosis and serious behavioral disorders often require creative, intensive, multi-disciplinary approaches. That's why we established the Interagency Review Team, the DHS Rapid Response Team, and the RESPOND program.*

*Please take a moment to meet two young men whose lives have been changed by these initiatives after years of traditional treatment had failed them. Much of the credit belongs to the collaboration of dedicated staff from a variety of disciplines — and to the support and encouragement of Pennsylvania's Department of Public Welfare Secretary Estelle B. Richman, who has removed many of the regulatory and funding barriers to collaboration.*

*To learn more about RESPOND and other DHS cross-systems approaches for children, visit the DHS web site ([www.alleghenycounty.us/dhs/](http://www.alleghenycounty.us/dhs/)) or call 412-350-5701.*



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A Decade of Progress  
1997 - 2007

**Dan Onorato**  
Allegheny County Executive



J.J.

## The Residential Enhancement Service Planning Opportunities for New Directions program

(RESPOND) was designed by DHS specifically for young people diagnosed with mental retardation and/or developmental disabilities and severe behavioral difficulties whose complex needs were not being met by traditional resources.

RESPOND homes are limited to two residents with a staff-to-child ratio as high as 3:1 and support from a mobile treatment team of elite, highly experienced psychiatric and behavioral clinicians. These experts investigate every aspect of the young person's history – from medical records to overall diet, from medical examination to prescribed medications. In addition, the practiced clinicians use real-life settings such as department stores, restaurants or even amusement parks to help them to make their own determinations regarding the appropriateness of each pre-diagnosed behavioral health issue.

For both J.J. and Kevin, the journey to young adulthood has been a rough ride. Both have major mental health issues and limited intellectual functioning. Repeated foster home placements and psychiatric hospitalizations failed, and as adolescents, their aggressive behavior posed a threat to others. Clearly, categorical treatment of their “presenting problems” wasn't working; they both needed a comprehensive approach that would address the whole person with multiple needs.

## J.J.

With initial diagnoses of autism and intellectual disability, J.J. was later found to be bi-polar as well. Throughout a chaotic childhood and early adolescence, he remained with his own family, which moved frequently with the military. As a result, services were inconsistent.

“We patched things together,” his mother, Diana, recalls, “but nothing really worked.”

When they settled finally in the Pittsburgh area, J.J. was assigned to a special school, and the family was referred to the Allegheny County Department of Human Services Office of Mental Retardation/ Developmental Disabilities (MR/DD) and to the Staunton Clinic Supports Coordination Unit and Southwest Human Services (SHS).

His care “maxed out the community services at 50 hours per week, but even that was not enough,” Diana said. At 15, J.J.’s 6’1”, 190-pound stature magnified the danger of his aggressive behaviors. Even his new school — the Pressley Ridge Day School for Autism — wasn’t up to the challenge. It was time to look “outside the box,” and that turned out to be the DHS Interagency Review Team for assessment and, ultimately, **RESPOND**.

Diana recalls being “petrified” at the thought of “laying out the specifics about my family and J.J. in front of all these people [the Review Team].” She wondered how they would respond, or if they would be caring or bureaucratic. She was relieved to be warmly welcomed and to see familiar faces at the table — J.J.’s Supports Coordinator and his school liaison as well as representatives from DHS and the family’s managed care organization.

“They made us feel we had, in fact, done our utter best on J.J.’s behalf, and they shared our disappointment in our inability to ‘fix’ the situation.”

-Diana

For two hours, the group reviewed J.J.’s story — what worked, what didn’t, his strengths and challenges, his hopes and the family’s hopes for him. Diana found the “strangers in the room” affirming and supportive: “They made us feel we had, in fact, done our utter best on J.J.’s behalf,” she said, “and they shared our disappointment in our inability to ‘fix’ the situation.” In the end, the family was told that J.J. (like Kevin) would be a good fit for **RESPOND**.

It was, indeed, a good fit. Over the last 18 months, the program has surrounded J.J. and his family in services. All involved parties came to the table to explore options: Would J.J. do well in residential care? Would the placement serve his long-term as well as short-term needs? Would he have transportation to school and for home visits? Should the setting be urban, suburban, or rural?

Throughout the process, the family’s choices were honored, and today J.J.’s prospects are bright. He will cross into the world of adulthood while living and working on a farm in rural Pennsylvania that is operated by an agency serving young adults with special needs.

Diana couldn’t be happier. She had long advocated for just such a life for J.J. — one that involved “wide open spaces, strenuous physical labor, and a back-to-basics attitude.” What’s more, he’s only an hour and a half from home.

#### Kevin

Kevin faced similar challenges. As a young child, he would have been a parenting challenge to any family. His mother, herself mentally ill, couldn’t manage most aspects of her own life, and — although he yearned to be with her — he was placed in a series of foster homes. Crisis psychiatric hospitalizations increased. In adolescence, his aggressive behavior led to assault charges and involvement in the juvenile justice system. Fortunately, a condition of his probation was referral to the DHS Rapid Response Team, which recommended placement in a small **RESPOND** group home with just one other young man, intensive staff assistance, and access to the best medical and psychiatric supports.

Despite being previously considered a concern for community safety, with support, Kevin did well in this setting. While he benefitted from the exhaustive approach of the staff and clinicians, **RESPOND** recognized that Kevin, having been institutionalized for so many years, was having difficulty identifying with the young people trying to help him and with the community around him.

In response, the program surrounded him with young African American male role models to serve as an example and to assist him in establishing his own individual and cultural identity of “self.” It gave him a sense of who he is, where he wants to go, and the discovery of his own belief system. This provided Kevin an opportunity to learn how to change his own behaviors and to fit into his world.

Within months, he was able to attend special education classes in an outside school and eventually move into a less restrictive transitional living facility. He’s also a regular participant in the Bridge of Pittsburgh\*, a drop-in center in downtown Pittsburgh for tutoring and job-readiness assistance. Most remarkable, perhaps, is the fact that Kevin has had no hospital admissions while he was in the program, and he was medication free when he left **RESPOND**.

“It’s one day at a time,” his case worker cautions. “Kevin is functioning up to his potential, and that’s our goal.”

*\*The Bridge of Pittsburgh is part of the DHS Independent Living Initiative for foster care teens.*

Thanks to “outside the box” thinking that refuses to give up on those with complex problems and the determination to direct funding to human needs rather than diagnostic categories, the future is hopeful for young people like Kevin and J.J. — and for their families, who have shared in these extraordinary struggles.