

## Teaching people to fish...

When we say that our approach to human services is *empowering*, I am reminded of a familiar proverb:

*Give a man a fish and you feed him for a day.*

*Teach him to fish and you feed him for a lifetime*

Because many who come to us for help are in crisis, we find that providing immediate tangible aid—food, clothing, or household goods—is a vital first step. The *fish* is important, but it is just the beginning in the longer journey toward empowerment. Helping people move toward independence—helping them to *learn to fish*—is a guiding principle in everything we do.

We don't claim to empower people. What we do, in all of our services, is to help our consumers find the tools they need to empower themselves. Those tools are:

*Knowledge* — information and resources for getting help and making smart choices

*Choices* — the opportunity to choose among several options, including the option to refuse help

*A second chance* — or a third or fourth one, to turn a life around

*Responsibility* — and accountability for one's own life

*A seat at the table* — an active role in solving problems and making decisions

*A voice in the system* — sharing insights and knowledge to help others

This annual report focuses on individuals and families who have found empowerment, in small ways and large ones, through their involvement with DHS programs and services. All are true stories—some disguised to protect confidentiality, others identified with the permission of the consumers, who gladly shared their experiences in the hope of helping others. All are reflective of the Department's guiding principle, to provide services that are "*individually tailored and empowering—by building confidence and shared decision-making as routes to independence rather than dependency.*" Key to the creation of the Department of Human Services six years ago, empowerment remains a primary goal as we continue to redesign existing services and design new ones.

I invite you to visit our web page at [www.county.allegheny.pa.us/dhs](http://www.county.allegheny.pa.us/dhs) or call 1-800-862-6783 to learn more about our services and our vision for the future of human services in Allegheny County.

*Marc Cherna*

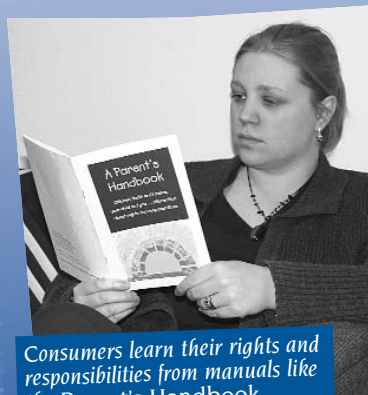
Marc Cherna, Director



# Empowerment is...

## Knowledge

*Helplessness and hopelessness stem from isolation—not knowing where to turn for help, not being “heard.” DHS helps consumers take charge of their lives by making information readily accessible in different ways—through print materials, outreach and public events, and one-on-one contact with our partners in the community. Consumer-specific manuals, such as Parent’s Handbook, MR Toolkit, and Regional Services Center handbooks, help consumers understand their rights and responsibilities. Brochures, outreach and public events, as well as regular news coverage and a continuously updated web site, inform both consumers and the general public about DHS services. The Director’s Action Line (DAL) offers a chance for two-way conversation with consumers and follow-up regarding complaints or concerns. Information and referrals are available by telephone from the DAL and SeniorLine. Both the offices of Behavioral Health and Children, Youth, and Families offer 24-hour crisis lines.*



Consumers learn their rights and responsibilities from manuals like the Parent’s Handbook.

When a family crisis led to the placement of her children in a foster home, Jackie felt alone and overwhelmed. The prospect of facing a judge was frightening. Would she ever see her children again? What about Timmy’s doctor’s appointment next week—he would be terrified to go there without her. What she

had been told was a blur, but she remembered the *Parent’s Handbook* the caseworker had given her. Reading it, she gained a better understanding of her rights and responsibilities, of what it would take to reunite her family, and how she could find help along the way, including legal assistance. Most important at the moment, however, Jackie was relieved to find that she could accompany Timmy to the doctor’s—and she could continue to be involved in the children’s schooling. She made a note of the key phone numbers and called her caseworker to arrange the doctor visit. Then she called the Director’s Action Line—not to register a concern but to say how helpful the *Handbook* had been.



For Michael, life had come to a standstill. He was out of school and, like many young men his age, was ready to live on his own

and hold a job—ready except for the mild mental retardation and defiant behavior that so far had put both goals out of reach. Even living at home was difficult because of his temper. Fortunately, Michael’s family attended one of the DHS workshops on Person Centered Planning, where they received a copy of the *MR Tool Kit* and learned about the “self determination” approach to service planning and delivery.

With help from a supports coordinator through the DHS Office of Mental Retardation/Developmental Disabilities, Michael developed his own person-centered plan that reflected how he wanted to live his life and the supports he needed to do so. Working within his individualized budget, Michael was able to choose a place to live from the DHS-funded residential services providers as well as a DHS-funded vocational services provider to assist him in finding employment.

From his residential staff, Michael has learned to become independent in taking his medications, to cook meals, to assume the responsibility of following a diet, and to budget his earnings. He has also been successful in learning better ways to cope with anger and conflict. With support from his job coach, Michael was able to land a job with a local supermarket. He has learned to work independently and to use public transportation. By using these natural supports, Michael has become less dependent on paid DHS supports, thus allowing the limited funds to be used to meet another person’s needs.

By knowing what options were available to him and taking advantage of them, Michael has taken charge of his life. He has made many friends at work and at the community center, and he contributes to his community by volunteering at the local food bank and by helping his neighbors with their yard work.



**Doreen**, a 37-year-old single mother of six, lives in public housing and works full-time as a janitor. She was struggling to stretch the \$800 in wages and \$225 in child support she received each month to feed and clothe six children, ages three to 17, when she met a Hunger Services Network (HSN) outreach worker at the local family support center. HSN tentatively determined that she was eligible for about \$524 per month in Food Stamps and referred her to other DHS-funded services such as an after-school enrichment and nutrition program in her own housing community, the SummerFood program, and information about food banks in her neighborhood. She also learned about job training and placement opportunities that might help her find a better paying job. Knowing where to turn for help made all the difference, she told the outreach worker. Now, she says, she can provide her children with good nutrition and other benefits she could never afford on her own.



## \*\*\* Choices

*In human services, one size does not fit all—and a choice of one is no choice at all. Through all of its services, DHS offers its consumers a range of options that empower them to help their communities, to help their families and to help themselves. Consumers who feel respected and who control the choices in their lives are committed to the paths they choose. They are empowered.*



*Carolyn Boyd enjoys putting her medical knowledge to work in her new career as a pharmacy technician.*

When nursing became too demanding physically, **Carolyn Boyd** retired as a Licensed Practical Nurse in her early sixties, but she wasn't ready to quit working. She enrolled in the Allegheny County Area Agency on Aging's Senior Training Employment Program

(STEP) in October 1998, served as an aide in adult day care, and pursued training in several traditional areas—child care, computers, and customer service—but failed to find work in any of them. What she really wanted was to become a pharmacy technician, she confided to her STEP counselor. Training was available at Bidwell Training Center, and to prepare for it, Carolyn entered a tutoring session at the center. She did so well that she not only achieved eligibility for the course but she was also asked to assist Bidwell in the tutoring program while she took courses in pharmacy lab techniques, medical mathematics, human anatomy, and physiology. On September 9, 2002, she graduated in the top 10 percent of her class, with perfect attendance, and she began working soon afterwards as a pharmacy tech with Eckerd Drugs near her home. In off-hours, she volunteers at the Vintage Center where she was first assigned by the STEP program.

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Parenthood isn't a short-term venture. Just ask **Leona Wilson**. When her two children were grown and their children had children of their own, she thought her parenting days were over. But a great granddaughter arrived at her door 17 years ago, pregnant and alone. Mrs. Wilson, who was 63 at the time, did what most families do when a relative is in trouble: she took her in, provided support (financial and emotional) over the years, and shared the care of the children with their mother when she finally moved out on her own. When they reached the age of 8 and 13, however, Mrs. Wilson's great great grandchildren were in trouble. They were acting out in school, their attendance and grades were poor, and the younger one was threatening other children and starting fires.

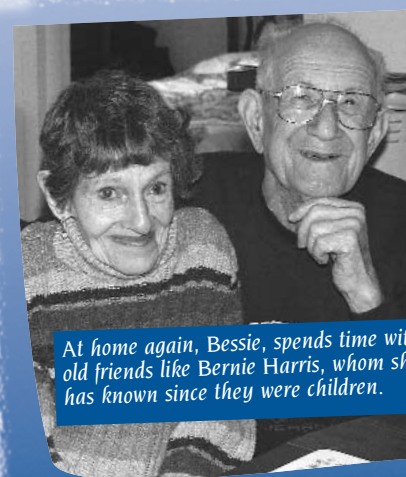
Mrs. Wilson, fearful for the children's safety, turned to the DHS Office of Children, Youth, and Families (CYF). When the CYF investigation revealed drug and alcohol abuse and domestic violence in the children's home, they were placed with Mrs. Wilson on an emergency basis. She was later certified for foster care, which authorized reimbursement for the children's care. They've been with her for three years now and—under the Adoption and Safe Families Act— it is time to ensure permanency, which is often done through adoption. Fortunately now, however, there is an alternative for families like this one, when adoption is not the preferred answer. Mrs. Wilson, who is 80 now and has provided stability to the children throughout much of their lives, needs continued financial support and wants more input into decisions regarding the children's care (medical and educational consent). With CYF's assistance, she is scheduled for a hearing in Juvenile Court to grant her Subsidized Permanent Legal Custodianship. This process authorizes continued financial support and authority to the caretaker while leaving the natural parents' rights intact and allowing supervised visits with the children so they can maintain their relationship with their mother.

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Nobody could say that **Bessie Levine** wasn't a fighter. She had survived childhood polio and many other obstacles in her 86 years and always valued her independence. Then she developed some health problems that forced her to move into a nursing home. Although the care she received there was good, it wasn't her home. Depression took over, and she lost the drive to take care of herself.

When Bessie learned about the PDA Waiver Program and how it could enable her to live in her own home, she regained her motivation. She also learned that she would have the flexibility to choose her own care provider from a list of qualified agencies.

After six months, Bessie is now back in her own home and enjoying old friends and the independence made possible by in-home services. She is very grateful for the PDA Waiver Program and her care-worker, Pat, who, she says, "is the finest person. . .the care she gives me is excellent!"



*At home again, Bessie, spends time with old friends like Bernie Harris, whom she has known since they were children.*

## \*\*\* A second chance

*Timing is critical to the success of a second chance. When a person determines that it's time to make a change—to earn a GED, to end the cycle of drugs and jail, to build a career and a life of independence—DHS must be ready to empower individuals with the tools and resources to achieve their goals.*



Jessica has help delivering her valedictory address.

**Jessica Kosmal** was a high school dropout, a teenage mother, and woefully lacking in confidence and knowledge when she arrived at the Alle-Kiski Learning Center. She wasn't sure she could make it through the GED prep classes, let alone continue her education. But, she says, the "friendly and nonjudgmental people" there welcomed

her and her children, and the rest is history: she graduated in April, delivering the valedictory address while holding her children. Now she's enrolled in Penn State University (New Kensington) and on the road to a career. Community Services Block Grant funding provided by DHS paid for the services she received from this Westmoreland County literacy program.



Across town, **Tony Lundy**—like Jessica—had dropped out of school. Now 18, he wanted a job and a place of his own. His counselor in the DHS Office of Community Services referred him to the Hill House Association, where he began preparing for the GED exam and enrolled concurrently in a work experience program at Mercy Hospital and in the master plumbing certification program at Connelly Skills Center. He passed the GED exam with flying colors and, with help from his counselor, applied for financial aid so he could continue his education. Mercy hired him full-time in environmental services, and he found a Section 8 apartment. Now he's taking driver training and hopes to have a car before his classes start at Penn State's McKeesport Campus.



For **Melonie**, the "road back" was longer than it was for Jessica or Tony. With a 20-year drug habit and some time in jail, she opted for the Program for Female Offenders instead of incarceration when she had the choice. She figured it was "just like any other program, and off I'd go, doing the same old thing." She was wrong. "They really cared about me," she says, and that made the difference. Melonie, who has been clean for six years, completed a bachelor's degree in hospitality management from Robert Morris University and has worked her way up

from bell stand to guest services manager at the Holiday Inn Select—University Center. At 47, she's a first time homeowner, and her ambition is to own her own hotel one day. The recipient of the Highmark Blue Cross/Blue Shield Achievement Award in 2002, she now volunteers with the Program, which is funded in part through Human Services Development Fund (HSDF) support through the Department of Human Services.



Capitalizing on the traditional attraction of teenagers to shopping malls, Communities in Schools Academy has established a highly effective "second chance" for dropouts and potential dropouts in its Diplomas Plus Training Program at Century III Mall. In non-traditional, self-paced learning, students tackle basic skills, academics, and work readiness. Participants earn a diploma from their high school of origin, and many also develop a marketable skill. Classes meet from 4 to 8 p.m. to accommodate students' work schedules and preferences. Students are referred by counselors in the area schools (Clairton, Duquesne, West Mifflin, and others) and by current students, who are the program's strongest advocates. Demand has tripled over the program's two years; enrollment is now at 60, with a waiting list.

Another successful program for dropouts that combines academics and job search and placement with case management is the Hill House Association's Out-of-School Youth Program. Key to its success was the decision to locate the program in Braddock, where the target population resides. Originally designed for 20 participants, it now serves twice that number. The program's results attest to its success: a 60% employment rate, an 89% GED diploma rate, and a skill attainment rate of 78%.

Both programs are funded by DHS, through the Office of Community Services.



Tony—on the way to a new car and a bright future.



## \*\*\* Responsibility

*Increasingly, DHS programs and services point the way rather than lead by the hand, providing the tools, marketable skills, and personal assistance needed to boost individual responsibility. When people assume a share of the responsibility for their decisions, they gain a sense of independence and control and become accountable for the outcomes. They become empowered.*

When **Sharon** came back to Pittsburgh, she knew what she wanted to do—but she needed a hand to get started on her plan. She wanted to start a day care center (and already had two potential enrollees), but first, she needed a place to live. She was doubled up with family, and her three children were still in Georgia, living with relatives there. For housing assistance, she turned to the Urban League of Pittsburgh's Housing Counseling Services, which is funded by DHS to serve families with young children who are at risk of becoming homeless. The counselor reviewed her budget and briefed her on the lease and security deposit, and on landlord/tenant rights. Together, they drew up an action plan and cosigned it. She later attended a group counseling session where she learned about prioritizing needs over wants in budgeting and how to access supplemental assistance programs and recognize housing discrimination. She found a suitable unit and was able to pay her first month's rent and security deposit with the emergency housing grant she received through the League.

For guidance in setting up her day care center, Sharon was referred to the League's employment department, which offers counseling to consumers with entrepreneurial ambitions. Within two months, Sharon had accomplished the three main items in her plan: she had a safe, affordable home for her family; her children had joined her and were enrolled in school, and her day care center was licensed and thriving, with ten regular customers. Her counselor credits Sharon's success to her "steadfast determination to succeed" and to the fact that she was ready and eager to accept responsibility.

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**Eddie** wanted to be a responsible father, but he was in a dilemma: he was in jail for failing to pay child support, but how could he pay anything as long as he was in jail? A 37-year-old non-custodial father, Eddie had never held a full-time job, and he owed \$35,000 in back payments to his ex-wife. The judge sentenced him to a flat six months behind bars. Hopeless as his situation seemed, however, while he was incarcerated, he completed the Goodwill/Duquesne University Life Skills Program, funded by DHS, as part of the Jail Initiative, which is a collaborative venture of DHS, the Allegheny County Health Department, and the Allegheny County Jail. Then, with *pro bono* legal assistance, he set up a schedule for paying support, once he was

employed. Working with a job developer from Goodwill Industries and a case manager from Holistic, Inc., both DHS sub-contractors, he found a job within a week of his release and took on a second, part-time job shortly after. He passed the probationary period, received three pay raises for hard work, and is on schedule with his support payments.

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**Frank** and his wife, **Marian**, had been receiving in-home services for some time. Marian, who is 80 now, doesn't have the strength for regular housekeeping chores any more. After his stroke, Frank has needed assistance with bathing and personal care. When they learned that state regulations required them to share in the cost of these services, they were upset at first. The help was important to them, and they had always simply accepted what was offered and never complained. "After all," Frank would say, "we can't look a gift horse in the mouth." But when they found that the sliding fee scale (based on their resources) was affordable, they began to take a more active role in planning for their needs, both in the type and the frequency of services. They cut back on some, extended others (even if that increased the cost to them), and chose the providers they wanted from the list provided by their case manager. And they began watching the clock. Workers who trimmed 20 or 30 minutes off their visit no longer went undetected, and Frank would reduce his payment accordingly.

Both Frank and Marian are pleased with the new arrangements and with their new relationship with their case manager. "We're talking more openly now," Marian says, "and we feel more in control—even when it comes to deciding what risks we want to take. It gives us a wonderful sense of freedom to be able to make our own decisions about personal health and safety, without anyone getting on us about sticking to our safe care plan. It's good to be treated like an adult again!"



*stock day care shot-a few kids, toys.*

## \*\*\* A seat at the table

*In resolving family problems and determining needs, the best resources are often the consumers themselves and their own natural support systems. Whether having friends and family members serve as key elements in the consumer's support system or allowing homeless men, women and families identify their own needs, having an active role in finding the answers empowers people to ensure that their plans work.*

For years, important decisions about children have been made without the key players—family members—at the table. A new approach, currently being piloted by the Office of Children, Youth, and Families in the Hill District and in McKeesport, is changing all of that and, in the process, empowering families. As **Christina Williams** can testify, the family—even miles away—can offer the key to providing safety and stability for children.

Christina, who had moved to Pittsburgh to enter a rehabilitation program, became involved with CYF during an emergency hospital admission when she had no one to care for her children. When she was back on her feet again, her CYF caseworker said her children would be returned on two conditions: that she remain drug-free and that she make arrangements for the children's care, should another emergency arise. Christina agreed to take part in Family Group Decision Making (FGDM) at a DHS-contracted provider agency, Touching Families, in McKeesport. She identified her mother and an aunt, both in Philadelphia, as the two people she could depend on.

The family coordinator at Touching Families arranged for Christina's mother and aunt to come to Pittsburgh for the meetings, which also included local friends who were willing to be emergency contacts. From the discussions, Christina learned that her family was ready and willing to help her, and that her friends would serve as intermediaries in an emergency. Christina was relieved to know that she would not need to rely on foster placement in the future. An enthusiastic advocate for the process, Christina was able to attend the national FGDM conference last summer in Monterey, California by putting to practice the plan she had helped to develop through FGDM.

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In a different setting, where mental health crises make it necessary for children to be admitted to residential treatment facilities (RTFs), the active involvement of parents and other family members is proving equally valuable. Consider **Janet and Rob**, whose 12-year-old son, **Chuck**, became increasingly violent as a result of his bipolar disorder. When residential care became necessary, Janet and Rob felt they had failed. They had been wrestling with Chuck's problems for more than a decade, with little help from professionals who used terminology they didn't understand—or from family members, who blamed poor parenting instead of the neurobiological factors that were driving his behavior.

From the first contact with the Allegheny County Residential Treatment Facilities Group (The RTF Group), however, Janet and Rob were at the table, reviewing available facilities, talking with staff, and choosing the facility and programs they felt would be most beneficial to Chuck. After his placement, they took part in family therapy and support groups, and they were closely

involved in treatment planning so that the therapeutic process would reflect their priorities and they could better continue the interventions when he was discharged. When Chuck returned home,

Janet and Rob were more confident parents and, with phone follow-ups and ongoing support from community-based resources, they felt they could de-escalate crisis situations in the future. What's more, grateful for the help they received, both agreed to serve on the residential facility's advisory board and volunteer as mentors for parents of new admissions.

The RTF Group of the Human Service Administration Organization (HSAO) is funded by the Department of Human Services, Office of Behavior Health. It serves as the central intake arm for all mental health residential treatment placements for children and adolescents in Allegheny County.

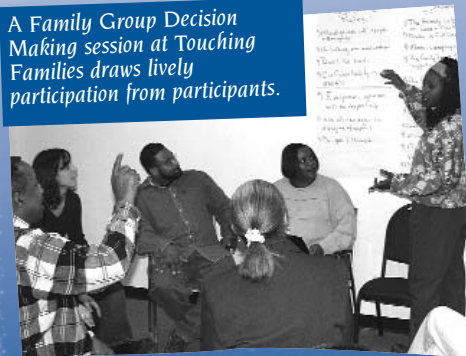
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Of all consumers, the homeless have traditionally had little representation at the planning table. Assessment of what the homeless need was based on data from homeless programs and caseworkers—until the DHS Bureau of Hunger and Housing went directly to the homeless to ask: What do you need? In 13 focus groups at nine different sites, 76 homeless men, women, and families spoke out. What they identified as major needs were:

- More services for larger families and homeless couples with children.
- Respite care for homeless persons who need medical care following hospital discharge.
- Additional training of staff in available resources and how to access them.
- Improved access to housing for people with criminal histories.

The initiatives taken by the Bureau in the last year serve as evidence that the voices of the homeless were heard. Three new permanent housing programs will serve families with up to four children (and in some cases will provide resources for families with five and six children), and the Health Committee of the Allegheny County Homeless Alliance has made respite care a priority for the next year. Front line staff in homeless agencies will receive four to six trainings every year on topics such as fire safety, drug and alcohol issues, and working with CYF. In addition, the Bureau, with the Homeless Alliance of provider agencies, holds open houses throughout the year for agency staff at various homeless shelters and produces a guide to all homeless programs with contact information and eligibility criteria. A monthly list of vacancies in HUD homeless programs is distributed widely to allow case managers and other to see where vacancies exist before making referrals, and the Bureau of Hunger and Housing is collaborating with the Allegheny County Jail Project as well as the Drug Court to identify available resources and facilitate the successful movement from jail to independent living.

A Family Group Decision Making session at Touching Families draws lively participation from participants.





## \*\*\* A voice in the system

*Consumers often provide key insights into their own issues, on personal, family and community levels. Knowing that being heard and being of help to others are crucial aspects of becoming empowered, DHS offers services to allow public housing residents to improve transportation, create jobs, and better care for the children. In addition, through DHS services, adolescents with mental health issues and their families have the power to give input into their own treatment plans and to offer help and encouragement to others facing similar problems.*

In the mid-1990s, a resident of **Sheldon Park** might well have believed that no one in this geographically isolated public housing community could get the ear of a policymaker, even in nearby Natrona Heights. Less than a decade later, however, it's a different story. The Sheldon Park Resident Council can point with pride to a number of accomplishments that came about through a determination to meet local needs—and to get the attention of those who could help. A grantee in the first year and every year since then of The Pittsburgh Foundation's Fund for Children's Programs, the Resident Council has used the skills learned in that effort and in the Urban League's Public Housing Empowerment Program (PHEP) to ensure that needed changes are made. The Council raised funds to add three new rooms to the community center, convinced the township and Port Authority Transit to install new bus shelters on the routes traveled by school children, formed a lawn maintenance business staffed with residents, and negotiated a contract with the Allegheny County Housing Authority to hire the firm to care for the grounds of the housing community. The Council is currently seeking funds for a community day care program and for a new community center building.

Similar successes are occurring in other public housing communities, largely as a result of the capacity building that has occurred through PHEP and the Pittsburgh Foundation effort, now called the Beverly Jewel Wall Lovelace Fund for Children's Programs. Both initiatives are funded by the Department of Human Services.

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Two years ago, 14-year-old **Sean** was using drugs and alcohol and refusing help. He had been diagnosed with a serious emotional disturbance and was receiving services, but his mental health "wrap" team had run out of options. Sean had done as well as he would ever do to reach the goals in his plan, they said, as they proceeded to close out the case. Sean's mother refused to give up on him and, instead, turned to a new program, Community Connections for Families (CCF), operated under a federal grant by the DHS Office of Behavioral Health. At CCF, the entire family was embraced, not just Sean. They became involved in family centered activities at the YMCA and with a family support group. Sean began to attend drug and alcohol counseling, and his mother met with local school district officials to make sure that his educational needs were being met.

Key to CCF's approach is the strong community and family partnership which works with local government and managed care to

provide support and services in ways that are preferred by the family, rather than just offering them what is dictated by service systems. Creative plans are developed with input from the child and family, drawing on the strengths of both to address the needs of the family. In CCF, families are not only involved in planning but also participate in advisory boards, hiring committees, training and evaluation as well as other activities of support.

Over time, communication between Sean and his family and other service providers improved. Sean now plays football, attends school regularly, and willingly participates in CCF activities with his mother and sisters. He no longer uses drugs or alcohol and actively participates in rehabilitation therapy. Sean and his family report that his attitude is more positive and their outlook is more hopeful. Furthermore, Sean's family now offers support to other families within CCF, encouraging them to engage proactively in managing and advocating for their own needs.

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Increasingly, DHS is reaching out to neighborhoods in need of help instead of waiting for a crisis to trigger intervention. Take the Green Meadows apartment complex in Baldwin Borough, for example. Once a predominantly white middle class community, Green Meadows evolved over several years into a racially and economically diverse population. The transition wasn't easy, and occupancy dropped as a result of drug activity, youth behavioral problems, and racial tension.

DHS Office of Community Services (OCS) staff met with the management and community leaders and brought them together with representatives from a variety of service providers

to explore the needs of the community and the available resources to meet those needs. Within a few months, Green Meadows children were attending the Boys and Girls Club summer day camp in McKeesport, plans were underway for on-site Head Start, and families joined in community "Night Out" social event. In the fall, the Boys and Girls Club provided after-school Campfire programs in self-reliance for 5 to 12-year-olds and in January launched a Community-Family Club where parents and children work together on projects. Two full-day on-site Head Start programs serving 40 pre-school children will begin on May 1, and a summer program is planned for July and August.

With support from Community Services Block Grant (CSBG) funds and the DHS Head Start contract, these DHS efforts are bringing the community together by respecting, identifying, and addressing needs identified by the community.

Community "Night Out" celebrations offer a chance for residents to mingle.





## GUIDING PRINCIPLES

### All services will be:

- ⊗ **High quality** —reflecting best practices in case management, counseling, and treatment.
- ⊗ **Readily accessible** — in natural, least-restrictive settings, often community-based.
- ⊗ **Strengths-based** — focusing on the capabilities of individuals and families, not their deficits.
- ⊗ **Culturally competent** —demonstrating respect for individuals, their goals, and preferences.
- ⊗ **Individually tailored and empowering** —by building confidence and shared decision-making as routes to independence rather than dependency.
- ⊗ **Holistic**—serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services —  
Information Exchange ⊗ Prevention ⊗ Early Intervention ⊗ Case Management & Crisis Intervention ⊗ After Care

## VISION

To create an accessible, culturally competent, integrated, and comprehensive human services system that ensures individually tailored, seamless, and holistic services to Allegheny County residents, in particular, the County’s vulnerable populations.

## DEPARTMENT OVERVIEW

**300,000 persons served annually**

**Total Staff: 1,200**

**Service Providers: 360**

*829 contracts for over 1,800 discrete services*

**Total Budget: \$645.7 million**

*Total includes the Allegheny HealthChoices Program*

**Funding Sources: 78**

*Each with separate laws, regulations and reporting requirements*

Allegheny County Department of Human Services (DHS) is responsible for providing and administering human services to County residents through its five program offices:

- Area Agency on Aging (AAA)**
- Office of Behavioral Health (OBH)**
- Office of Children, Youth & Families (CYF)**
- Office of Community Services (OCS)**
- Office of Mental Retardation /Developmental Disabilities (MR/DD)**

**James C. Roddey**

Allegheny County Chief Executive

**Robert B. Webb**

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**Marc Cherna**

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