

Allegheny County
Department of Human Services
Request for Proposals Q&A
OPTIONS In-Home Care Services

May 17, 2016

96) Can you post an example for completing the unit cost analysis sheet?

No, but please see Questions 16, 17, and 73 below regarding the unit cost sheets.

95) The narrative response form asks for the largest current or prior contract for in-home services to older adults. We serve Waiver Participants but no dollar amount is given for a contract, rather, we are reimbursed on a fee-for-service basis. Should I include this here?

Please include the amount paid under the Waiver program for the time period listed as the contract dates.

94) Our 2015 audited financial statements will not be available until the end of June 2016. Would it be acceptable to provide 2012, 2013, and 2014?

Yes, please provide the latest statements available.

93) The guidelines state that the narrative portion of the Proposal has a maximum length of 30 pages. Does this limit include the attachments supporting the narrative?

Attachments do not count toward the page limit.

92) If there are not enough Proposers to cover one of the three geographical areas, what will be the process for seeking coverage?

If this occurs, AAA will determine the best course of action based on the Proposals received.

91) Can "Agency" be used in place of the numeric code throughout the narrative for easier reading, as long as the numeric code is identified on every page?

Yes. Each page must include the numerical code, but it does not have to be used throughout. "Agency" or another phrase may be used, just nothing that overtly identifies the Proposer.

90) Should the organizational chart depict current staffing or anticipated staffing for the proposed services?

Organizational charts should depict current staffing.

89) Do all components of the proposal including all items on Proposal Assembly Checklist need to be sent in one large scanned pdf document, or can they be broken down if necessary?

The documents listed in Section 4 of the Proposal Assembly Checklist, “AAA Attachments,” may be submitted separately if necessary, but must be clearly identified. All other components, including the “DHS Attachments” listed in Section 5, should be included with the Proposal as a single PDF.

88) The response form asks for the calendar year the Proposer first offered services to older adults. Does this apply only to in-home services, or should we report the first year we offered *any* services to older adults?

The first year your organization provided any services to older adults.

87) How does the anonymous submission process work when our company name is on all policies, resumes and work papers?

Per the instructions on page 22 of the RFP, the anonymous submission requirement only applies to the executive summary, narrative, and unit costs sections of the Proposal. Attachments will be reviewed separately and anonymity is not required.

86) My agency has been an OPTIONS provider for a number of years. Are you able to provide a copy of the original proposal we submitted to provide these services?

We are not able to provide copies of proposals submitted under prior solicitations.

85) When the response form asks for the number of unduplicated Participants and older adults served in the home, what is the age range that includes older adults?

For the purposes of this RFP, and for consistence with the vast majority of PDA programs, older adults are those 60 and over.

84) For the table in the response form calling for size of contract, is it acceptable to list the dollar amount for the last fiscal year?

The chart also asks for start/end dates. You should provide the dollar amount that corresponds to what you list as contract start/end dates. If the contract was only for the last fiscal year, then that amount is correct. If it was a five year contract, list the total amount for all five years.

83) If a Participant has a worker they like, will they be permitted to keep their current agency if the agency is not awarded a contract for that region (but is awarded another region), or will the Participant have to transition to a new agency?

The details of Participant transitions will be worked out once Successful Proposers have been identified. However, Participant choice will always receive the highest level of consideration.

82) The Scopes of Service for Personal Care and Home Support – Housekeeping both indicate an additional four hours of training annually after competency testing. Does this mean an additional four hours are required for each service, for a total of 8 hours, or a total of four hours combined?

Four hours total for both services.

May 11, 2016

81) On the vendor creation form, if we have a contract already with Allegheny County what position should be listed as the contact?

This should be the Chief Financial Officer.

80) On the vendor creation form, what is the definition of outreach manager interface?

Proposers may ignore that field – it applies only to construction contractors.

79) On the vendor creation form, what type of service should be checked?

Proposers should check the box for “Independent Contractor.”

78) On the vendor creation form, should a Proposer already have a supplier number?

Proposers do not need to provide this number.

77) On the proposal cover page, there is a check box that says “My firm is registered with the Allegheny County Department of MWDB Enterprises.” What does it mean to be registered?

Please check this box only if your firm is an MWDBE certified by Allegheny County or another certifying entity such as the Pennsylvania Unified Certification Program.

76) Will DHS provide a prepayment for start-up costs?

No, all costs must be built into the proposed rate.

75) What are the required elements for the requested affirmative action plan?

An affirmative action plan should be customized to reflect an agency’s organizational structure, policies, practices, and data. There are no elements that are strictly required under this RFP.

74) What is the relevant experience requested for the references? Is it an individual who has received/arranged personal care or housekeeping with our agency? Or is it a business contact?

Selection of references is left to the Proposer’s discretion.

May 5, 2016

73) The “Unit Cost Form” spreadsheet asks for costs that are fixed (i.e. building costs, accounting services, communications). In order to allocate fixed costs to a unit of service, an estimate of the number of units is needed. How can I estimate of the number of units (15 minute increments) per month of this RFP?

OPTIONS generally bills in unit increment, which is 1 unit = 1 hour. Unfortunately, we are unable to provide an estimate of the number of units each Successful Proposer can expect in one month, because this depends on the number of Successful Proposers selected and on Participant choice. Proposers who currently provide services through OPTIONS should base this number on existing data, unless they

anticipate that fixed costs would dramatically increase under this RFP. New Proposers should use their best guess for these numbers, based on organizational capacity and experience.

72) Can we contract with direct service workers rather than hire them?

Yes, as long as you operate as a registry. Please also see question 58 below.

April 29, 2016

71) Can we bid a primary position in all 3 areas in lieu of secondary? Or primary in 2 and secondary in 1? If so, would we just send in 1 proposal indicating this on the narrative?

Two areas is the minimum. However, proposers may bid on all three areas and list them in order of preference. Yes, proposers would show their choices of area in the narrative.

70) Will you consider 2 rates, i.e., one rate for 0-10 miles from area center and a second for 11+ miles from the center?

We are limited to accepting one universal rate at this time. That rate should be inclusive of travel within the geographic regions you propose to serve. Please see questions 11-14, 41, and 42 below.

69) If we do not have audited financials can we provide accountant compiled statements?

Proposers are required to submit audited financial statements for the past 2 years. Proposers who do not have audited financial statements may submit compiled financial statements prepared by an independent auditing firm.

68) The HHA rate states it's only \$10/hr minimum while PC is \$12/hr. Is this a typo?

The current minimum standard for pay rates is \$10/hr. While it is extremely important for proposers to consider paying over this standard, the RFP document has been updated to reflect the accurate current minimum standard of \$10/hr.

67) Can I bid for housekeeping only and not the chore services...under the Home support category? Or does the housekeeping and chore services work together as one service?

As described on page 10 of the RFP, all Proposals must at a minimum include Personal Care and Housekeeping. You may also include Home Maintenance (Chore) and/or Home Health Services but these are not required.

66) MWDBE Question- we have only performed personal care services in the past, personal care cannot be subcontracted. We have not used MWDBE services in the past. I am interested in bidding for personal care and housekeeping. Which MWDBE forms would I fill out for proposal?

Fill out the MWDBE Participation Waiver Request, which also requires you to attach the Participation Statement demonstrating "good faith effort." As part of the Waiver Request you are able to explain normal business practice and why the waiver is being requested. You can indicate that personal care cannot be subcontracted.

65) Under the PDA waiver program I currently serve, audits were not required because my yearly net payments were below the amounts required for an audit. Will I need to get 2 audits to submit for this proposal?

Proposers are required to submit audited financial statements for the past 2 years. Proposers who do not have audited financial statements may submit compiled financial statements prepared by an independent auditing firm.

64) Are the PowerPoint slides avail from the meeting on the 14th?

Yes. The PowerPoint slides have been posted alongside this Q/A document on the RFP website.

63) What type of paperwork is required to address the statement below? Or how do I certify and represent this statement? Located on page 7 Request for proposals:

Certify and represent to the County that no monetary benefit or other items of value have been offered, conferred or agreed to be conferred in exchange for receipt of special treatment or consideration; advantaged information; and or the recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

You are not required to address this in your Proposal – this representation is part of all County contracts, which you would sign if awarded an agreement under this RFP.

April 22, 2016

62) From our understanding an agency providing waiver services through the Department of Aging cannot also provide services under the OPTIONS program. Does this restriction apply to this proposal? Can agencies providing services under the PDA Waiver qualify to provide services for this proposal?

It is not correct that an agency cannot provide both Waiver and OPTIONS services. These are totally separate programs; enrollment in both does not present a conflict. Current Waiver providers are eligible to submit proposals for OPTIONS services under this RFP.

61) Under the expectations to serve two regions at specified measurements for ordered services and accepting referrals, can there be a grace period for the implementation of the measurements to allow the provider to stabilize/predict utilization?

From the time of selection of successful proposers in early August until initiation during October selected providers will have opportunity to build capacity.

60) On page 32, H #1 under back-up services, it says "to the extent possible, workers should provide services at the time and day agreed upon." Would a provider be penalized for requesting a change in time and day?

Schedule changes can occur if agreed upon by the Participant. Permanent schedule changes must be communicated to the OPTIONS Care Manager so that Service Orders can be changed. Please also note Questions 56 and 25 below.

59) On page 12, #8, missed services must be recorded within 5 business days. On page 15 it notes all SAMS documentation be entered within 3 working days. Please clarify.

The In-Home Provider is required to enter a missed service within 5 business days. This is a monitored expectation.

58) On the proposal narrative response form #4, it asks if you operate as an employer or a registry. Will there be a registry model under OPTIONS?

We will accept registries, but the training standards outlined in the RFP must be met. Also, certain contractual obligations must be met according to County policy.

57) Will providers be reimbursed for cleaning supplies (page 12, #13) or should that be built into the unit cost?

The occasional need for cleaning supplies should be built into the unit cost. The Participant is generally responsible for their own cleaning supplies. However, in the event a Participant cannot afford this the In-Home Provider will furnish cleaning supplies when requested by the OPTIONS Care Management agency.

56) When will days and times be specified in the care plan as described on page 31, G. #1? Flexibility is important for efficient scheduling.

The OPTIONS Care Manager completes the care plan and enters Service Orders. Part of entering Service Orders for Personal Care, Home Health and or Home Support is entering a schedule. The In-Home Provider will have access to the schedule in SAMS. The days and times are as close to the Participant's desire as possible and pre-arranged when the Care Manager is referring a Participant to an In-Home Provider. Please also note Question 25 below.

55) How a new participant referral is defined under the measurement on page 12, #4 and 5?

An OPTIONS Participant that has been assessed and deemed eligible to receive Personal Care, Home Health and or Home Support services is considered a new Participant referral. A Participant can also be considered "new" when changing providers or receiving certain types of additional services, e.g., Participant originally received only a PERS unit and later required Personal Care. Please also note Questions 26 and 27 below.

54) Will care managers use email to make referrals to ensure providers are meeting required time frames of responding? Referrals now are often made by telephone.

We are currently developing a referral process which will include some type of electronic referral. Specifics will be covered during the training process after Successful Proposers are selected.

53) Can providers collaborate on service areas? For example, one provider does area one and one provider does area two.

Providers must propose first and second choice service areas. The County reserves the right to determine regional assignments. We also encourage creativity and collaboration throughout the submission process. Please also note Question 5 below.

52) What is the rationale for requiring two service areas?

Currently the County is not served in its entirety, and dense clusters of service availability exist in certain regions and not others. Requiring a minimum of two service areas will mitigate this problem.

51) Can you clarify the primary and secondary preferences for service areas as described on page 12? Primary and secondary choices are not listed in the proposal instructions on page 18.

Proposers must clearly identify in their proposal the primary and secondary geographic service areas by number (i.e., "We select geographic Area 1 as primary and geographic Area 2 as secondary.")

50) On page 12, proposers must demonstrate that they have the necessary staff, organizational and technological capacities to serve the two service areas identified. To assist in defining these capacities in the proposal, is there an estimate of how many proposers will be chosen or how many units each successful proposer will serve?

No. Based on the number of proposals the number of providers selected may vary significantly. Participant choice will impact the number of units available to each provider. Please also note Questions 21 and 31 below.

49) What areas of the county have the most underserved population?

The Northern and Western sections of Allegheny County have traditionally been the most challenging.

48) Can you define "hard to serve" population in more detail?

Common reasons for this identifier can include a Participant's geographic location, personal challenges (behavior) or small care plan size.

47) How many direct care employees service a particular geographical area?

Currently the geographical areas are not implemented. Even when implemented, this will depend on the staffing practices of a particular agency. There is not a specific number.

46) Can the RN Supervisor conduct subsequent health screens for employees?

Yes.

45) What is the average weekly contact for a direct care worker?

It would depend on the Service Orders; each Participant has their own unique care plan. Contacts are assigned by the individual provider agencies based on the referrals received.

44) What are the current hourly rates that workers are being paid?

Per the 2015/2016 Personal Care, Home Support Housekeeping and Home Health Scopes of Service, workers are to be paid a minimum of \$10 per hour. Chore workers must be paid above \$10 per hour. Contracts must ensure that all workers receive at least these minimum rates. Overtime work is compensated in accordance with current federal and state laws.

43) What is the average staff to case ratio?

That is dependent on and managed by each individual agency. We do not state this requirement in the RFP.

42) Will data entry (SAMS) be billable in addition to Direct Care services?

No. Ancillary costs should be built into proposed provider rates.

41) Will travel time be billable in addition to Direct Care services?

Travel time is not billable, only the direct service time with the Participant is billable. Travel cost should be built into proposed Provider rates.

40) The due date for the proposal is June, and start date for services is October. What is the date of the announcement of the provider(s) awarded the contract to be posted on the website?

Successful Proposers will be notified in August 2016.

39) Will providers be specifically informed if a consumer is newly Nursing Facility Clinically Eligible (NFCE) in order to determine if a supervisor must visit within two weeks to observe the worker providing care?

Yes, the Care Manager will advise level of care when making the referral, and Service Orders/Authorization will reflect level of care.

38) Are providers of OPTIONS services expected to exceed current PDA Waiver/DOH requirements for staff supervision and training under an OPTIONS contract?

PDA Aging Waiver requirements for staff supervision and training do not apply to the OPTIONS program. However, licensure through the Pennsylvania Department of Health (PDOH) is a requirement, and therefore the agency must meet PDOH licensure requirements. Additionally, Allegheny County outlines quality standards for staff supervision and training in the Personal Care Scope of Service. These quality standards exceed the PDOH requirements.

37) If the provider is only applying for Options Personal Care and Home Support Services does the supervisor need to be at minimum RN Supervisor?

Personal Care workers may be supervised by an RN, LPN, CNA or HHA. This provides options for direct supervision, however, if an LPN, CNA or HHA provide supervision, an RN must continue to provide administrative oversight.

An RN does not need to be involved in the training or supervision for workers providing Home Support only.

36) What are the current contract rates for personal care and home support?

The hourly rates vary from Provider to Provider and range from \$17.77 to \$23.64 for Home Support and \$19.52 to \$24.82 for Personal Care. Personal Care is paid at the rate of time and a half for holidays if prior approval from Care Management is granted. Please also note Question 13 below.

April 20, 2016

35) Because of the requirement stated in the RFP that direct care workers be paid \$12 per hour, I did not plan to submit a Proposal, so did not attend the mandatory Pre-Proposal Conference. Now that the requirement has been removed, however, I am interested in submitting. Can my agency submit a Proposal even though we did not attend the Conference?

Yes. In consideration of the requirement change, we will waive the mandatory attendance requirement. You are eligible to submit a Proposal even if you did not attend the Conference. However, please see Question 15 below and note that we still strongly recommend an hourly rate of at least \$12 for direct care workers.

Final Answers to Questions Addressed at Pre-Proposal Conference – April 20, 2016

34) Regarding the number of unduplicated older adults served: this is not limited to older adults in the OPTIONS program, correct? You could be providing services outside of the OPTIONS program and use that data, as well?

Correct, this number is not limited to older adults in the OPTIONS program.

33) We are unable to obtain the number of unduplicated older adults served in the home broken out by Personal Care, Home Support and Home Support. Can you help us get that information?

In order to maintain equity among Proposers we are unable to provide this information.

32) What exactly are you looking for in the Executive Summary part of the RFP? Should it be anonymous?

The Executive Summary is a one page summary of your proposal that highlights anything you want to address special attention to, while remaining anonymous.

31) If there are 10 agencies providing services in a given area how is the providing agency for a Participant selected?

When someone is referred to AAA, the Care Management agency will ask the Participant to list three providers by order of preference. The CM will then contact providers in that order.

30) Do Care Managers supervise caregivers? Is there a recommended ratio for the number of caregivers per care manager?

Care Managers do not supervise caregivers. Caregiver ratio is managed by the provider.

29) If a Proposal is disqualified, will the Proposer be notified?

Yes.

28) If a Proposer misses something minor in their Proposal or an item needs clarification, will that Proposer be disqualified, or will they be contacted?

There is a checklist provided for assembling your proposal. If an attachment is missing from the required attachments, the proposal will be disqualified. In terms of content, we will not disqualify a proposal because of a minor error or clarity issue. There is a possibility that we will reach out for more information if needed.

27) Can you please expand on the answer to the previous question to address backup workers?

Documentation in SAMS must demonstrate that a backup worker was offered to the participant 100% of the time in cases of unanticipated worker call off.

26) What is considered a refusal if we are mandated to accept 80% of participants?

The provider refusal (not initiated by the Participant) benchmark is: Over a three month period less than 80% of referrals are accepted by the Provider.

The definition of a Provider refusal is when the provider fails to document that at least three alternatives were offered (such as a different time, day or worker, etc.) to resolve an issue. Providers are required to assist in resolving these issues with a Participant and family.

While Participants on the Hard-to-Serve list are not included in the 80% benchmark, Providers are expected to work collaboratively with the County to serve as many Participants as possible. Failure to collaborate with the county on these points may jeopardize the contract.

25) Is the County considering models like the VA has in which participants authorize a certain number of units to be used per week/day rather than choosing the exact dates/times? If the participant is choosing the exact dates/times, is there negotiation involved?

The Pennsylvania Department of Aging strongly encourages Participants to choose their most preferred service dates and times when their Individualized Service Plans are developed. Negotiation is encouraged as needed.

24) Will the OPTIONS program allow a consumer reimbursement service or something of that nature? If so, is quality measured?

We do currently have a consumer reimbursement service program in OPTIONS. It is monitored for quality.

23) If we are not current providing services through the AAA, do we still fill out the chart on page 1 A 6 of the RFP Narrative Response form?

Yes. The chart reflects units you provided for In-Home Services to older adults, the number of unduplicated participants served in the home and the number of unduplicated older adults served. Your chart should reflect all participants served by your agency.

22) Will the Participant Choice List include the unit cost for the individual providers?

Yes.

21) How many agencies are you currently contracting with, and secondly, is the intent of this RFP to increase or decrease the number of providers?

We currently have 13 providers for Personal Care and Home Support. Our goal is neither to increase nor decrease. Our goal is to have quality providers.

20) If we have skilled home health services that partner with a non-medical caregiving company are we able to apply for the RFP?

Subcontracting requires the permission of the AAA Administrator. This can be considered on a case-by-case basis.

19) When you are considering the proposals, for current providers, will you be looking at their monitoring scores and/or history of service provision with the AAA, or will you be discounting that?

Proposals will be evaluated as submitted; there is no explicit score criterion for past AAA service. Additionally, per the RFP, Proposals will be reviewed anonymously. However, agencies should use their responses to the RFP questions to reflect their depth of knowledge and experience.

18) Is there any breakdown as to which geographic areas are highly populated with particular cultural groups and linguistics?

We are not able to provide a detailed breakdown at this time.

17) Can you provide some more guidance for completing the Unit Cost Analysis sheets?

The Unit Cost Analysis forms provided are for the breakout of the costs that make up the proposed unit rate.

Line Items 1 through 8 on the Unit Cost Analysis forms are for recording the costs of personnel and associated expenses for providing these specific activities.

Line 9 of the Unit Cost Analysis form is for the recording of Administrative Costs. Administrative Costs consist of the activities related to the general management of the agency which are needed for providing this program such as personnel and associated operational expenses for executive, management, legal and financial functions.

NOTE: Administrative Costs cannot exceed ten percent (10%) of the proposed total unit rate.

16) How do we construct a budget, and how is it different than the required Unit Cost Analysis sheets?

In-Home Care Services are contracted on a fee-for-service basis, so you only need to complete the Unit Cost Analysis sheets. You will not be required to submit a yearly budget. If you are awarded a contract under this RFP, AAA will prepare a pre-populated budget later on in the contracting process.

15) The County cannot be charged more than our private pay rate. In my private pay business staff pay starts at \$10/hr. Having to pay \$12/hr will cause problems and force me to be unable to participate. Is the County willing to reconsider this issue?

Yes. We are revising this requirement to instead be a strong recommendation, and have amended the RFP to reflect this change. However, it is extremely important for Proposers to consider paying over the current minimum standard of \$10/hour.

We recognize that salary is a key element of retention for workers, and the County will continue to require retention and stability of work force in our future scopes of service. For this reason, we strongly recommend, though not require, that proposers consider rates of \$12/hr or more. We strongly encourage proposers to state their workers' rates in the RFP responses submitted in addition to what is stated on the unit rate form.

14) If the rates I propose are too high, will I be disqualified?

AAA will review all submitted rates and determine a ceiling rate. If your proposed rate is higher than the ceiling, we may ask you to negotiate.

13) Will the County consider unit rates above \$20/hour?

As described in Question 11, below, Proposers should propose rates that reflect the cost of delivering services as stated in the RFP, without making presumptions based on current rates.

12) Currently there is a premium paid for some hard-to-serve clients. Do you anticipate that continuing and if so what kind of a rate?

No, we will not be continuing to pay a premium for hard-to-serve clients. Please see Question 11 below.

11) When we come up with a rate, are we allowed to come up with multiple rates to bill?

Proposers can submit one rate for each service proposed. The proposed rate should include what it will cost to deliver the services as stated in the RFP to all Participants.

10) Is the Care Manager a county employee and the primary contact for Providers?

OPTIONS Care Management is subcontracted with three agencies: Family Services, Life Span and Family Links. There are approximately 78 Care Managers and 13 Supervisors. They are the primary contacts for OPTIONS Providers.

9) Is the OPTIONS program going to be part of the MCO operative?

The MCO's may elect to serve some OPTIONS participants, but it is not known for certain at this time.

8) Is the Cover Page listed as a required attachment the cover page for the whole Proposal or just for the attachments?

It is the cover page to your Proposal.

7) How does billing work for the three services: Personal Care, Chore and Home Support Housekeeping?

The Care Manager orders all of the services. Billing is done by the Provider on a monthly basis through rosters in the SAMS database. These three services are all separate rates established within the SAMS database.

April 12, 2016

6) The Scopes of Service attached to the RFP (Appendix A) reference the AAA Emergency Plan, accessible through the Allegheny Aging Portal. My agency is not a current provider / does not have a login for the Portal. How may I view this document?

The Emergency Plan is now attached to this Q&A document so that all Proposers may view it.

5) My organization is a franchise of a larger agency. Under our contract with the home office, we are only permitted to serve one of the geographic services areas. Are we barred from submitting a Proposal under this RFP?

All Proposals submitted under this RFP must include at least two of the three geographic service areas. However, multiple agencies or franchisees may collaborate and submit a joint proposal that meets all of the requirements outlined in the RFP.

April 7, 2016

4) How long is the mandatory Pre-Proposal Conference expected to last?

The conference will begin promptly at 8:30 a.m. and last until about 12 p.m.

March 31, 2016

3) Will there be a conference line available for the mandatory Pre-Proposal Conference on April 14?

No. Any organization who wishes to submit a Proposal in response to this RFP, including current Providers, must have a representative attend the Pre-Proposal Conference in person. Please email DHSProposals@alleghenycounty.us by April 7 to indicate that your organization will attend.

If you do not attend the conference in person, you will not be eligible to submit a Proposal in response to this RFP.

March 24, 2016

2) To clarify, do current Providers need to submit Proposals in response to this RFP?

Yes, all current Providers of OPTIONS Personal Care, Home Support and Home Health services must submit Proposals. Please see Question 1 below for information on how this RFP will impact current contracts.

March 14, 2016

1) How will the In-Home Services Request for Proposals (RFP) impact the FY 16-17 contracts for current In-Home Services Providers?

- (1) For current Providers of *only Aging Personal Care and/or Home Support and/or Home Health Services*:

A contract amendment will be done to extend the current FY 15-16 contract until October 31, 2016. Current rates will be carried over and a new allocation will be added for the four month time period. Services will continue under the current FY 15-16 Scopes of Service.

For any current Provider who is a Successful Proposer, the contract extension will be end-dated for September 30, 2016 and a new FY 16-17 contract to begin October 1st will be processed. The new Scopes of Service take effect October 1st.

For unsuccessful Proposers, the month of October will be the period to transition participants to Successful Proposers as the extended contract will not be renewed or extended past October 31st.

- (2) For current Providers *who provide any other DHS services or any Aging services in addition to Personal Care and/or Home Support and/or Home Health Services*:

A new FY 16-17 will be offered in the usual annual process but all Personal Care, Home Support and Home Health services and allocations will be limited to the period of July 1 – October 31, 2016.

For any current Provider who is a successful Proposer, a FY 16-17 contract amendment will be done to end-date the current rates as of September 30, 2016 and new rates and allocations will be added for the period of October 1, 2016 – June 30, 2017.

For unsuccessful Proposers, the month of October will be the period to transition participants to Successful Proposers as the applicable RFP services will not be renewed or extended past October 31st.

Amendments

April 20, 2016

- On page 12 of the RFP, we changed the following language relating to the revised requirement that direct care workers be paid a minimum of \$12/hour:

NOTE: For purposes of constructing the unit cost quote, **we strongly recommend that Proposers pay** direct care workers ~~are to be paid~~ a minimum of \$12 per hour (base rate), not including benefits.

- We removed references to the \$12/hour requirement from Appendix A (Scopes of Service). Previously this requirement was listed on page 35 and page 51 of the RFP.

Emergency Response Plan



Allegheny County Department of Human Services

AREA AGENCY ON AGING

2100 Wharton Street

2nd Floor

Pittsburgh, PA 15203

412-350-4234

Updated September, 2015

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Emergency Response Plan

Department of Human Services/Area Agency on Aging (DHS/AAA)

I. Introduction

Originating Parties. This Emergency Response Plan was developed and is maintained by the Area Agency on Aging (DHS/AAA), a program office of the Allegheny County Department of Human Services (DHS). The DHS/AAA plan is a constituent part of the overall DHS Emergency Response Plan.

Purpose. This Emergency Response Plan summarizes the organizational and procedural measures to be taken by the DHS/AAA and its providers to safeguard older adults in Allegheny County during an emergency. (In the context of this plan, the terms “participants” or “older adults” refer generally to ALL county residents, 60 years of age and older, not only registered participants of DHS/AAA services.)

The purpose of the plan is to provide for timely, effective emergency response by the DHS/AAA and its providers to the needs of older adults with all available and appropriate resources, including close coordination with the DHS/AAA Emergency Management Coordinator and DHS/Office of Community Relations.

This plan cannot and is not intended to cover all circumstances arising during an emergency. It is intended as a general guide and source of information for aging network staff to plan and make decisions in emergencies. As such, this plan is no substitute for the display of qualities such as initiative, compassion, responsiveness and common sense by DHS/AAA and provider staff in seeing to the safety and well-being of older adults under unusual and difficult circumstances.

Goals. The goals of this plan are to define and build into the “culture” of the DHS/AAA, its providers and participants the importance of being prepared for and responding to emergencies in a consistent and coordinated manner. The goals are:

- Foster an approach to emergencies among older adults that is characterized by personal preparedness and self-sufficiency.
- Develop specific procedures and general strategies for the DHS/AAA and its providers that enhance mutual understanding of responsibilities and consistent, coordinated response to emergencies across the aging services network.
- Establish clear patterns of coordination with county and community-based emergency management resources to maximize the effectiveness of the plan.

DHS/AAA and Provider Participation in Emergency Response. The DHS/AAA and its providers may be asked to join other human service organizations in responding to general or localized emergencies affecting a wide range of individuals, including but not limited to older adults. At other times, the DHS/AAA and its providers may be asked to respond to individual cases of need involving older adults, which may be made at any time by calling **412-350-6905**. The Care Management unit responds to individual cases of need during normal DHS/AAA office hours; the Protective Services unit responds after normal office hours. The procedures for responding to general or individual cases of need are applied without distinction to both registered DHS/AAA participants and other older adults.

DHS/AAA and provider participation may also include serving at local and central disaster relief centers operated by the Red Cross, the county's Office of Emergency Management, local municipalities or first responders. When emergencies involving older adults occur at or near a provider site, the provider should take the initiative to provide immediate, appropriate support,

as needed, and advise the DHS/AAA of the status of the emergency and the affected participants.

Conditions of Service and Coordination. Provider staff will be asked to serve as partners, not as first-responders, when their participation is appropriate and beneficial to the relief effort. Provider administrators may decline to participate if the circumstances of the emergency, in their estimation, pose a threat to the health or safety of their staff, or if the demands of the situation are beyond their capacity. In cases where the emergency response is being coordinated by DHS or other authorities, DHS/AAA and provider staff will be asked to serve under their direction and as a part of the overall effort. Similarly, the response efforts of local municipal authorities and first-responders in their areas take precedence over those of DHS/AAA, which will cooperate and comply with the local operations.

Distribution. A current, updated copy of this plan will be distributed to DHS/AAA staff, providers, and DHS Emergency Response and DHS/Office of Community Relations contacts. Staff should have a paper copy when in the field, in the event that emergency conditions preclude electronic access. A current copy will also be maintained on the Allegheny Aging Portal at <https://allegheny.agingsupportportal.com>.

Evaluation and Updates. The DHS/AAA will review and update the Emergency Response Plan at least annually and as needed. The effective date of this current edition of the plan is June, 2015; the next updated edition will be in June, 2016. Any proposed revisions during and between annual review periods should be directed to the DHS/AAA Older Adult Protective Services.

II. Communications

The DHS/AAA and its providers will use phone and e-mail as the primary means of individual communications during emergencies. (See Appendices A & B for DHS/AAA and provider contact information.) For general public communications, the DHS/AAA Administrator or delegate will work directly with the DHS/Office of Community Relations (OCR) to coordinate all information that is communicated before, during and immediately after an emergency.

News releases to media will be disseminated through the DHS/OCR, which will ensure that information is provided to specialized media for participants with visual and hearing disabilities. DHS/AAA-related news releases and updates will be posted under “Emergency Updates” in the DHS/AAA section of the DHS website (see address, below) following media release.

General information and updates on aging network facilities, operations and services will be coordinated by the DHS/AAA Information and Assistance unit at the following central points of contact:

- **Postings** in the DHS/AAA section of the DHS website under “Emergency Updates” at <http://www.alleghenycounty.us/dhs/olderadults/asp>.
- **Hotline**—For recorded emergency information, as needed: **412-350-5097**.

Phone calls for emergency or non-emergency assistance to the DHS/AAA during normal business hours should be made to the SeniorLine at **412-350-5460**. Calls after normal office hours should be made to **412-350-4234**, which will be routed automatically to the Protective Services emergency line for follow-up.

III. Provider Preparedness

DHS/AAA-Provider Coordination. To prepare for coordinated emergency response by the aging services network, it is essential that DHS/AAA expectations and provider understanding of responsibilities are mutually agreed upon and clearly communicated. For this reason, all contracted DHS/AAA providers must submit detailed emergency response plans as part of the

annual contracting process. While plans will vary among providers based on size, organizational structure, services provided and other factors, they must contain specific information and procedures in planning and action areas that enhance consistency and coordination of response throughout the network. Thus, all provider plans should address, at a minimum, the following points:

- 1. Activation Procedure.** For severe weather, flooding, power outages and other emergencies for which advanced warning is possible, select a pre-determined criterion or announcement (e.g., issuance of a severe weather or flood warning) as the signal to activate preparations before the actual onset of an emergency.

The DHS/AAA will issue electronic activation notices to all service providers for network-wide emergencies.

- 2. Emergency Coordinator and Center.** Designate a central communications location and coordinator or spokesperson for DHS/AAA-related services to be the single point of contact through whom all information will be directed, cleared and disseminated by the provider during an emergency. Provide office, fax and cell phone numbers, and an e-mail address for this person. This contact person should be accessible at all hours during an emergency.

- 3. Communications/Internal.** Prepare, update regularly and distribute to all staff a contact list of all personnel that indicates office and cell phone numbers, e-mail addresses, and the sequence by which contacts are to originate and move through the organization (e.g., supervisory groups, e-mail distribution lists, speed dial phone lists).

Providers must also designate those staff or staff functions that are considered to be “essential” in an emergency.

4. Communications/External. Prepare, update regularly and distribute to all relevant staff a contact list with phone numbers, e-mail addresses and web sites of local (municipal) and county resources that provide emergency assistance or coordination. At a minimum, the list should include the following:

- Local (municipal): Police, fire department, emergency medical service, emergency management coordinator, and mayor or municipal manager. NOTE: During an emergency, it is important to regularly check the web sites of municipalities in which your facilities and participants are located for up-to-date information, resources and directives.
- County: The cell and office phone numbers, and e-mail addresses of the primary program-related contacts for your agency at the DHS/AAA, and the phone number of the county’s Emergency Management Operations Center **(412-473-2550)**.
- Mass Communications: Newspapers (city and local/regional), radio and television stations, public access channels on cable television for posting public service announcements, channels with services for those with hearing and visual disabilities, provider number for recorded phone messages and provider website address for postings.
- Service and Community Organizations: Local groups that can mobilize volunteer personnel and services to address the special needs of your organization or participants (e.g., snow shoveling, home deliveries). Some prospects with whom you might partner are high school or faith groups, community youth organizations and civic or service associations.

- 5. Communications/Participants.** Prepare, update regularly and provide electronic access to all staff with participant care responsibilities, a list of all participants who are to be contacted, from highest to lowest priority groups, before, during and after an emergency to determine and address their ongoing needs. In addition, individual providers have the discretion and responsibility to ensure that care managers have an alternative means of access (e.g., paper lists, etc.) to participant data that is fully HIPAA-compliant, in the event that electronic access is not possible in an emergency.

- 6. Service-based Contingency Plans.** Provide specific plans and procedures for provision of services during an emergency when the following situations arise: facilities are open but may not be easily accessible to all participants, facilities are closed and when normal service operations are reduced or interrupted. The procedures should explain the staffing, resources and specific means by which the provider will monitor the well-being of participants and address essential needs (e.g., food for congregate meal and home delivered meal participants, in-home services, participants requiring medications or having special medical conditions) during disruption of normal operations.

- 7. Approval for Emergency Expenses and Needs.** Determine procedures for requesting DHS/AAA approval of emergency expenses so that providers can differentiate in advance those costs over which they have sole discretion and those for which they should seek prior DHS/AAA approval, if time permits.

8. Readiness for Emergency Response. Present a plan for emphasizing the importance of emergency preparedness among both provider staff and participants to maximize the effectiveness of emergency response operations. At a minimum, the plan should include the following:

- Annual training, specialized training, and written guidelines on staff responsibilities and actions in an emergency. Specialized training would include information and training to assist participants with filing insurance claims.
- Training and clear statement of responsibilities for Care Management and Senior Center staff in raising the level of personal readiness and responsibility among participants by assuring that they develop individual emergency plans, stock their homes with emergency supplies and have emergency planning information (e.g., flood insurance) on hand.

IV. Participant Preparedness

Individual Emergency Plans/Self-sufficiency Items. Many older adults expect prompt assistance from first-responders in an emergency. However, they should be encouraged and helped in developing, in advance, a personal emergency plan in the event that immediate assistance may not be available. Care managers should review the suggested elements of an individual emergency plan and self-sufficiency items (See Appendices C & D) with their participants and caregivers to assess their state of readiness, identify specific needs, help them to develop individualized plans and gather emergency survival materials.

Participant Preparedness/Promoting General Awareness. The DHS/AAA will promote awareness of emergency response preparation and planning for participants through the following general initiatives.

- Publication of emergency preparedness information in current publications and the *Allegheny County Senior Resource Guide*, as well as postings in the DHS/AAA section of the DHS website.
- Copies Appendix B for information on developing a personal emergency plan and assembling emergency supplies for distribution to providers, participants and caregivers.
- Emergency phone numbers, in a condensed format (e.g., refrigerator magnet, phone sticker), for participants and caregivers to request assistance from local community resources (police, fire, ambulance/EMS, etc.).

V. DHS/AAA Staff Preparedness

Coordination. The demands of organizing and preparing DHS/AAA staff for emergency response are different and broader in scope from those of providers. The DHS/AAA should coordinate its actions with the entire provider network and across all program areas. As a program office of DHS and unit of county government, the DHS/AAA should also work in concert with authorities, such as DHS, the Allegheny County Office of Emergency Management and Red Cross, that have primary responsibility for coordinating large-scale relief efforts in the county.

DHS/AAA Staff Organization. The DHS/AAA Emergency Response Coordinator or the Administrator receives initial notification of an emergency and contacts the Deputy Administrators and Division Chiefs (DC's). DHS/AAA staff is organized under their respective Division Chiefs, who have the following preparations in place.

- **Division Staff Contact Lists.** DC's will ensure that a complete Division contact list is up to date and available for all Division staff in electronic and paper forms at all times. The list will indicate office and cell phone numbers, and e-mail addresses.
- **DC Contact Information.** DC's will ensure that the contact information by which they can be reached is available in paper and electronic form for DHS/AAA management team members, emergency response staff and provider contacts who direct programs for which the DC's are responsible.
- **Notification/Activation Plan.** DC's will develop and share with their Division personnel the notification plan for activation of emergency operations. The plan should clearly outline the structure and sequence of notifications so that staff know who will contact them, who they should contact with questions or concerns and what follow-up steps should be taken in cases where a staff member cannot be reached.
- **Staff Deployment.** DC's will develop a deployment plan to indicate individual staff assignments, based on type of emergency. The plan should clearly designate "essential" staff (i.e., those with direct participant care or contact duties) and "non-essential staff" (i.e., those performing support functions).

Priority of Participant Contacts. Once the DHS/AAA and providers have been alerted to an emergency, the process of contacting participants will begin. To ensure timeliness of response for at-risk participant groups and minimize duplication of effort as much as possible, the DHS/AAA and providers will generally adhere to a prioritized order of phone contacts, based on the level of participant need. (See table on the next page.)

- **PRIORITY I**—All care-managed participants (i.e., Emergency Homebound, OPTIONS, Aging Waiver, Nursing Home Transition, Dom Care, Protective Services and Guardianship) will be contacted by their assigned care managers, or designees, in every emergency affecting the area where they live to determine their well-being and any special needs.
- **PRIORITY II**—Non-care-managed participants will be contacted by DHS/AAA or provider staff in an emergency affecting the area where they live, based on their anticipated level of need (e.g., living alone or without responsible caregivers, HDM only recipients, having special needs, Senior Companions participants with special needs, etc.) and the nature or impact of the emergency.
- It is probably unavoidable and acceptable that some participants will receive more than one call, as long as the calls have different purposes (e.g., a call from a care manager about their general well-being and another from their adult day care provider to indicate closure of the facility.)

<i>Priority</i>	<i>Participant Group</i>	<i>Called by</i>	<i>Purpose</i>
Priority I	1—Emergency Homebound Participants	Assigned Care Managers	Check on well-being and special needs
	2—All Other Care-managed Participants	Assigned Care Managers	Check on well-being and special needs

Priority II	3—Home Delivered Meal Participants	HDM Providers	Suspend or change delivery schedule, check on well-being
	4—Senior Center Participants (those without supports, with special needs or other concerns)	Senior Center Providers	Check on well-being and special needs
	5—Adult Day Service Participants	ADS Provider	Indicate facility closure
	6—In-Home Service Participants	IHS Providers	Suspend or change service schedule
	7—Senior Companion Participants	Senior Companions	Suspend regular visits until further notice

In making participant contacts, all staff should follow these basic procedures:

- Work from a basic set of questions (Appendix E) to ensure complete and consistent information, minimize the possibility of missing something important and keep calls as brief and focused as possible.
- Determine the overall well-being and safety of the participant first.
- Determine any basic or specific needs, and how to address them.
- Report participant needs clearly and promptly for timely follow-up.

DHS/AAA Staff Training. Emergency response training for DHS/AAA staff will be organized at three levels to ensure agency-wide and Division-specific preparedness. (Providers are responsible for training their own staff; see point #8, page 8.)

- New Staff: All new staff will have general emergency response training as part of their new employee orientation.

- Annual Training: Refresher training on general aspects of emergency response will be conducted annually for all staff and when changes are made to the plan.
- Division Training: Individual Divisions will design and implement Division-specific training which focuses on the nature of their services, the needs of their participants and coordination with other Divisions.
- Providers: Expectations and responsibilities of providers in emergencies will be reinforced at provider meetings.
- Post-emergency: Debriefings will be held with DHS/AAA and provider staff to identify follow-up issues, lessons learned and updates to the plan.

VI. Care Management

The safety and well-being of vulnerable and homebound participants is the DHS/AAA's top priority in an emergency. National disasters have shown that casualties and injuries among these older adults, particularly those living alone or in poverty, are likely to be disproportionately higher than those for other population groups.

Emergency Homebound Participants List (Priority I/Group 1). Aging Waiver and OPTIONS Care Management staff maintains a master list of participants considered to be at high risk in an emergency. The list is updated electronically in the DHS/AAA's SAMS data base as changes occur and may be downloaded by care managers at provider agencies, and the DHS/AAA Divisions of Care Coordination, Community Based & Entry, Prevention, and Performance & Innovation. These participants have top priority for contacts by care managers to determine their well-being and needs in an emergency.

Care Management Participants (PRIORITY I/Group 2). DHS/AAA and provider care managers have other care-managed participants at the PRIORITY I level. Care managers will be alerted to the onset of an emergency situation by their respective supervisors. Care managers should take the following steps with their care-managed participants prior to, during and after an emergency.

- **Access to participant lists.** Care managers are to have electronic access to their participant lists at both the office and home, in the event of office closure or inaccessibility. In addition, providers have the discretion and responsibility to ensure that care managers have an alternative means of access (e.g., paper lists, etc.) to participant data that is fully HIPAA-compliant, in the event that electronic access is not possible.
- **Standard Questions.** In making contacts, care managers should work from a standard set of questions (Appendix E) to ensure complete and consistent information, minimize the possibility of missing something important and keep calls as brief and focused as possible.
- **Basic Needs.** Care managers should begin by determining the well-being of each participant in three basic areas: 1.) health or medical stability; 2.) safety and accessibility of their location and 3) presence of, or access to, a responsible caregiver.
- **Critical Needs.** Care managers should also identify and address needs that are critical to the safety and well-being of participants in their homes: 1.) utilities (gas, electricity, water); 2.) food and water; 3.) building Integrity (i.e., damage or threats to the home that endanger the occupants); 4.) special medical needs (e.g., life-sustaining medications, electrically powered medical equipment, supplies such as insulin and oxygen, and services such as dialysis or health monitoring); and 5.) mental health or emotional issues.

Care managers should also pay special attention to the well-being of participants who 1.) are 75 years of age or older, 2.) live alone or without a responsible caregiver, and have no social supports, or 3.) have mobility issues.

- Addressing Critical Needs. Once the care manager has identified participant needs, he/she must draw on the appropriate internal or external resources to address them (e.g., in-home providers, senior center meals, shelf-stable meals, home-delivered meals or emergency meal boxes, medical equipment or supply providers, emergency personnel).
- Floods. In the event of flooding, the care managers should look to the needs of participants with special conditions or needs, particularly those who require assistance to remain in their homes or be evacuated. Care managers should work closely with caregivers and community first-responders to address the needs of these participants.
- Evacuation. In cases of evacuation, the care manager will work with the participant and caregiver to identify specific needs and placement options. The care manager can also arrange for emergency transportation, when needed. If the participant has no other place to stay, the care manager may have to arrange for temporary shelter. Procedures for emergency sheltering are provided in Appendix F.
- Special Transportation Needs. For participants with physical, medical or mobility issues, the care manager may have to arrange for special transportation resources (e.g., wheelchair van, EMS ambulance service).

VII. Community-Based Provider Services and Facilities

➤ SENIOR COMMUNITY CENTERS (SCC):

SCC/Closure Decisions. Unless a general order for facility closures has been issued by the Allegheny County Emergency Management Office, individual senior center providers have the

discretion to close, adjust hours or remain open in an emergency, even if meal deliveries and transportation have been cancelled. When meal deliveries or transportation have been suspended to all centers, the DHS/AAA Community Based & Entry Division Senior Center Wellness Program Manager places a message to this effect on voice mail (**412-350-4032**) that providers may consult before making their decisions.

SCC/Closure Notifications. Providers, who are deciding whether to remain open, adjust hours or close should use the following procedures:

- Assess the nature, severity and duration of the situation in terms of participants' ability to get to the center safely and the provider's capacity to provide adequate services (e.g., food, utilities, sufficient staff, and transportation).
- If the provider decides to close or adjust hours, advise the Community Based & Entry Division Chief or designee of their decision, and its contingency plans for determining and responding to critical needs of participants.
- Notify the following four contacts of their closure or adjusted hours. If the provider does not speak directly to each contact when placing the initial phone call, they must request and receive a person-to-person response (return phone call or e-mail) confirming receipt of their message from each contact.

(1) The Community Based & Entry Division Chief or designee or e-mail

Aging-CommunityBased&Entry@alleghenycounty.us.

(2) The Information and Assistance Unit at the SeniorLine number **412-350-5460** or e-mail seniorline@alleghenycounty.us.

(3) ACCESS Transportation Systems to cancel any pre-scheduled participant transportation for the day at **412-562-5353**, if transportation has not already been suspended system-wide; and

(4) Food Service Provider to cancel food deliveries.

- Activate internal and external communications plans to coordinate staffing needs, and supply information on their adjusted hours or closures and other related participant service information.
- Activate contingency plans for serving participants with needs during a closure.

SCC/Sheltering of Participants. If an emergency situation necessitates that participants be relocated temporarily from their homes, some senior centers may be asked to provide short-term temporary shelter or other services. In some cases, the centers may provide extended hours of operation (e.g., to provide relief during periods of extreme heat or cold). In extraordinary cases, the centers may be asked to provide sheltering overnight or for multiple days.

The nature of the emergency, its extent or impact (i.e., whether it is localized or widespread), its severity and its projected duration are factors for determining which or how many centers will be designated as temporary shelters, which types of services they will provide and for how long. ACCESS Transportation Systems will provide emergency transportation to and from centers for participants, as needed. Emergencies involving evacuation and sheltering of more than DHS/AAA participants or beyond the capabilities of providers will be coordinated through DHS, the Red Cross or Allegheny County Office of Emergency Management.

SCC/Shelter Preparedness. Since some DHS/AAA senior community centers may be asked to provide shelter to participants, they should maintain an ongoing level of emergency preparedness. For example, although DHS/AAA food service providers can provide extra quantities of food on short notice to senior centers in emergencies, the centers should also maintain supplies of water and non-perishable food, in case deliveries are not possible during an emergency. In addition, a limited supply of emergency boxes (short-term survival items), shelf-stable meals and emergency survival kits for use in certain types of emergencies are maintained at the DHS/AAA offices, care management agencies and some senior centers; a list of these sites is provided in Appendix G.

Emergency supplies. Providers should work with the DHS/AAA Community Based & Entry Division to secure the following items for an emergency through county vendors or the DHS/Emergency Management Office, and maintain adequate supplies on hand:

- Fully stocked first-aid kits and general medical supplies
- Supplementary, portable lighting (non-electrically powered)
- Non-electrical power-generating equipment (e.g., batteries, gasoline-powered generators)
- Personal sanitation supplies
- Communications equipment (e.g., walkie-talkies, cell phones, televisions, battery-operated radios, PCs with Internet and e-mail capabilities, NOAA weather radios)
- Additional seating or furniture
- Warming or cooling devices (e.g., fans, blankets)
- Bedding and bedding materials
- Bulk food supplies and bottles water

Agencies providing multiple services should coordinate the use of resources across their agency.

➤ **HOME-DELIVERED MEALS (HDM):**

HDM/Interruption of Normal Services. HDM providers should follow these procedures in an emergency:

- Assess the nature and impact of the emergency to determine if the meal provider can make deliveries and, if so, if it is safe or possible to continue normal delivery of home-delivered meals to participants.
- If normal deliveries are suspended, contact participants, explain the delivery situation and assess their needs for the foreseeable duration of the emergency.
- Activate their contingency meal delivery plans, based on the needs determined by their contacts with participants.
- Notify the DHS/AAA Community Based & Entry Division Nutrition Program Manager or e-mail Aging-CommunityBased&Entry@alleghenycounty.us of their decision to suspend normal HDM delivery operations, and explain the details of their contingency delivery operations so that the caregivers and care managers of affected participants can be notified by the appropriate DHS/AAA DC's.
- If the provider does not speak directly to the DHS/AAA program contact when placing the initial notification call, they must request and receive a person-to-person response (e.g., return phone call or e-mail) confirming receipt of their message from the contact.

➤ **ADULT DAY SERVICES (ADS):**

ADS/Closure Decisions. Unless a general order for facility closures has been issued through the Allegheny County Emergency Management Office, individual ADS's have the option to close, adjust hours or remain open in an emergency, even if meal deliveries and transportation have been cancelled. When meal deliveries or transportation have been suspended to all ADSs,

the DHS/AAA Care Coordination Division Chief places a message to this effect on voice mail **(412-350-4336)** that ADSs may consult before making their individual decisions.

ADS/Closure Notifications. ADS providers, who are deciding whether to remain open, adjust hours or close should take the following steps.

- Assess the nature, severity and duration of the situation in terms of its effect on the ability of vulnerable participants to be transported to the ADS safely and the ADS's capacity to provide adequate services (e.g., food, utilities, sufficient staff, and transportation).
- If the provider decides to close or adjust hours, advise the DHS/AAA Care Coordination Division Chief or designee of their decision and its contingency plans for determining and responding to the needs of participants.
- Notify the following four contacts of their closure or adjusted hours. If the provider does not speak directly to each of the contacts when placing the initial phone call, they must request and receive a person-to-person response (return phone call or e-mail) confirming receipt of their message from each contact.
 - (1) The DHS/AAA Care Coordination Division Chief or designee.
 - (2) The DHS/AAA Information and Assistance Unit at the SeniorLine **(412-350-5460)** or e-mail at seniorline@allegHENYcounty.us.
 - (3) ACCESS Transportation Systems at **412-562-5353** to cancel any pre-scheduled transportation for the day, if transportation has not already been suspended system-wide; and
 - (4) Food Service Provider to cancel food deliveries.
- Activate internal and external communication plans to supply information on their closure or adjusted hours and other related participant service information.

- Activate contingency plans for serving participants with needs during their closure.

➤ **IN-HOME SERVICES (IHS):**

IHS/Interruption of Service Decisions. Individual in-home service providers have the option to continue, adjust or suspend services to participants in an emergency, based on their individual evaluation of the situation.

IHS/Interruption of Service Notifications. Providers who are deciding whether or not to suspend or adjust services should take the following steps:

- Assess the nature, severity and duration of the situation in terms of its effect on the ability of their workers to travel safely to their participants.
- Assess the impact on their participants, on a case by case basis, of a suspension or adjustment of services, and classify them by their priority of need.
- If the provider decides to suspend or adjust services, advise the DHS/AAA Care Coordination Division Chief or designee of their decision, and contingency plans for determining and responding to participants with critical needs so that coordination with the care managers of affected participants can occur. The care managers of participants affected by the service suspension or adjustment will be notified through their Division Chiefs.
- Activate communications plans to supply information to their workers and participants on the suspension or adjustment and related participant information.
- Activate contingency plans for serving participants with critical needs.

➤ **DHS/AAA VOLUNTEERS (Ombudsmen and Senior Companions)**

DHS/AAA Volunteers/Interruption of Services. The Division Chiefs (DC's) for Prevention and Care Coordination should ensure that volunteers in the Ombudsman and Senior Companions Programs, respectively, are ready to serve in an emergency. The two Divisions should train volunteers so that they are prepared for the situations and needs likely to arise among older adults in emergencies. This training should also enable volunteers to determine, in advance of an emergency, if participants have a workable personal emergency plan and adequate emergency supplies.

DHS/AAA Volunteers/Use of Volunteers. At the onset of an emergency, the DC's should evaluate the following in deciding on deployment of volunteers:

- Confirm from the outset the personal well-being and ability of volunteers to serve in terms of the specific emergency's impact on them.
- Assess the nature, severity and duration of the situation in terms of its effect on the ability and safety of volunteers to provide services, including travel.
- Assess the impact on participants, on a case-by-case basis, of a suspension of service, and prioritize them by their level of need.
- In cases where the impact on participants would be significant, the DC's should notify and work with the participant's care manager to address the participant's needs in the absence of the volunteer.
- The DC's should arrange for notification of all participants who will be affected by the suspension of volunteer services.
- Consider shifting the normal visiting routine of volunteers to checking on the well-being of their participants by phone or e-mail during the emergency.

- Consider using volunteers in other capacities during the recovery period, such as staffing phone banks, assembling aid packages and assisting participants with appropriate tasks to restore their homes.
- Ensure that volunteers have access to the same resources and assistance available to other participants during the recovery.

➤ **EMERGENCY TRANSPORTATION (ET)**

ET/Introduction. The DHS/AAA provides transportation services through its contractor, ACCESS Transportation Services, Inc., for emergency situations affecting participants and individual cases of need involving DHS/AAA participants and non-DHS/AAA individuals. ACCESS can provide emergency transportation on short notice, 24 hours a day, seven days a week. In emergency situations where groups of older adults are to be transported to temporary shelters or medical facilities, the Prevention Division, Community Based & Entry Division and Protective Services Unit coordinate emergency transportation arrangements with ACCESS during normal office hours; Protective Services coordinates arrangements outside of normal office hours. ACCESS must notify the DHS/AAA of decisions to suspend or curtail service due to an emergency. ACCESS may also adjust current services or provide additional services, based on the nature of the emergency, travel conditions and participant needs.

ET/Contact Information. ACCESS may be reached at the following numbers:

- **412-562-5353** during normal business hours (Weekdays, 8:00 a.m.-5:00 p.m.)
- **412-381-7320** for after-hours calls (5:01 p.m.-7:59 a.m., weekdays, and all day on weekends and holidays)

- **NOTE:** ACCESS is not an ambulance service and is not staffed with emergency medical technicians. An emergency medical service should be contacted for older adults with acute medical needs.

VIII. Recovery Operations

Participant Well-being. The primary considerations for DHS/AAA and provider recovery operations are the well-being and safety of participants. Care managers are responsible for maintaining contact with their assigned participants, determining their personal conditions (including emotional state) and needs, identifying available community resources to address specific needs, and helping participants to re-establish their daily living and support functions as soon as possible. Special attention should be directed to participants without family or other support networks, those with special needs and those who were at high risk in the emergency.

Returning from Evacuation. Participants whose homes have been compromised by the emergency may need the support of their care managers to find temporary or permanent housing. The care manager should assist the participants and caregiver in determining when, or if, it is safe for participants to return to their homes by consulting with those who are knowledgeable in home safety evaluation. Some of the primary resources and considerations to be evaluated in determining if a home is safe and able to be re-occupied include:

- Utilities (gas, electric, water)
- Electrical wiring and outlets
- Roofs, foundations, basements, walls, chimneys, structural integrity
- Appliances
- Water and sewage systems
- Safe access (steps, doors)

- Heating and cooling systems
- Food and other perishable supplies
- Debris, water damage, pollutants, mold and soiling
- Overall community safety

Care managers should ensure that their participants file claims with their home insurance carrier and avail themselves of emergency assistance through disaster recovery centers.

Throughout the recovery process, care managers should maintain records to track the status of participant needs and how they are addressed.

Re-opening Facilities and Resuming Services. The DHS/AAA and its providers will assess their operational status at the end of an emergency to determine the actions and time required to resume partial or normal services for participants, with or without the benefit of re-opened facilities. During this phase, it is also vital that providers initiate and maintain communication with staff, participants, caregivers, community stakeholders and appropriate DHS/AAA Division chiefs.

Before a provider is ready to welcome back its participants, it should, at a minimum, take the following basic steps.

- Ensure that all vital participant services are re-established (e.g., transportation, meal deliveries, home-delivered meals, adult day services, etc.),
- Ensure that operating systems and conditions in their facility are safe and in working order (e.g., utilities, heating and cooling, appliances, sanitation, structural integrity, etc.)
- In cases where cleaning or decontamination of facilities is required, the provider must secure the services of a licensed contractor.

Once these steps have been taken, the provider should take the following actions:

- Communicate with staff to coordinate scheduling and responsibilities for any special start-up functions.
- Contact participants individually to advise them of when normal operations will begin and to encourage their return.
- Activate external communications to publicly announce the resumption of normal operations.

Revised/Current—September 2015

(Original Edition Prepared—September 2010)

EMERGENCY RESPONSE PLAN APPENDICES

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Appendix A: AAA Staff Emergency Contact Directory

AAA Primary Emergency Response Contact

<i>Name</i>	<i>Position</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Addresses</i>
Donald Grant	Supervisor, Protective Services	412-670-5075 (c)	412-350-6906	donald.grant@alleghenycounty.us

AAA Administrative Team Members

Mildred Morrison	Administrator	412-736-8637 (c)	412-350-4238	mildred.morrison@alleghenycounty.us
Darlene Burlazzi	Deputy Administrator	412-298-4396 (c)	412-350-4063	darlene.burlazzi@alleghenycounty.us
Kurt Emmerling	Deputy Administrator	412-225-6329 (c)	412-350-4697	kurt.emmerling@alleghenycounty.us
Carol Brackett	Division Chief, Prevention	412-589-0238 (c)	412-350-4241	carol.brackett@alleghenycounty.us
Carolyn Galvin	Division Chief, Community Based & Entry	412-225-6326 (c)	412-350-4088	carolyn.galvin@alleghenycounty.us
Kimberly Hall	Division Chief, Care Coordination	412-298-4714 (c)	(412) 350-5165	kimberly.hall@alleghenycounty.us

DHS Emergency Response Contact

Jamie Regan	Administrator, Human Resources	412-350-5763	jamie.regan@allegHENYcounty.us
Karen Blumen	Deputy Administrator, DHS/Office of Community Relations	412-350-5707	karen.blumen@allegHENYcounty.us

Appendix B: Community-Based Service Provider Staff Directory

OPTIONS Care Management Providers

<i>Provider</i>	<i>Contact</i>	<i>Cell (Home) Phones</i>	<i>Work Phones</i>	<i>E-Mail/Addresses</i>
Familylinks	Lisa Evans	412-491-2877	412-924-0399	levans@familylinks.org
	Corey Elliot	412-480-6655	412-924-0420	celliot@familylinks.org
	Lynda Tyri	412-480-5171	412-924-0402	lyri@familylinks.org
	Jennifer Spencer	412-491-2675	412-924-0395	jspencer@familylinks.org
	Sylvia Labuskes	412-480-7627	412-924-0424	slabuskes@familylinks.org
Family Services of Western Pennsylvania	Daniel Pellis	412-789-4146	412-345-7425	crilind@fswp.org
	Karon Campbell	412-295-7082	412-345-7425	campbellk@fswp.org
	Valerie Cupps	412-627-3785	412-345-7425	glausl@fswp.org
	Joe Aul	412-480-4829	412-345-7425	aulj@fswp.org
LifeSpan, Inc.	Mike Dunn	412-670-9807	412-464-1300, x145	mdunn@lifespanpa.org
	Zarin Balaporia	412-670-9802	412-464-1300, x148	zbalaporia@lifespanpa.org
	Beth Pettiford	4412-670-3025	412-464-1300, x109	bpettiford@lifespanpa.org
	Jessyka Russell	412-670-9817	412-464-1300, x142	jrussell@lifespanpa.org
		412-216-8189		

Senior Community Center Providers/Home Delivered Meals

*Senior Community Centers also providing Home Delivered Meals are indicated with an asterisk *.*

<i>Provider</i>	<i>Contact</i>	<i>Cell (Home) Phones</i>	<i>Work Phones</i>	<i>E-mail Addresses</i>
Allentown Senior Citizen Centers	Cyndie Carioli	412-983-0729	412-481-5484 412-481-5220	allentownseniorcenter@verizon.net
* Catholic Youth Association	Gretchen Fay Mary Ann Heneroty	412-926-9508 412-897-3480	412-621-3342 412-621-3342	mahen53@hotmail.com
CitiParks/Healthy Active Living	Jamie Beechey		412-255-2372	Jamie.Beechey@pittsburgh.gov
* Eastern Area Adult Services	Linda Doman	412-328-3225	412-824-9250 x 123	ldoman@eaas.net
* Hill House Association Senior Services	Eunice Boyd	412-951-9502	412-392-4450	eboyd@hillhouse.org
Jewish Community Center	Sybil Lieberman	412-780-7651	412-521-8010 x-135	amancuso@jccpgh.org
* LifeSpan, Inc.	Virginia Jurofcik	724-493-1920 412-651-8387	412-464-1300 x-106	viurofcik@lifespansa.org
* Lutheran Service Society	Terry Mann	412-639-1212	(412) 307-1776	Terry.Mann@lutheranseniorlife.org

Northern Area Multi-Service Center	Kim Delp	724-561-3019	412-781-1176	Kim.Delp@nams.com
* Penn Hills Senior Centers	Phyllis Paciulli Lena Natalia	412-310-9050 412-793-7508	412-244-3409 412-244-3405	ppaciulli@pennhills.org lnatalia@pennhills.org
* Plum Senior Community Center	Nina Segelson Toni Franco	412-400-5020 412-609-7626	412-795-2330 412-795-2330	nsegelson@plumboro.com tfranco@plumboro.com
* Riverview Community Action Corporation	Stephanie Woolford	412-517-8265	412-828-1062	swoolford@rcacorp.org
Seton Center, Inc.	Judy Gawlas	412-480-9226	412-344-4777	judy@setoncenter.com
Vintage, Inc.	Ann Truxell	412-508-9456	412-361-5003	atruxell@vintageseniorservices.org

Home-Delivered Meals Providers

<i>Provider</i>	<i>Contact</i>	<i>Cell (Home) Phones</i>	<i>Work Phones</i>	<i>E-mail Addresses</i>
Jewish Association on Aging—Mollie’s Meals	Fraida Estrin Sharyn Rubin	412-609-6393	412-421-7616 412-521-8795	festrin@jaapgh.org srubin@jaapgh.org
Wilkinsburg Community Ministry	Cathy Brundage Raynette Millsap		412-241-8072	cathyb@wcm15221.org raynettem@wcm15221.org

Food Service Providers

<i>Provider</i>	<i>Contact</i>	<i>Cell (Home) Phones</i>	<i>Work Phones</i>	<i>E-mail Addresses</i>
East End Cooperative Ministry	Ed Kinley	412-771-1557	412-361-5549	ekinley@eecom.org
Jewish Association on Aging	Shannon Enlow	724-448-3489	412-521-2593	senlow@jaapgh.org
Jewish Community Ctr.	Alexis Mancuso		412-521-8011, x218	amancuso@jccpgh.org
Metz & Associates	Steve Shepos	412-400-0497	412-221-4455	steves@metzcorp.com
Nutrition, Inc.	Diane Houseman	724-872-6152	1-800-442-2138, x134	dhouseman@thenutritiongroup.biz

	Debbie Benish	724-244-4128	1-800-442-2138, x124	dbenish@thenutritiongroup.biz
	Patrick Davis	724-331-1179	1-800-442-2138, x131	pdavis@thenutritiongroup.biz

Transportation Provider

<i>Provider</i>	<i>Contact</i>	<i>Work Phones</i>	<i>E-mail Address</i>
ACCESS Transportation Systems, Inc.	Karen Hoesch	412-562-5551 (dd) 412-562-5353	khoesch@accesstranssys.com

OPTIONS Adult Day Services Providers

<i>Provider</i>	<i>Contact</i>	<i>Work Phones</i>	<i>E-mail Addresses</i>
Allentown Senior Citizens Ctr.	Michelle Sillman	412-431-0557	allentownade@verizon.net
Catholic Youth Association	Maureen Fay	412-621-3342	maurfay@comcast.net
Easter Seal Society/ Benedictine Center	Diane Hartt	412-931-6260	benedictine@westernpa.easterseals.com
Easter Seal Society/ Harmarville	Theresa Hand	412-826-4939	harmarville@westernpa.easterseals.com
Elder Options/ SARAH ADS	Beverly DiSabato	412-271-3600	sarahpgh1@aol.com
Municipality of Penn Hills	Diane DiNatale	412-244-3409	ddinatale@pennhills.org
Seton Center	Judy Gawlas	412-344-1410	judy@setoncenter.com
Valley Care ADS	Sue Nirschel	724-266-9626	snirschel@valleycareassociation.org
Woodside Place of Oakmont	Jennifer Marasco	412-826-6500	jmarasco@srcare.org

OPTIONS In-Home Services Providers

<i>Provider</i>	<i>Contact</i>	<i>Work Phones</i>	<i>E-mail Addresses</i>

Center for Independent Living of SW PA—TRCIL	Stanley Holbrook	412-371-7700	sholbrook@trcil.org
Concordia Visiting Nurses	Martin J. Trettel	724-352-6200	mtrettel@concordiavn.org
Diversified Health Care	Lisa I. Ricci	412-784-8888	diversifiedhealth@verizon.net
Eastern Area Adult Services, Inc.	Linda Doman	412-247-1446	ldoman@eaas.net
EFCC Acquisition Corporation/ Extended Family Care	Cheryl Nemanic	412-241-7292	cnemanic@starmulticare.com
Elder Resource Management, Inc./Comfortcare Senior Services	Anna Zaydenburg	412-521-4700	alleghenypa@comforcare.com
Home Health Services by the Thorne Group	Rebecca Thorne	724-755-2109	beckythorne@thethornegroup.com
Landmark Home Health Care	Charles Teese	412-781-1175	charlieteese@msn.com
Med-Line Support, Inc./Right at Home Staffing	Thomas Domke	412-271-6449	tomdomke@comcast.net
P.R.N. Health Service, Inc.	Gina M. Luffy	412-824-2181	ginamluffy@yahoo.com
Personal Touch Home Aides of PA, Inc.	Maria S. Berzonski	412-681-2216	mberzonski@pthomecare.com
Renaissance Home Care, Inc.	Roselle Tena	412-563-5055	roselle.tena@rhomecare.com
Southwestern Senior Care	Suzanne Schollaert	412-781-3990	suzanneschollaert@yahoo.com

Appendix C: Individual Participant Emergency Plans

At a minimum, the personal emergency plan should cover the following preparations or actions.

- **Whom to call**—A list of emergency contact numbers should include the primary caregiver (if not living with the participant), care manager, primary care physician, community first-responders (e.g., police, EMS, etc.), next of kin, friends and neighbors, and others who in position to help the participant. If possible, the list should include someone who lives outside the area and may be easier to contact if local phone lines are jammed.

- **How to get out**—In some cases, a participant may not be able to exit the home through a main entryway. The plan should identify and prioritize all other safe means of exiting and getting away from the house.
- **What kinds of help are needed**—If the participant has special medical or mobility-related needs, the plan should identify and address them (e.g., unsteady on their feet, in a wheelchair, no automobile, wheelchair van needed, no handicapped access, disabilities, medications or medical conditions, services needed, etc.).
- **Where to go**—If the participant must leave the home, the plan should indicate the initial and subsequent locations (e.g., meeting point near the house, the home of a friend or family member, a temporary shelter). The persons on the emergency contact list should be advised of the participant’s location as soon as possible.
- **What to take**—If the participant must leave the home, the plan should indicate the specific items to take with him/her. On the overall list of emergency items (See Appendix D), the participant should distinguish items needed if leaving the home. The care manager should assist the participant in gathering the items in a travel bag to expedite departure in the event of an evacuation on short notice.
- **How to secure the home**—If the participant is likely to be away for more than a few hours, the plan should indicate how to safeguard the home (e.g., locking doors and windows; unplugging major electrical appliances; turning off utilities; letting family

members, friends, neighbors and local police know they are leaving and where they will be; giving an extra set of keys to a friend or family member).

- **Who will be with them or know where they are**—If the participant leaves the home, the plan should indicate contact information for a person who will either be with the participant or know where they are at all times.

Appendix D: Participant Self-Sufficiency Items

As part of the individual participant emergency plan, participants and caregivers should ensure that they have the following items on hand and in accessible locations, including a bag of items ready to be taken in the event of an evacuation.

- **Non-perishable food items** (72-hour supply, manual can opener and food in easily opened containers for consumers who have difficulty using a can opener).

- **Water** (72-hour supply; one gallon per person per day for drinking & sanitation).
- **Lighting and clock** (battery-operated).
- **Flashlight** (without batteries loaded), supply of batteries and matches in a waterproof container.
- **Communication devices** (e.g., cell phone with charger, battery-powered radio, NOAA weather radio, television, PC with e-mail and Internet, paper and pens).
- **First-aid kit and manual, medications, medical supplies, and personal hygiene and daily living items** (e.g., extra eyeglasses, hearing aid batteries, insulin, oxygen, disposable eating and drinking utensils, linens, disinfectant).
- **Personal identification and vital documents** (e.g., birth certificate, Social Security and Medicare/Medicaid cards, driver's license, deed, insurance and bank records, list of major household goods, etc.) in a waterproof container.
- **Cash, checks and credit cards.**
- **Dust masks, plastic sheeting and duct tape** (protection from contaminated air).
- **Moist disposable towelettes, garbage bags and plastic ties** (for personal sanitation)
- **Resealable plastic bags.**
- **Noise-making devices to signal for help** (e.g., whistle, pot & pan, air horn, alarm clock, etc.).
- **Tools** (e.g., wrench to turn off water, snow shovel, ice breaker, water pump)
- **Emergency contact numbers** (e.g., community first-responders, AAA care manager, and family or personal support network members) to call for assistance or advise of the consumer's condition or whereabouts, if evacuated.
- **Participant's emergency plan** (a copy kept by the participant and one by a family member or friend outside the home).

- **Buckets or other containers** (for water storage).
- **House and car keys** (extra sets kept by someone outside the home).
- **Local street map and phone directory.**
- **Warming and cooling items** (e.g., blankets, fans, air conditioner, sleeping bags).
- **Changes of clothing** (at least two complete sets).
- **Fire extinguisher** (and instructions on how to use it).
- **Children’s supplies**, if needed.
- **Pet supplies**, if needed (including transport container)

Appendix E: Suggested Questions for Participant Status Contacts

The following sequence of suggested questions can be used by DHS/AAA and provider staff in phoning consumers to assess their safety and well-being during an emergency. The questions are suggestions only; they are intended to elicit standard, basic information about a participant’s condition, their needs and the supports available to them. Callers should use their discretion in using these questions or framing other more appropriate questions for each participant, based on knowledge of the participant’s condition, their needs and the nature of the emergency.

INITIATING CONTACT

Upon making person-to-person contact with the participant, callers should

1. Introduce themselves and their organization; be sure to provide your phone number for call-backs.
2. Confirm that they are speaking to the participant or a responsible caregiver;
3. Explain the reason for the call;
4. Provide any updated information about the emergency that may affect the participant's situation or their area.

Participant: _____

Date/Time: _____

Caller: _____

	<i>Question</i>	<i>Participant Response/Comments</i>
1.	CAREGIVER: Is there someone with you in your home who can help to take care of you? If not, is there someone who lives close by and can help? How close by? Do you have their number?	
2.	UTILITIES: Is your electricity, heat (or air conditioning) and running water working?	
3.	DAMAGE:	

	Is there any damage to your house, in your house or around your property?	
4.	FOOD & DRINKING WATER: <ul style="list-style-type: none"> • How much food and drinking water do you have now? • What kinds of food do you have? • If you ran out of food or drinking water, would you or someone else be able to get more for you? 	
5.	MEDICAL NEEDS/MEDICATIONS: <ul style="list-style-type: none"> • How are you feeling? • For how many days will the medications that you have now last? • What medications will you need more of and how soon? • Would you or someone else be able to get more medications for you? 	
6.	CLOSING THE CALL: <ul style="list-style-type: none"> • Is there anything else that you need or that I can help you with? • If you think of anything, will you please call me? (Leave your name, organization and phone number.) 	

SUMMARY OF CONTACT

(For Journal Posting in Participant's SAMS file)

Appendix F. Emergency Shelters for Older Adults

Kane Nursing Community Services Department

- **Glen Hazel** Admissions Coordinator: **412-422-6156**
- **McKeesport** Admissions Coordinator: **412-422-6023**
- **Ross** Admissions Coordinator: **412-422-6085**
- **Scott** Admissions Coordinator: **412-422-6989**

After 4:00 p.m., Monday through Friday and all day on weekends and holidays, please call **412-422-6800**, and ask for admissions to verify availability.

NOTE: For Nursing Facility Clinically eligible (NFCE) participants, the Kane Nursing Centers should be utilized.

Prior to requesting Emergency Shelter placement, ask the referral source if they have checked the identity and information concerning the potential participant with local police, personal care homes, nursing homes, shelters and/or other agencies. The referral source is responsible for providing basic information about the potential participant prior to requesting Allegheny County DHS/AAA involvement.

A. Purpose

1. Emergency Shelter is temporary shelter for participants 60 years of age and older in emergency situations arising from eviction, emergency incapacity of the participant's caregiver, abuse or exploitation, abandonment by a caregiver or other sole social support, health or life-threatening living conditions, or temporary placement pending completion of alternative living arrangements.
2. In addition to shelter, the following services are provided: meals, laundry, personal care and arranging for emergency medical services.

B. Eligibility Criteria

1. The participant must be 60 years of age or older.

2. The participant must agree voluntarily to be admitted to the shelter.
3. There must be no suitable alternative living arrangements immediately available to the participant, and no alternative support resources willing or able to provide shelter.
4. The participant must have established immediate need for emergency shelter and supportive services as defined above.
5. All immediate medical care and treatment needs of the participant must have been fully met before admission to emergency shelter may be considered.
6. Participants with acute medical conditions requiring hospitalization will not be admitted to the emergency shelter facilities.
7. Direct referral from hospitals will not be accepted for emergency shelter admission.

NOTE: Hospital discharge problems will fall into one of two categories: (1) discharge from inpatient status or (2) discharge from an emergency room.

The hospital is responsible for safe discharge from inpatient status; in the event that an unsafe or inappropriate discharge is called in, the responsibility of the on-call DHS/AAA staff person is to inform the hospital that if the participant is discharged, the hospital will be named as a perpetrator. Alternatively, an emergency room call is to be handled as any other call.

8. Participants who are alcoholic are inappropriate for placement.
9. If another facility or service is more appropriate for the participant, they should be referred to that facility or service (i.e., hospitals, rehabilitation centers, Salvation Army, etc.).

C. Procedure for Admitting Participants to Emergency Shelter

1. The DHS/AAA staff person must determine if the participants meets the Emergency Shelter criteria.

2. When eligibility has been established, the DHS/AAA staff person must call the emergency shelter to determine availability:
3. If a bed is available, the DHS/AAA staff person must inform the shelter staff of the participant's name, address, telephone number, sex, date of birth/age, emergency contact, mobility level, orientation, continence, ADLs, other pertinent information regarding the participant and reason for placement.
4. The DHS/AAA staff person must contact the participant (or the individual calling on the participant's behalf) and inform him/her of the availability of bed space.
5. The participant must be given the name and address of the emergency shelter.
6. If the participant requires transportation to the emergency shelter, the DHS/AAA staff person must follow the procedures for ordering emergency transportation.
7. The DHS/AAA staff person must fill out the appropriate information on the Information and Assistance form regarding the use of the emergency shelter.
8. If no emergency shelter is available at the contracted emergency shelter facilities, the DHS/AAA staff person requests that the appropriate provider agency obtain emergency shelter at an alternative facility.
9. **NOTE: Additional emergency shelter resources, including shelters by types of participants admitted, are available in Appendix K (Section E), Allegheny County & City of Pittsburgh: Emergency Contacts and Resources.**

Appendix G

Shelf-Stable Meals—Contents and Storage Sites; Emergency Supply Kits—Storage Sites

Shelf-Stable Meals/Menus. Designated senior community centers, and care management and protective service providers will have shelf-stable meals available. The meals include basic foods that can be eaten cold, if necessary. Menu choices include the following:

<i>Menu #1</i>	<i>Menu # 2</i>	<i>Menu #3</i>	<i>Menu #4</i>	<i>Menu #5</i>
Chili with beans	Chicken with noodles	Lasagna	Scalloped Potatoes/Ham	Beef Stew
Cookies (2 packs)	Graham Crackers (2 packs)	Cheese on cheese crackers	Cheese on cheese crackers	Crackers (2 packs)
Applesauce cup	Peach cup	Applesauce cup	Fruit cup	Applesauce cup
Pineapple juice	Tomato juice	Pineapple juice	Apple juice	Pineapple juice
Hot chocolate pack	Hot chocolate pack	Hot chocolate pack	Hot chocolate pack	Hot chocolate pack

Mint	Mint	Mint	Mint	Mint

Shelf-stable Meals/Storage Sites

Contact the Community Based & Entry Division Nutrition Program Manager (**412-350-4172**) for information on operational storage sites for specific emergency needs.

Storage Sites/Red Cross Emergency Kits

<i>Site</i>	<i>Address</i>	<i>Contact Person</i>	<i>Phone No.</i>
DHS/Area Agency on Aging	2100 Wharton St. 2 nd Floor Pittsburgh, PA 15203	Judy Beck	412-350-7389
Familylinks	1500 Ardmore Blvd., #501 Pittsburgh, PA 15221	Corey Elliot	412-924-0420
Family Services of Western PA	401 N. Highland Avenue, #150 Pittsburgh, PA 15206	Erin Koebler	412-345-7536

LifeSpan, Inc.	314 E. Eighth Avenue Homestead, PA 15120	Jessyka Harper	412-464-1300

Appendix H: AAA Emergency Response Case Examples

Cold Weather Emergency (Standard Response Procedures)

Activation. When there is an extended cold weather emergency, the AAA Community Based & Entry Division (CBED) coordinates planning for warming centers with its senior center providers. Typically, older adults are encouraged to stay in-doors during severe cold weather, but potential power outages and the many older adults living alone indicate the potential need for warming centers. In these cases, the (CBED) e-mails all senior center providers to determine which sites would be willing and able to serve as warming centers during the impending emergency. CBED staff compiles the responses and notifies the Network about which sites will be open as warming centers. CBED engages Home Delivered Meal providers and food providers to plan deliveries of multiple meals in advance of the emergency and assure adequate plans for meal deliveries during the emergency.

In the event of a catastrophic emergency, the AAA reserves the right to determine which sites will be activated based on location, capacity and projected need.

Preparedness. The CBED contacts each provider whose site(s) has (have) been selected as warming centers to determine their readiness and assist with securing needed supplies. The CBED asks each participating provider to project additional needs, such as staffing, meals, facility costs (e.g., increased utility costs) and other related expenses for pre-approval and reimbursement. The AAA contacts food vendors and the transportation provider to arrange for additional or extended service. Food vendors deliver additional food for a wide range of meals in addition to the standard lunches. The transportation provider offers trips, including extended hours service, to and from warming centers for all participants, based on need and without regard to prior DHS/AAA registration.

Response. The participating senior center providers do individual notifications of extended service hours during the cold weather emergency to the media since they may offer different facilities, services and hours. The CBED notifies the DHS/Office of Community Relations, which identifies the warming centers in a general media release, and asks participants to contact the individual centers for further details. The centers arrange for extended activities and additional meals, based on need, and are open to all participants without regard to prior DHS/AAA registration.

Deactivation. The participating senior center providers make individual decisions to continue or cease operations of their warming center(s), based on attendance after at least one day, and do individual notifications of their decision to the media. The CBED processes reimbursement payments separately to each provider that projected and had pre-approved and incurred expenses.

Follow-up Review. CBED debriefs providers to determine the effectiveness of the plan and the implementation process, and modify the plan to refine the planning and implementation for future cold weather emergencies.

Major Event Affecting Participant Access (Case Example: G-20 Conference, September 23-25, 2009)

Activation. With several months advanced notice, the AAA engaged in a detailed planning process to address the impact of the G-20 on its operations. However, the virtual absence of specific information about security-related arrangements meant that much of the AAA's planning had to be based on informed projections or "best guesses." The AAA formed a task force to develop a detailed, written plan that would

- Ensure that contingency plans were in place so that the essential needs of vulnerable participants would be met.
- Eliminate non-essential operations or services that might place participants or staff at risk of harm or delays.
- Eliminate possible risks, and plan for communication needs as much as possible.

Response. The plan identified four first-priority zip code areas and four second-priority zip code areas that were likely to be affected by the G-20 in terms of restricted access, congestion and mass gatherings. Participants in these areas were identified, and their service needs analyzed. An underlying assumption was that DHS/AAA operations and services would be conducted normally outside the impact areas. In addition, the plan took into account three key considerations:

- Access to the DHS/AAA's main office would be restricted to some degree
- Travel for DHS/AAA staff and consumers in the restricted zones would be limited

- The plan would be operational for three days, from the day before through the two days of the G-20 (Wed.-Fri.)

The plan addressed the following objectives:

- Develop individual plans for delivery of essential services to at-risk participants in the high-impact areas.
- Develop operational contingency plans for essential DHS/AAA services and programs.
- Develop plans that provided for alternate locations, responsibilities and equipment for staff performing essential functions to work outside the office.
- Develop alternate work assignments for staff not performing essential functions.
- Develop a communications plan to ensure that all primary stakeholders would have ready access to information required to carry out the DHS/AAA G-20 operational plan.
- Develop a plan for responding to emergency needs within the Scopes of Services (e.g., protective services)

Deactivation. DHS/AAA staff met after the G-20 to assess performance, identify lessons learned and consider the implications of the G-20 experiences for future events of this kind.

Fire Emergency (Case Example: Blawnox Senior High-Rise Fire, October 29, 2009)

Activation. A staff person heard a radio report on the way to work and first notified the DHS/AAA. The fire erupted in the apartment of a resident on oxygen. The DHS/AAA initiated the emergency response by notifying the Lutheran Service Society (LSS), a community-based service provider, and asking them to respond.

Preparedness. None—spontaneous emergency event.

Response. The fire occurred early in the morning and necessitated the evacuation of more than 100 residents to a nearby church. LSS sent five Care Managers and a Protective Service investigator and supervisor to the church. In addition, staff from the DHS/AAA Care Management and Aging Waiver units, Allegheny County Housing Authority (ACHA), Red Cross, Northern Area Multi-Service Center and PRN Health Services reported to the church. All residents were served without regard to prior registration as DHS/AAA consumers. Working together, staff of the agencies at the relief site provided the following services for residents:

- Provided assurance and comfort for more emotionally distraught residents
- Located contact information to notify the residents' families
- Provided food and comfort
- Nurses from the DHS/AAA's Aging Waiver and OPTIONS/Care Management units evaluated individuals presenting signs of medical need
- Identified residents who would be temporarily sheltered at Pristine Pines
- Assured residents going to Pristine Pines that their pets, who could not accompany them, would be cared for
- Assisted residents in relocating to the homes of family or friends until they could return to the high-rise
- Delivered home-delivered meals and emergency care packages to residents

Deactivation. Some residents were cleared to return to their units in the high-rise the same day or next day. The ACHA covered the cost of the residents sheltered at Pristine Pines.

Flood Emergency (Case example: Hurricane Ivan Flooding, September, 2004)

Activation. The flooding experienced in the aftermath of Hurricane Ivan's landfall in the Southern U.S. came suddenly and with little warning. The first notification alert came to the DHS/AAA Emergency Management Coordinator late Friday afternoon, well after the heavy all-day rains had begun. Activation on a county-wide basis began the next day with the opening of Red Cross relief centers on the North Side and in two hard-hit areas, Carnegie and Millvale.

Preparedness. None—spontaneous emergency event.

Response. The DHS/AAA and its provider network committed significant staff and hours during the relief effort. The DHS/AAA and provider services in the immediate and extended response included:

- Staffing of the Allegheny County Emergency Management Operations Center.
- Relocation of older adults to emergency shelters.
- Visits and phone contacts to participants in affected areas to determine needs, identify damage, assess health status and provide direct assistance.
- Aging Waiver and OPTIONS Care Managers phoned care-managed consumers to check on their condition and address needs. Care managers coordinated with 911 staff to identify participants with special needs (e.g., wheelchair-bound, oxygen-dependent, insulin users and other medical/physical conditions) for first-responders.
- Staffing for the Red Cross and disaster recovery centers, and community-based emergency response centers.
- Continuing staffing at disaster recovery centers, with the emphasis shifting from immediate to longer-term recovery needs (e.g., replacing or repairing household appliances, completing insurance forms, etc.)
- A phone outreach campaign, staffed by senior center and employment program volunteers, was set up to contact all older adults 60 years of age or older, regardless of prior registration for DHS/AAA services, in 32 communities identified as having experienced flooding. The DHS/AAA used data from a direct mail marketing firm to develop call lists. Some 3,500 older adults were identified as having some level of need during the campaign. Over 100 older adults were referred to DHS/AAA care management for services.
- DHS/AAA and provider staff met with flood relief groups and community stakeholders to launch outreach programs through senior centers and the U.S. Postal Service to identify older adults and assist them through programs such as home-delivered meals, mold removal and appliance replacement or repair.

Deactivation. The DHS/AAA reviewed its operations and compiled an extensive report, summarizing its actions and the number of consumers served, and itemizing its total commitment in staff and financial resources.

Hot Weather Emergency (Standard Response Procedures)

Activation. When there is an extended heat emergency, the DHS/AAA Community Based & Entry Division (CBED) . e-mails all 16 providers to determine which sites would be willing and able to serve as cooling centers to provide extended service hours during the impending emergency. CBED staff compiles the responses and notifies the Network about which sites will be open as cooling centers.

Background/Provider Participation. In the event of a catastrophic emergency, the AAA reserves the right to determine which centers will be activated based on location, capacity, and projected need. The option to serve as a cooling/warming center is stated in the Scopes of Service for all 16 senior center providers. Eight senior centers are also pre-identified as being well-suited to serve as cooling centers, based on facilities, resources, staffing, location and other factors. These eight are expected but not required to serve as cooling centers; all providers are notified as a way of extending the experience and providing more service options in the network.

Preparedness. The CBED contacts each provider whose site(s) has (have) been selected to determine their readiness and assist with securing needed supplies or arranging for transfer of supplies among centers within 24 hours. The CBED also asks each participating provider to project additional needs, such as staffing, meals and expenses, so that they can be pre-approved for reimbursement. The DHS/AAA contacts food vendors and the transportation provider to arrange for additional or extended service. The transportation provider offers trips to and from the cooling centers for all participants based on need and without regard to prior DHS/AAA registration.

Response. The participating senior center providers do individual notifications of extended service hours during the heat emergency to media outlets since they may offer different facilities, services and hours. The CBED notifies the DHS/Office of Community Relations, which identifies the cooling centers in a general media release, and asks consumers to contact the individual centers for

details. The centers arrange for extended activities and additional meals, based on need, and are open to all consumers without regard to prior DHS/AAA registration.

Deactivation. The participating senior center providers decide individually to continue or cease operation of their cooling center(s), based on attendance after at least one day, and do individual notification of their decision to media outlets. The CBED processes reimbursements separately to each provider that projected, had pre-approved and incurred expenses.

Background/Consumer Participation. It has been the CBED 's experience that the cooling centers do not attract a large number of participants for hot weather emergencies, unless widespread power failures occur. The usual number of consumers totals 25-30 network-wide.

Snow Emergency (Case Example: 20-inch Snow Storm, February 6-7, 2010)

Activation. The Allegheny County Emergency Operations Management alerted the DHS and DHS/AAA Emergency Management Coordinators (EMC) on Friday, February 5, of the possible activation of emergency operations, based on a weather advisory for heavy snowfall over the weekend. The DHS/AAA Administrator, Deputy Administrators and Division Chiefs were alerted. Allegheny County activated emergency operations when updated predictions indicated that the snowfall would exceed earlier predictions.

Preparedness. DHS/AAA senior staff developed an emergency response plan involving DHS/AAA and provider staff in the following consumer service areas: Senior Community Centers, Home-delivered Meals, Transportation, OPTIONS/ Care Management, Aging Waiver, In-home Services and Adult Day Care. The DHS/Office of Community Relations issued a media release asking family, friends and neighbors to check on and be sensitive to the needs of older adults.

Response. During the snowfall over the weekend, the AAA used its standard after-hours emergency procedures to field and process reports of need. When Allegheny County declared a state of emergency and closed its offices on Monday, the DHS/AAA took the following steps:

- A small group of 10 staff, including some senior staff and clerical support staff, came in to the main office to field calls and provide centralized coordination. Non-essential staff were told not to report for work.
- Division chiefs asked their care managers to work in the field, if possible. Ninety-four care managers, using laptops, cell phones and remote access to the consumer data base, contacted some 2,500 care-managed and other special needs participants to check on their well-being and address needs.
- The DHS/AAA worked with the City of Pittsburgh’s relief operations, using city resources to contact at-risk consumers, deliver food and medications and see to other needs.
- The DHS/AAA coordinated with providers about their contingency plans for checking on the well-being of consumers and providing critical services such as home-delivered meals, medications and care management.

Deactivation. After the emergency status was lifted, the DHS/AAA and its providers gradually resumed normal operations as improving conditions permitted. The DHS/AAA reviewed emergency response operations to evaluate their effectiveness, identify lessons learned and recommend changes. One outcome was to re-orient the Emergency Response Plan draft to a more operational format by outlining specific decision-making considerations and actions for emergency planning and operations. The DHS/AAA also has convened an Emergency Response Task Force of DHS/AAA and provider staff to review and make recommendations for finalization of the Emergency Response Plan.

Appendix I: Emergency Response Activities Timetable (4 Phases of an Emergency)

<i>Preparation (Pre-emergency): Phase I (If Applicable)</i>	<i>Crisis: Phase II (Days 1-2)</i>	<i>Relief: Phase III (Days 3-60)</i>	<i>Recovery: Phase IV (Days 61-90)</i>
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<ul style="list-style-type: none"> • Announce and initiate planning and emergency preparations. • Update and distribute internal and external communications contact lists to staff. • Update and distribute participant communications lists to staff. • Review priorities of participant contacts with staff. • Identify for priority attention those participants at high risk and with special needs. • Review emergency actions and responsibilities plan with staff. • Finalize contingency plans for disruption of services and closure of facilities. • Coordinate with the DHS/AAA about expenses requiring and not requiring prior approval. • Help participants to develop personal emergency plans. • Help participants to assemble emergency survival items. • Make initial calls to participants to assess their readiness. • Monitor projections about the timing and extent of the emergency, and communicate to participants and staff. 	<ul style="list-style-type: none"> • Activate emergency operations based on a pre-determined signal or announcement. • Assess situation and decide about suspension of normal services and facility closure. • Make required notifications about closure and suspension of normal services. • Activate contingency plans to continue services to participants with needs. • Provide staffing for relief operations in affected areas. • Make prioritized participant contacts to assess well-being and attend to needs. • Join in door-to-door canvassing in affected areas to assess health, damage and needs. • Advise emergency personnel in affected areas of special needs participants or requiring rescue. • Alert and assist participants to prepare for actual or potential evacuation, as needed. • Help participants to relocate to emergency shelters, personal care or nursing facilities. 	<ul style="list-style-type: none"> • Distribute insurance and other recovery information. • Provide staffing for recovery centers to process reimbursement and other applications. • Continue to participate in door-to-door canvassing in affected areas to assess health, damage and needs. • Help with clean-up operations. • Replace appliances and furniture for participants. • Help evacuated participants to assess the possibility of safely returning to their homes. • Help evacuated participants to return to their homes, when possible, by arranging for needed services and restoration. • Assess conditions, decide on and announce the re-opening of facilities and resumption of normal operations. 	<ul style="list-style-type: none"> • Continue to provide staffing of recovery centers to process reimbursement and other applications. • Conduct phone campaigns and other outreach efforts with recovery organizations to assess participant health, damage and needs in affected areas.
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APPENDIX J: EMERGENCY TRANSPORTATION PROCEDURES

Protective Services Emergency Transportation

ACCESS /AIRSTAR

412-562-5385: Monday through Friday 8 AM – 5 PM

412-381-7230: Answers 5 PM-midnight, weekdays and 5 AM - midnight Saturday, Sundays and holidays

Emergency Transportation Charge Number – CODE 11

Purpose

- Emergency Transportation is primarily for transporting participants 60 years of age and older to emergency shelters. However, situations may arise which necessitate the use of this service at other times.
- This service should be used only when no other transportation resources are available.
- This transportation cannot be used for individuals under 60 years of age.

Procedures for Using Emergency Transportation

1. Arrangements have been made with ACCESS to provide emergency transportation services outside of normal working hours.

2. When the Allegheny County Department of Human Services/Area Agency on Aging staff person decides that a participant is both eligible for and in need of emergency transportation, he/she must use the following procedure:
 - a. Call:
 1. ACCESS / OPT during business hours (M-F 8 a.m. – 5 p.m.): **412-562-5353**

 2. AIRSTAR before 8 a.m. and after 5 p.m., Monday through Friday, and all day Saturday, Sundays and holidays: **412-381-7230**

 - b. Identify yourself by name and as a representative of Allegheny County Department of Human Services/Area Agency on Aging.

 - c. Give the dispatcher the DHS/AAA charge number – Code 11

 - d. Give the dispatcher the appropriate participant trip information:
 - Name
 - Present location
 - Destination
 - Any problems or special circumstances (e.g., participant uses a wheelchair, will have an escort, etc.)

 - e. Ask the dispatcher when the participant can expect to be picked up.

- f. The DHS/AAA staff person must contact the participant to inform him/her that transportation has been arranged and the approximate time AIRSTAR will arrive.
- g. The DHS/AAA staff person must fill out the appropriate information on the Information and Assistance form regarding the use of emergency transportation.
- h. The Protective Services Administrator will provide the Transportation Office with a copy of the completed Information and Assistance form, documenting the trip.

**Appendix K. Allegheny County & City of Pittsburgh
Emergency Contacts**

In addition to the emergency response capabilities of DHS/AAA units, the following is a list of resource and phone numbers. Additional resources and numbers can be found in the Blue Pages of the Telephone Directory.

A. Emergencies:

Allegheny County Police	412-473-1000
City of Pittsburgh Police, Fire & Ambulance	911
TTY Number, City of Pittsburgh Police, Fire & Ambulance (For Deaf Persons)	412-765-1212
Other Local Municipal Police, Fire & Ambulance	See Appendix L

Crisis Intervention:

Allegheny County Mental Health/Mental Retardation Program	412-350-4457
Re: Solve (Behavioral Health crisis)	1-888-796-8226
United Way Helpline	412-255-1155 or 211

Suicide (United Way Helpline)	412-255-1155
Pittsburgh Poison Center	412-681-6669
Ursuline Senior Services Guardianship Program	412-345-0144

B. Hotline Numbers (Answer 24-hours, unless otherwise noted):

PA 211 Resource Center (Powered by United Way).....	211
United Way Helpline	412-255-1155 or call 211
Allegheny Link Aging and Disability Resources (weekdays from 8:00 a.m. - 7:00 p.m.).....	1-866-730-2368
Center for Victims.....	412-392-8582
Allegheny County Health Department	412-578-8026
Emergency Line for Allegheny County Mental Health/Re:Solve	1-888-796-8226
Emergency Line for Allegheny County Mental Health 302's.....	412-350-4457
Drug & Alcohol Program	412-350-3857
Lifeline of Southwest Pennsylvania	412-562-0543
Pittsburgh Action against Rape Hotline	412-431-5665
Pittsburgh Hearing, Speech and Deaf Services (Interpreters) .	412-281-1375
Salvation Army	412-261-3960
Women's Center & Shelter of Greater Pittsburgh (Hotline and Emergency Shelter)	412 687-8017
Crisis Center North	412-364-5556
Womensplace	412-678-4616

C. Food Pantries:

Greater Pittsburgh Food Pantries 412-460-3663

D. Legal Services:

Allegheny County Bar Association (Lawyer Referral) 412-261-0518
American Civil Liberties Union – Greater Pittsburgh 412-681-7736
Bail Agency – Allegheny County Court of Common Pleas 412-350-4732
Developmental Disabilities Law Project 412-322-2892
Pittsburgh Hearing, Speech & Deaf Services, Inc. (Referral & Legal
Services for Deaf & Hard of Hearing) Voice of TTY 412-281-1375
Tel-Aid, Tel-Law (Taped Legal Information)
(Allegheny County Bar Association) 412-281-4664
AARP Hotline..... 412-261-5297

E. Alternate Emergency Shelter for Persons Age 18 and Over:

Allegheny County’s emergency shelters provide temporary emergency shelter to persons who are in immediate need of housing. To be eligible for emergency shelter, the person must be ambulatory and need no medical or personal care assistance.

Most shelters offer an evening meal and a continental breakfast. Showers and clothing are also available. Shelters are classified according to the populations they serve, as listed below.

If use of an emergency shelter is warranted, contact the shelter, which most appropriately meets the needs of the individuals. The individual, if under 60, must use his/her own means of transportation to get to the shelter site. Also shelter stays are limited to 60 days or less per year.

Appendix L. Local Municipal Governments: Emergency Contacts

***Aleppo Township* (www.alleghenycounty.us/munimap/profile.asp?muni=1)**

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 1719 Roosevelt Road, PGH, PA 15237	412-259-8304
Fire Department	412-741-3473
Municipal Building	724-428-5147

***Aspinwall Borough* (www.aspinwallpa.com/)**

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 217 Commercial Avenue, Aspinwall, PA 15215	412-781-3568
Municipal Building ... 217 Commercial Avenue	412-781-0213
Borough Manager ... 217 Commercial Avenue	412-781-0213

Avalon Borough (www.boroughofavalon.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 640 California Avenue, PGH, PA 15202	412-761-0353
Fire Department ... 640 California Avenue, Avalon	412-761-1756
Manager ... 640 California Avenue, Avalon	412-761-5820

Baldwin Borough (www.baldwinborough.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...3344 Churchview Avenue, PGH, PA 15227	412-881-8000
Fire Department	412-882-2510
Municipal Office	412-882-9600

Baldwin Township (www.baldwintownship.com/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 10 Community Park Drive, PGH, PA 15234.....	412-341-5937
Secretary's Office	412-341-9597

Bellevue Borough (www.bellevueboro.com/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...537 Bayne Avenue Bellevue, PA 15202.....	412-766-7401
Fire Department	412-766-7455
Secretary's Office	412-766-6164

Ben Avon Borough (www.benavon.com/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...1719 Roosevelt Road, PGH, PA 15237.....	412-259-8304
Fire Department	412-761-7566
Borough Office ... Church Avenue, Pgh.	412-766-7704

Bethel Park (www.bethelpark.net/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...5100 W. Library Avenue, Bethel Park, PA 15102....	412-833-2000
Fire Department – Emergency	412-835-1127
Municipal Building ... 5100 W. Liberty Avenue	412-831-6800

Blawnox Borough (www.county.allegheny.pa.us/munimap/profile.asp?muni=11)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...376 Freeport Road, PGH, PA 15238	412-828-4149
Fire Calls Only	412-828-6380
Municipal Building ... 376 Freeport Road, Blawnox	412-828-4141

Braddock Borough (www.alleghenycounty.us/munimap/profile.asp?muni=13)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 639 Corey Avenue, Braddock, PA 15104.....	412-351-5400
Borough Secretary ... Municipal Bldg., 6 th Street, Braddock	412-271-1306

Braddock Hills (www.svcog.org/bradh.html)

- Emergency Calls ... Police, Fire, Ambulance 911
- Police Department ... 1300 Brinton Road, Braddock Hills, PA 15221 412-371-1616
- Fire Department ... Wilkins Ave. & Brinton Road, Braddock Hills 412-371-1616
- Secretary's Office ... Wilkins Ave. & Brinton Road, Braddock Hills 412-241-5080

Brentwood Borough (www.brentwoodboro.com/)

- Emergency Calls ... Police, Fire, Ambulance 911
- Police Department ...36245 Brownsville Road, Pgh., PA 15227.....412-884-3939
- Fire Department ... Municipal Bldg. 412-884-3939
- General Offices ... 3624 Brownsville Road 412-884-1500

Bridgeville Borough (www.bridgevilleboro.com/)

- Emergency Calls ... Police, Fire, Ambulance 911
- Police Department ...425 Bower Hill Road, Bridgeville, PA 15017..... 412-221-6052
- Fire Calls Only 412-221-1711
- Business Calls, Municipal Bldg. 412-221-6012

Carnegie Borough (www.carnegieborough.com/)

- Emergency Calls ... Police, Fire, Ambulance 911
- Police Department ...1 Veterans Way, Carnegie, PA 15106412-276-4245

Boro Clerk ... 1 Glass, Carnegie 412-276-1414

Castle Shannon Borough (www.borough.castle-shannon.pa.us/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department 3310 McRoberts Road, PGH, PA 15234..... 412-885-9300

Fire Department – Non Emergency Calls ... 3600 Library Rd. 412-884-7913

Municipal Center ...3310 McRoberts Road.412-885-9200

Chalfont Borough (www.chalfontborough.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department – 2071 Ardmore Blvd., Forest Hills, PA 15221..... 412-351-4141

Fire Department – Emergency Calls..2071 Ardmore Blvd., Forest Hills 412-351-4141

Secretary’s Office ... 144 Lynnwood Avenue, Chalfont 412-823-6500

Churchill Borough (www.churchillborough.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ...2300 William Penn Highway, PGH, PA 15235..... 412-241-4466

Fire Department 412-241-3449

Borough Office ... 2300 William Penn Highway 412-241-7113

Clairton (www.allegHENYcounty.us/munimap/profile.asp?muni=23)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department Emergency 551 Ravens burg Blvd., Clairton, PA 15025 412-233-6211

Fire Department Non-Emergency 412-233-4488

City Manager ... 551 Ravens burg Blvd., Clairton 412-233-8113

Collier Township (www.colliertownship.net/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ... 2418 Hilltop Road, Presto, PA 15142 412-276-5051

Fire Department..... 412-221-8382

Township Secretary ... Hilltop & Walker’s Mill Roads 412-279-2525

Connoquenessing Township (www.connoquenessingboro.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Municipal Building ... 102 Township Drive, Renfrew 412-789-7186

Coraopolis Borough (www.coraopolispa.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department1012 Fifth Avenue, Coraopolis, PA 15108 412-264-3001

Fire Department 412-264-3000

Borough Secretary ... Municipal Bldg., Coraopolis 412-264-3002

Crafton Borough (www.crafton.org/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ...100 Stotz Avenue PGH, PA 15205..... **412-921-2014**

Fire Department **412-875-0022**

Municipal Building ... 100 Stotz Avenue **412-921-0752**

Dormont Borough (www.boro.dormont.pa.us/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Calls ... 1444 Hillside Road, Suite 1, PGH, PA 15216..... **412-561-8900 x. 300**

Fire Calls ... 710 Washington Road **412-563-8826**

Ambulance – Emergency Medical ... 710 Washington Road **412-343-5111**

Business Office ... 2975 W. Liberty Avenue **412-561-8900**

Dravosburg Borough (www.svcog.org/Dravsbg.html)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Calls ...226 Maple Avenue Dravosburg, PA 15034..... **412-466-1100**

Secretary’s Office ... 226 Maple Avenue, Dravosburg **412-466-5200**

Mayor’s Office ... 226 Maple Avenue, Dravosburg **412-466-1734**

Duquesne (www.duquesnepa.us/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Department ...12 Second Street, Duquesne, PA 15110..... **412-469-3774**

Fire Department 412-469-0434
 City Building ... 12 S. 2nd Street, Duquesne 412-469-3770
 Mayor's Office 412-466-4746

East McKeesport Borough (www.eastmckeesportboro.com/)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Calls ...907 Florence Avenue, East McKeesport, PA 15035.... 412-824-0324
 Fire Calls 412-823-9654
 Ambulance Calls 412-823-1300 or 412-823-0394
 Borough Secretary412-824-2531

East Pittsburgh Borough (www.eastpittsburghborough.com/)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Emergency Calls...811 Linden Avenue, East Pittsburgh, PA 15112 412-824-0447
 Fire Emergency Calls 412-823-9373
 Secretary's Office ... 811 Linden Avenue, East Pittsburgh 412-823-7124

Edgewood Borough (www.edgewood.pgh.pa.us/)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Emergency Calls ...2 Race Street, Pgh., PA 15218..... 412-242-9990
 Fire Emergency Calls 412-242-9990
 Fire Non-Emergency Calls 412-242-9994
 Borough Offices 412-242-4824

Edgeworth Borough (www.edgeworthborough.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...301 Beaver Road, Edgeworth, PA 15143.....	412-741-9400
Fire Department	412-741-9400
Borough Manager ... Chestnut & Beaver	412-741-2866

Elizabeth Borough (www.elizabethboro.com/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls ...206 Third Avenue, Elizabeth, PA 15037.....	412-655-8400
Police Non-Emergency Calls	412-384-4041
Fire Emergency Calls	412-384-2922
Secretary's Office ... Third Avenue, Elizabeth	412-384-7771

Elizabeth Township (www.elizabethtownship.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Non-Emergency Calls 522 Rock Run Road, Elizabeth, PA 15037	412-751-7325 or 412-751-3399
Fire Calls	412-384-6222
Ambulance Calls	412-675-5022
Secretary's Office 522 Rock Run Road, Buena Vista	412-751-2880

Emsworth Borough (www.emsworthborough.com/)

Emergency Calls ... Police, Fire, Ambulance	911
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Police Department ...1719 Roosevelt Road, PGH, PA 15237..... **412-259-8304**

Secretary's Office ... 171 Center Avenue, Emsworth **412-734-1161**

Etna Borough (www.etnaborough.org/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Calls ...437 Butler Street, Pgh., PA 15223..... **412-781-6271**

Fire Calls **412-781-1155**

Borough Office 437 Butler **412-781-0569**

Forest Hills Borough (www.foresthillspa.org/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Emergency Calls ...2071 Ardmore Avenue, Pgh., PA 15221..... **412-351-4141**

Fire Emergency Calls **412-351-7335**

Ambulance Emergency Calls **412-351-9111**

Borough Manager **412-351-7330**

Fox Chapel Borough (www.fox-chapel.pa.us/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Non-Emergencies ...401 Fox Chapel Road, Pgh., PA 15238..... **412-963-7220**

Borough Office ... 401 Fox Chapel Road **412-963-1100**

Franklin Park Borough (www.franklinparkborough.us/)

Emergency Calls ... Police, Fire, Ambulance **911**

Police Department ...2344 West Ingomar Road, Pgh., PA 15237..... **412-364-1227**

Fire Department 412-364-5377
 Ambulance Emergency Only 412-367-5844
 Borough General Office ... 2428 Rochester Road 412-364-4115

Frazer Township (<http://www.frazertownship.net/>)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Calls..... 592 Pittsburgh Mills Circle, Tarentum, PA 15084..... 724-274-4204
 Fire Emergency 724-224-6262
 Municipal Building 724 274-4202

Glassport Borough (www.glassport.webs.com/)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Calls ...5th & Monongahela Avenues, Glassport, PA 15045..... 412-672-4514
 Fire Calls 412-741-4840
 Borough Clerk ... Fifth & Monongahela Avenues, Glassport 412-672-7400

Green Tree Borough (<http://www.greentreeboro.com>)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Calls... 10 West Manila Avenue, Pgh., PA 15220..... 412-921-8624
 Boro Office ... 10 W. Manila Avenue412-921-1110

Hampton Township (<http://www.hampton-pa.org>)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Emergency ...3101 McCully Road, Allison Park, PA 15101..... 412-486-0900

Fire Emergency 412-487-1114

Ambulance Emergency 412-486-2007

Harmar Township (www.townshipofharmar.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls...701 Freeport Road, Cheswick, PA 15024..... 724-274-5525

Fire Calls..... 724-274-7210

Municipal Office ... 701 Freeport Road, Cheswick..... 724-274-4550

Harrison Township (www.harrisontwp.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ...Municipal Drive, Natrona Heights, PA 15065..... 724-224-3355

Police, Fire Ambulance Non-Emergency Calls 724-224-4434

Heidelberg Borough (<http://www.heidelbergborough.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls... 1631 Railroad Street, Carnegie, PA 15106..... 412-276-0513

Fire Calls..... 412-276-5955

Borough Office 412-276-0363

Homestead Borough (<http://www.svcog.org/Homestd.html>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ... 201 E. 9 th Avenue, Homestead, PA 15120.....	412-461-7736
Fire Department	412-461-1080
Secretary's Office ... 1750 Maple	412-461-1340

Indiana Township (<http://www.indianatownship.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls ...3710 Saxonburg Blvd., Pgh., PA 15238.....	412-767-5333
Fire Emergency Calls	412-767-4343
Ambulance	412-781-8596

Ingram Borough (<http://www.ingramborough.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...40 W. Prospect Avenue, Pgh., PA 15205.....	412-921-6969
Fire Calls	412-921-2820
Secretary	412-921-3625

Jefferson Hills Borough (<http://www.jeffersonhillsboro.org/>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...925 Old Clairton Road, Jefferson Hills, PA 15025.....	412-655-2222

Fire Department 412-384-9644
 Ambulance 412-655-4446
 General Administrator ... 925 Old Clairton Road, Jefferson Hills 412-655-7735

Kennedy Township (<http://www.kennedytwp.com>)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Department ...3450 Forest Grove Road, Coraopolis, PA 15108... 412-331-8184
 Secretary's Office 412-771-2321

Kilbuck Township (<http://kilbucktownship.org>)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Calls... 1719 Roosevelt Road, Pgh., PA 15237..... 412-259-8304
 Municipal Office 412-761-3945

Leet Township (www.alleghenycounty.us/munimap/profile.asp?muni=61)

Emergency Calls ... Police, Fire, Ambulance 911
 Police Department ...198 Ambridge Avenue, Ambridge, PA 15003..... 724-266-6141
 Municipal Building 724-266-2280

Leetsdale Borough (<http://www.leetsdaleboro.net>)

Emergency Calls 911
 Police Emergency Calls ...85 Broad Street, Leetsdale, PA 15056..... 724-266-1397
 Fire Emergency Calls724-266-3409
 Borough Secretary724-266-4820 x.10

Liberty Borough (www.alleghenycounty.us/munimap/profile.asp?muni=63)

Emergency Calls	911
Police Calls ...2921 Liberty Way, McKeesport, PA 15133.....	412-678-3286
Fire Calls	412-672-1820
Municipal Building ... 2921 Liberty Way, Liberty	412-678-3286

Lincoln Borough (<http://www.lincolnborough.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls ...45 Abes Way, Elizabeth, PA 15037.....	412-751-7155
Fire Calls	412-751-6080
Office Secretary ... Port Vue Road, Lincoln Borough	412-751-2655

Marion Township (www.mariontownshipbeavercounty.com/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls...485 Hartzell School Rd., Fombell, PA 16123.....	724-452-1986
Municipal Building.....	724-452-1986

Marshall Township (<http://www.twp.marshall.pa.us>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Non-Emergency...230 Pearce Mill Road, Wexford, PA 15090.....	724-625-3157
Fire Calls.....	724-935-1230
Municipal Building ... 525 Pleasant Hills Road, Warrendale	724-935-3090

McCandless (<http://www.townofmccandless.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...9955 Grubbs Rd., Wexford, PA 15090.....	412-369-7992
Fire Emergency	412-366-3473
Ambulance Emergency Calls	412-366-3473
TT Only	412-367-8714
Non-Emergency Ambulance	412-367-5883
Administrative Office ... 9955 Grubbs Road	412-364-0616

McCandless Township (<http://www.townofmccandless.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls...9955 Grubbs Rd., Wexford, PA 15090.....	412-369-7992
Executive Offices ... 9600 Perry Highway	412-366-2700

McKees Rocks (<http://www.mckeesrocks.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...340 Bell Avenue, McKees Rocks, PA 15136	412-331-2300
Fire Department	412-331-6116
Borough Secretary ... Bell Avenue & Linden	412-331-9901

McKeesport (www.mckeesport.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls ...201 Lysle Blvd. McKeesport, PA 15132.....	412-675-5015

Fire Emergency Calls	412-675-5911
Ambulance Emergency Calls	412-675-5911
TT & Voice Emergency	412-675-5911
City Offices ... 201 Lysle Boulevard, McKeesport	412-675-5020

Millvale (<http://www.millvalepa.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...501 Lincoln Avenue, Pgh., PA 15209.....	412-821-3410
Fire Department.....	412-821-1868
Borough Office	412-821-2777

Monroeville (<http://www.monroeville.pa.us>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls...2700 Monroeville Blvd., Monroeville, PA 15146	412-856-1000
Fire Emergency Calls	412-373-1313
Ambulance Emergency Calls	412-856-1111
Municipal Offices ... 2700 Monroeville Blvd., Monroeville	412-856-3304

Moon Township (<http://www.moontwp.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department.1000 Beaver Grade Road, Moon Township, PA 15108	412-262-5000
Fire Department	412-262-5004
Borough Manager ... 1000 Beaver Grade Road, Coraopolis, PA 15108.	412-262-1700

Mt. Lebanon (<http://mtlebanon.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...710 Washington Road, Pgh., PA 15228.....	412-531-5300
Fire Department Non-Emergency	412-343-3797
TT Only	412-343-0369
General Offices ... 710 Washington Road	412-343-3400

Mt. Oliver Borough (<http://www.mountoliver.us>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...150 Brownsville Road, Pgh., PA 15210.....	412-431-3164
Fire Department	412-481-2330
Borough Secretary ... 150 Brownsville Road	412-431-8107 x.104

Munhall Borough (<http://www.munhallpa.us>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...1900 West Street, Munhall, PA 15120.....	412-464-7300
TT Only	412-464-7308
Fire Department	412-464-7325
Ambulance Emergency	412-464-7300
Secretary's Office	412-464-7310

Neville Township (<http://www.nevilleisland-pa.gov>)

Emergency Calls ... Police, Fire, Ambulance	911
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Police Calls...1719 Roosevelt Road, Pgh., PA 15237 **412-259-8304**
 Fire Department **412-264-1113**
 Secretary's Office ... Municipal Bldg. ... 3rd & Grand Sts., Neville Island ... **412-264-1977**

North Versailles Township (<http://www.nvtpa.com/>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Calls...1401 Greensburg Avenue, North Versailles, PA 15137... **412-823-1111**
 Fire Emergency Calls **412-823-1111**
 Secretary's Office ... 1401 Greensburg Avenue., N. Versailles **412-823-6602**

Oakdale Borough (<http://www.oakdaleborough.com/>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Emergency Calls ...6615 Noblestown Road, Oakdale, PA 15071....**724-693-9639**
 Fire Calls..... **724-693-9408**
 Municipal Building ... 6115 Noblestown Road, Oakdale **724-693-9740**

Oakmont Borough (<http://www.oakmontborough.com/>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Department ...769 Fifth Street, Oakmont, PA 15139..... **412-826-1578**
 Fire Emergency Calls **412-828-3134**
 Emergency Management **412-828-2255**
 Borough Manager ... 5th St. & Virginia Avenue **412-828-3232**

O'Hara Township (www.ohara.pa.us/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...325 Fox Chapel Road, Pgh., PA 15238.....	412-782-1403
Fire Department	412-781-8108
General Administration	412-782-1400

Ohio Township (<http://www.ohiotwp.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Non-Emergency Calls ...1719 Roosevelt Road, PGH, PA 15237.....	412-259-8304
Fire Calls.....	412-369-2200
General Offices ... 1719 Roosevelt Road	412-364-6321

Osborne Borough (www.glenosborneborough.org/)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...601 Thorn Street, Sewickley, PA 15143.....	412-741-4119
Fire Department ... 100 North Drive, Aleppo	412-741-4840
Secretary's Office ... 601 Thorn Street, Sewickley	412-741-3775

Penn Hills (<http://www.pennhills.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Non-Emergency Calls...12245 Frankstown Road, Pgh., PA 15235	412-793-1000
TTY-TDD	412-798-2068
Fire Calls.....	412-241-9285

Fire Marshall 412-798-2020

General Information 412-795-3500

Pine Township (<http://www.twp.pine.pa.us>)

Emergency Calls ... Police, Fire, Ambulance 911

Police – Non Emergency...230 Pearce Mill Road, Wexford, PA 15090..... 724-625-3157

Municipal Bldg. ... 230 Pearce Mill Road, Wexford 724-625-1591

Pitcairn Borough (<http://www.pitcairnborough.us>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...580 Sixth Street, Pitcairn, PA 15140..... 412-372-6505

Fire Calls 412-856-5630

Municipal Bldg., 412-372-6500

Pittsburgh (www.city.pittsburgh.pa.us/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls...110 Grant Street, Pgh., PA 15219..... 412-255-2800

City Clerk ... City-County Building. 412-255-2138

Hearing Impaired – TDD 412-201-5384

Pleasant Hills Borough (<http://www.pleasanthillspa.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ... 410 E. Bruceton Road, Pleasant Hills, PA 15236..... 412-655-4544

Fire Department 412-655-4544

Borough Offices ... 410 E. Bruceton Road, Pleasant Hills..... 412-655-3300

Plum Borough (<http://www.plumboro.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...4575 New Texas Road, Pgh., PA 15239..... 412-793-7400

Fire Calls 412-793-4411

Municipal Bldg., ... 4575 New Texas Road, Plum Borough412-795-6800

Port Vue Borough (www.alleghenycounty.us/munimap/profile.asp?muni=92)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...1194 Romine Avenue, Port Vue, PA 15133..... 412-664-2255

Fire Calls 412-675-5022

Ambulance Calls 412-678-4444

Municipal Office ... 1191 Romine Avenue, Port Vue 412-664-9323

Rankin Borough (<http://www.rankinborough.com/>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...320 Hawkins Avenue, Rankin, PA 15104..... 412-271-1010

Fire Calls 412-271-3211

Borough Secretary ... 320 Hawkins Avenue, Rankin412-271-1027

Reserve Township (<http://www.reservetwp.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...33 Lonsdale St., Pgh., PA 15212..... 412-322-1559

Fire Calls 412-231-7405

Township Office ... 33 Lonsdale Street412-322-1551

Richland Township (<http://richland.pa.us/>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Non-Emergency Calls...230 Pearce Mill Road, Wexford, PA 15090 724-625-3157

Fire Calls..... 724-443-3375

Secretary's Office 724-443-5921

Robinson Township (<http://www.townshipofrobinson.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Non-Emergency Calls ...1000 Churchill Road, Pgh., PA 15205..... 412-788-8115

Fire Department 412-787-9970

Administrative Offices ... 1000 Churchill Road 412-788-8120

Ross Township (<http://www.ross.pa.us/>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls... 5325 Perrysville Ave., Pgh., PA 15229..... **412-931-6248**
 Fire Calls..... **412-821-3957**
 Administrative Office ... Perry Highway & Center Avenue, West View**412-931-7055**

Scott Township (<http://scott-twp.com>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Department ...301 Lindsay Road, Carnegie, PA 15106..... **412-276-7725**
 Fire Calls **412-276-7050**
 Ambulance Calls **412-276-2323**

Sewickley Borough (<http://www.sewickleyborough.org>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Department ...601 Thorn St., Sewickley, PA 15143.....**412-741-4119**
 Fire Department **412-741-4840**
 Borough Manager **412-741-4015**

Sewickley Heights Borough (<http://www.sewickleyheightsboro.com>)

Emergency Calls ... Police, Fire, Ambulance **911**
 Police Calls ...Borough Hall, Country Club Rd., Sewickley 15143..... **412-741-5111**
 Fire Calls **412-741-5111**

Borough Offices 412-741-5119

Shaler Township (<http://www.shaler.org>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department....300 Wetzel Rd., Glenshaw, PA 15116..... 412-492-2222

Fire Calls..... 412- 822-7000

Business Office 412-486-9700

Sharpsburg Borough (<http://www.sharpsburgborough.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ...1611 Main St., Pgh., PA 15215..... 412-781-0546

Fire Department Non-Emergency 412-781-1116

Ambulance Calls 412-961-0600

Borough Secretary's Office ... 1611 Main Street, Sharpsburg 412-781-0546

South Park Township (<http://www.southparktp.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...2675 Brownsville Rd., Library PA 15129..... 412-833-1000

Fire Calls 412-655-9949

Ambulance Calls 412-831-3710

General Offices ... 2675 Brownsville Road, South Park 412-831-7000

Springdale Borough (<http://www.springdaletownship.com>)

Emergency Calls	911
Police Department ...325 School St., Springdale, PA 15144.....	724-274-9022
Fire Department	724-274-5090
Manager Office ... 325 School Street, Springdale.....	724-274-4034

Stowe Township (www.alleghenycounty.us/munimap/profile.asp?muni=110)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...1301 Island Ave., McKees Rocks, PA 15136.....	412-331-4010
Fire Department	412-331-1449
Secretary's Office ... 1301 Island Ave., Stowe	412-331-4050

Swissvale Borough (<http://www.swissvaleborough.com/>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...7560 Roslyn St., Pgh., PA 15218.....	412-271-0430
Fire Department	412-271-0430
Borough Secretary	412-271-7101

Tarentum Borough (<http://www.tarentumboro.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department...318 Second Ave., Tarentum, PA 15084.....	412-224-1515
Fire Calls.....	724-224-0999

Secretary's Office ... 1120 Princeton Rd., Thornburg 412-921-3713

Trafford Borough (<http://www.traffordpa.com>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls...Box 91-Brinton Ave., Trafford, PA 15085..... 412-372-6550

Borough Secretary ... 4th St. & Duquesne, Trafford 412-372-7652

Turtle Creek Borough (www.alleghenycounty.us/munimap/profile.asp?muni=115)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls ...125 Monroeville Ave., Turtle Creek, PA 15145..... 412-823-1200

Fire Calls 412-823-1200

Borough Office ... 125 Monroeville Ave., Turtle Creek 412-824-2500

Union Township (www.uniontwp.com/)

Emergency Calls ... Police, Fire, Ambulance 911

Police Calls...1910 Davies Avenue, New Castle, PA 16101..... 724-652-5203

Township Office 724-348-4250

Upper St. Clair Township (<http://www.twpusc.org>)

Emergency Calls ... Police, Fire, Ambulance 911

Police Department ...1820 McLaughlin Run Rd., Pgh., PA 15241.....412-833-1113

Fire Department 412-833-7500

General Offices ... 1820 McLaughlin Run Rd. 412-831-9000

Verona Borough (<http://www.veronaborough.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...736 E. Railroad Ave., Verona, PA 15147.....	412-828-6034
Fire Calls.....	412-828-3036
Municipal Department ... 736 E. Railroad Ave., Verona	412-828-8080

Versailles Borough (www.alleghenycounty.us/munimap/profile.asp?muni=118)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls5100 Walnut St., McKeesport, PA 15132.....	412-751-2218
Fire Calls.....	412-751-3603
Municipal Office ... 5100 Walnut Street, Versailles	412-751-3922

Wall Borough (<http://www.wallborough.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls ...907 Florence Avenue, East McKeesport, PA 15035.....	412-824-0324
Fire Calls.....	412-823-9654
Municipal Building ... 413 Wall Ave, Wall	412-824-3333

West Deer Township (<http://www.westdeertownship.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Non-Emergency ...Box 2, East Union Rd., Russellton, PA 15076....	724-265-1100
Fire Non-Emergency Calls – Culmerville	724-265-1380

Cheswick	724-265-1248
Gibsonia	724-443-3351

West Elizabeth Borough (<http://www.svcoq.org/weliz.html>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls...206 Third Ave., Elizabeth, PA 15037.....	412-384-4041
Fire Calls.....	412-384-9450
Municipal Building ... 4 th & Lincoln, West Elizabeth	412-384-8200

West Homestead Borough (<http://westhomesteadpa.com/>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department...456 West Eighth Ave., West Homestead, PA 15120...	412-461-4575
Fire Department	412-461-1080
Secretary's Office 401 W. 8 th Ave., West Homestead	412-461-1844

West Mifflin Borough (<http://www.westmifflinborough.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls...4733 Greenspring Ave., West Mifflin, PA 15122.....	412-461-3125
Fire Calls.....	412-466-7500
Mayor's Office	412-466-8176

West View Borough (<http://www.westviewborough.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...441 Perry Highway, Pgh., PA 15229.....	412-931-2800
Fire Department	412-931-2800
Borough Secretary ... 441 Perrysville Road	412-931-2800

White Oak Borough (<http://www.woboro.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls ...2280 Lincoln Way, Pgh., PA 15131.....	412-672-9727 x-234
Fire Calls	412-664-4822
Emergency Medical Calls	412-672-3055
Boro Office ... 2280 Lincoln Way, White Oak	412-672-9727

Whitehall Borough (<http://www.whitehallboro.org>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Department ...100 Borough Park Drive, Pgh., PA15236.....	412-884-1100
Fire Department	412-882-8820
Borough Offices ... 100 Borough Park Drive	412-884-0505

Wilkins Township (<http://www.wilkinstownship.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls ...110 Peffer Road, Turtle Creek, PA 15145.....	412-824-0032

Fire Emergency Calls	412-829-0530
Township Offices	412-824-6650

Wilkesburg Borough (<http://www.wilkesburgpa.gov>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Emergency Calls ...605 Ross Ave., Pgh., PA 15221.....	412-244-2915
Police Non-Emergency Calls	412-244-2915
Fire Emergency Calls	412-244-2929
Fire Non-Emergency Calls	412-244-2930
Ambulance Emergency Calls	412-829-8155
Borough Manager	412-244-2900

Wilmerding Borough (<http://www.WilmerdingBoro.com>)

Emergency Calls ... Police, Fire, Ambulance	911
Police Calls ...1401 Greensburg Ave., North Versailles, PA 15137.....	412-823-1111
Fire Calls	412-823-1293
Borough Secretary.....	412-823-0420

Appendix M. Emergency Response References: Publications and Web Sites

Publications:

Are You Ready?; An In-depth Guide to Citizen Preparedness, Jessup, MD: U.S. Federal Emergency Management Administration.

Crisis and Emergency Risk Communication, Atlanta, GA: Centers for Disease Control and Prevention.

DVD: “*Emergency Preparedness—Awareness & Survival*,” Apogee Communications Group

<http://www.apogeevideo.com>

Primary Web Sites: *Sites provide detailed information on specific types of emergencies and disasters (floods, storms, etc.)*

American Red Cross: www.redcross.org (Click on tabs: >Preparing and Getting Trained >Preparedness Fast Facts)

U.S. Federal Emergency Management Administration: www.fema.gov (Click on tabs: >Plan & Prepare; >Recover & Rebuild; >Apply for Assistance)

Other Web Sites:

Centers for Disease Control and Prevention

www.cdc.gov

U.S. Department of Health and Human Services
www.hhs.gov/disasters

Department of Homeland Security

www.dhs.gov

National Weather Service
www.nws.noaa.gov

Institute for Business and Home Safety

www.ibhs.org

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