

Appendix B

County Human Services Plan

PART I: COUNTY PLANNING PROCESS

County Planning & Leadership Team and Stakeholder Engagement

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

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

Serving residents in the least restrictive setting possible and addressing other key outcomes

AC DHS has participated in the Human Services Block Grant since the year it was initiated and, in FY 23-24, will continue to leverage the Block Grant's flexibility to address the comprehensive needs of children, adults, and families through integrated services. Importantly, this includes critical investments in upstream services and supports that prevent crises and the overuse of restrictive settings and coercion, where at all possible. Through its Block Grant and other investments, AC DHS plans to:

Improve Access to Human Services. AC DHS is committed to making sure people can easily access the services they need when they need them and before problems turn into crises—whether that's housing, childcare, family support, treatment for substance use disorder, or other services. Our strategies to improve access to human services include:

- 2-1-1 for resources and 9-8-8 in times of crisis: Making it fast and easy to get connected to life-changing support.

- Digital strategies: Developing a rich, always-current database of the services people need—and sharing it; providing clients with access to their own records; and creating ways for people to offer feedback on the services they’ve experienced so we can continue to improve.
- Outreach and marketing: Making sure people who need services know where to turn for help.
- Prioritization: Ensuring scarce resources are allocated to people who need services the most.

Support Economic Security. State and federal funding to Counties is primarily for the delivery of specific services like mental health treatment, child protection, and aging supports. Almost none of AC DHS’ funding is explicitly for reducing poverty, even though poverty so often exacerbates or drives people’s human service needs. In recognition of the relationship between poverty and people’s human service needs, AC DHS seizes chances to use its funding and partnerships to improve the economic security of individuals and families wherever we can. Specifically, we are advancing economic security by investing in basic needs, such as:

- Emergency financial support: Preventing crises by helping families through tough times, whether they need diapers, formula, or a car repair.
- Childcare: Helping families to access quality and affordable childcare through subsidies, expanding capacity for short-term and crisis childcare, and investing in the Out-of-School Time program network.
- Transportation: In November 2022, AC DHS launched a 12-month pilot that provided Pittsburgh Regional Transit (PRT) fare discounts for working-age recipients of Supplemental Nutrition Assistance Program (SNAP) benefits and their children. The pilot connected people and families to an important economic support while providing an opportunity to study how lowering the cost of public transportation affects employment, health, and other key outcomes. We enrolled over 14,000 people in the pilot, including nearly 5,000 children. Participants were randomly assigned to one of three possible fare discount levels – unlimited free PRT trips for 12 months, a 50% discount on all PRT trips for 12 months, or a PRT ConnectCard with \$10 preloaded cash but no further discount. A rigorous evaluation is underway, and this will allow AC DHS to see what really works and use that information for longer-term commitments toward lowering the cost of transportation for low-income residents. This pilot program is one of the largest experimental evaluations of public transit fare discounts that has taken place to date in the U.S.
- Housing: Allegheny County is working to improve our housing system for people experiencing and at risk of homelessness through
 - Expanded low-barrier shelter capacity with wrap-around services to address mental and physical health issues, substance misuse, and other complex challenges faced by individuals experiencing homelessness.
 - Rental assistance to prevent evictions and help people transition from homelessness to permanent housing.
 - Improved integration between the homelessness and mental health housing systems to ensure people receive the right kind of support for their needs. Additional information about these efforts can be found in the Recovery-Oriented Systems Transformation section on pages 26-27.
 - New leveraging of HealthChoices reinvestment funds to address housing as a social determinant of health for people experiencing homelessness with mental illness and/or co-occurring substance use disorder.

Prevent Harm and Reduce the Use of Coercion. Our aim is to reduce the number of people impacted by serious issues that cause them to enter coercive systems and the most restrictive settings, wherever possible. This includes prevention across human services domains through:

- Family Strengthening Efforts: Building a robust network of services that meet the needs of families with children in order to prevent child welfare involvement.
- Juvenile Justice Diversion: Referring youth to voluntary services, programs and supports rather than to the juvenile justice system.
- Law Enforcement Assisted Diversion (LEAD): Connecting high utilizers of the criminal legal system with harm-reduction-focused case management instead of being arrested.
- Community Violence Prevention: Convening stakeholders to plan and lead community-based efforts while funding evidence-based, public health approaches to reduce violence—which has increased and causes significant trauma, especially impacting children’s long-term mental health and well-being.
- Homelessness prevention: Expanding rental assistance and investing in strategies to increase access to affordable housing, such as landlord incentives.
- Reentry Services: solicitation of providers for reentry services focused on professional development, relationships, physical and mental health, and substance use with an intentional incorporation of Cognitive Behavioral Intervention into all programming.

Support People, Their Families and First Responders During Crises. Building a robust crisis response system that reduces the overuse of the criminal justice system for people with human service needs. Even with the best access and prevention services, people still need help through emergencies like homelessness or behavioral health crises. Allegheny County DHS is working with its partners to build a system that provides quick help from human services and the community instead of expecting law enforcement or other first responders to do the work alone. Crisis response efforts include:

- One number to call: Implementing “988” as the number people call when someone is having a crisis and testing different response models.
- Mobile response: Supporting co-responder models and expanding the number of social work teams that can respond when someone is in a behavioral health, housing, or other crisis.
- Community response: Supporting communities in instituting ways of helping their neighbors in crisis and helping make this part of the 911 system.
- Peer respite: Establishing welcoming, peer-operated spaces where people can find support when their mental health symptoms are escalating or they need to recover from a crisis.
- Informal mental health supports: Delivering non-medical supports through community-led partners that broaden the ways in which people connect to care.
- Opioid epidemic response: Funding evidence-based interventions and innovative programs to reduce harm and ultimately promote recovery such as naloxone distribution, Medication Assisted Treatment, and community-led and operated treatment supports.

PART II: PUBLIC HEARING NOTICE

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

The public hearings were held on April 14, 2023, at 2:00 pm and April 20, 2023, at 10:00 am. AC DHS held the public hearings virtually, using Zoom, and included a State of Human Services address as well as a live Q&A session with the Director of AC DHS. Individuals were able to join the hearings by phone or weblink. Questions and comments were accepted orally, by email or through a Q&A chat box. Live closed captioning and ASL interpretation were available, and individuals could request a copy of the transcript, translated as needed. An event recording is posted to <https://vimeo.com/821010650>.

The hearings were attended by 329 individuals on Zoom, including community members, advocacy groups, service providers and AC DHS staff. The video recording of the hearing has also been viewed more than 140 times. In addition to the public hearings, the AC DHS Director hosted a special session with similar content with all DHS staff on May 9, 2023.

The AC DHS Director presented information about the Human Services Block Grant, human service needs and opportunities. The Director asked participants to share community needs and their ideas for addressing those needs; and facilitated a virtual discussion with participants, collecting their comments and suggestions and using their input to develop the Human Services plan.

This year, AC DHS launched [Allegheny Engage](#), a new public engagement platform designed to inform the public about current projects, programs and initiatives and invite the public to share their ideas and feedback with the County. This platform is designed to serve as a central hub to share information and get input and feedback. Projects that are currently active are shown on the homepage and are accessible for anyone to browse. Each project may have a different mode of engagement, whether it's adding an idea, commenting on a proposal, voting on and prioritizing projects, or taking a survey.

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

As stated in *Part I: County Planning Process* above, AC DHS is committed to promoting economic security for our clients. To this end, AC DHS invests in programs and services that connect people to appropriate training and employment opportunities and support them in maintaining employment. AC DHS also partners with key regional stakeholders to ensure clients have a clear pathway to training and employment resources and supports.

One of AC DHS's most important partnerships in this space is with Partner4Work (P4W), Allegheny County's workforce investment board. P4W connects funding, expertise, and opportunities for employers, job seekers, agencies, and policymakers to develop a thriving workforce in the Pittsburgh area. The AC DHS and Partner4Work partnership focuses on coordinating human services and employment services, advocating for workforce development for people with human service needs, and building more robust referral networks and ways to share resources.

Among these initiatives is the Career Service Expansion Project, which connects residents of Allegheny County with CareerLink services through targeted outreach and partnerships with community-based organizations in low-income and geographically isolated areas. This project currently operates in 23 sites and includes a warm handoff to CareerLink, shared case management, and a dual focus on job readiness and connections. The project has also established computer kiosks throughout the community to help residents connect virtually with CareerLink services.

To date, P4W has computer kiosks at the following locations:

- Allegheny Valley Association of Churches
- Auberle
- Duquesne Family Support Center - Urban League
- First Source Center
- Focus on Renewal
- Goodwill of Southwestern PA
- Wilkinsburg Family Support Center
- Phase 4 - East Liberty
- Dress For Success
- Springdale Free Public Library

AC DHS, through its participation in the Allegheny County Jail Collaborative (ACJC), offers pre-release vocational training opportunities at the Allegheny County Jail (ACJ) and supported training opportunities in the community through its federal Department of Labor funded Pathway Home grant, in collaboration with Partner4Work. In the past year, 48 individuals participated in pre-release and/or community vocational training through the Pathway Home program, receiving a stipend equivalent to \$10/hour, incentives for reaching workforce milestones, and supportive service funding to purchase items needed to meet workforce goals.

AC DHS is launching a new workforce training and employment initiative in FY 2023-24 in partnership with Fishers of Men Community Development Corporation. This pilot project seeks to connect unemployed or underemployed persons of color to infrastructure workforce training and employment in union laborer jobs that pay a living wage. To date, the contract between AC DHS and Fishers of Men

Community Development Corporation has been established, and plans are underway for the start of the first training cohort of 10 unemployed or underemployed community members in November 2023. AC DHS and Fishers of Men aim to complete a total of four training cohorts, serving up to 40 community members in FY 2023-24.

Also upcoming in FY 2023-24 is the launch of Allegheny County's Achieving Change Through Transitional Employment Services (ACTES) launch. ACTES is based on the evidence-informed Rapid Employment and Development Initiative (READI) model of engaging participants with cognitive behavioral interventions (CBI), paid transitional jobs, and wrap-around support services. The program is targeted at individuals at the highest risk of being involved with gun violence. Based on a solicitation issued in January 2022, Allegheny County has identified lead agency partners to implement ACTES in the geographic regions of Stowe-Rox, Woodland Hills and South Pittsburgh, further defining the target population as those connected to violence across these three sites. ACDHS expects to serve 20 of the highest-risk individuals in each community (60 total) annually.

Housing:

AC DHS recognizes that homelessness is a complex problem and is often intertwined with unemployment, lack of affordable housing, substance use disorder (SUD), serious and persistent mental illness, intimate partner violence and poverty. Homelessness also contributes to severe negative outcomes for individuals and families, including hunger, inadequate medical care, social isolation, mental illness and school absenteeism. Because of this complexity, most of the individuals who receive homeless services work with multiple service providers. In 2022:

- 50% of people active in the homeless service system had also received a publicly funded mental health service in the past. This increased to 68% when narrowing to the individuals who were active in street outreach or housing programs (including emergency shelter, bridge, and permanent housing programs).
- 26% had also received a publicly funded service for substance use disorder in the past
- 16% self-reported an experience of intimate partner violence
- 30% had had a previous booking with the Allegheny County Jail
- 29% had been active with County child welfare services

Using federal, state and local funds, AC DHS contracts with over 30 nonprofit service entities, operating over 70 distinct programs for people experiencing homelessness. These programs, along with other government and social services agencies, comprise a Continuum of Care (CoC) that includes:

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

This service array is the result of ongoing strategic planning by AC DHS and the CoC's working board, the Homeless Advisory Board (HAB), to make homelessness in the County rare, brief, and non-recurring. In coordinating with the HAB to develop and administer a system that is responsive to the needs of households experiencing homelessness, AC DHS has:

Connected people to resources through the Allegheny County Coordinated Entry System

The Allegheny Link (including its Field Unit, described below) functions as the single access point for homeless services in Allegheny County. The Link offers information and referrals, homeless services coordination, eligibility screening, options counseling, application assistance and case management. Importantly, the Link ensures the County's housing resources are allocated as fairly, equitably, and effectively as possible using the Allegheny Housing Assessment (AHA) to prioritize individuals and families experiencing homelessness for long-term housing.¹

Expanded coordinated entry services

The Field Unit acts as a bridge between those who are street homeless and unable to contact Allegheny Link so that AC DHS can reach more individuals in their communities. The Field Unit consists of skilled field service coordinators who partner with Street Outreach Teams, drop-in centers, medical clinics and libraries to bring coordinated entry to those who are unsheltered.

Created a Section 811 Housing Initiative in Allegheny County

AC DHS' Section 811 housing initiative provides project-based and tenant-based Section 8 housing for people ages 18-61 with disabilities, who have income at or below 30% of Area Median Income (AMI), and who are enrolled in Medicaid or who are eligible for Medicaid (but who are not yet enrolled). The program prioritizes housing people who are institutionalized but able to live in the community if they have permanent supportive housing, are at risk of institutionalization, or are living in a congregate care setting but are able to live in the community.

Established and expanded landlord engagement initiatives

The AC DHS Housing Navigation Unit fosters relationships with landlords to encourage renting to higher-need households, creates a system to track available and affordable housing, and assists AC DHS caseworkers and providers in their efforts to help clients obtain housing. In addition, resources have been committed and utilized to encourage the engagement of new and existing landlords. Building on past successes with the Landlord Risk Mitigation Fund, which reduces the risk to landlords by covering the costs of repairing rental unit damage or lost rent, AC DHS has increased incentives to include sign-on bonuses to facilitate the ongoing engagement and support of our network of landlords.

Expanded access to low-barrier shelter and services

AC DHS worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations, to design and build a new Low-Barrier Shelter called Second Avenue Commons (2AC). This brand new 45,000-square-foot, five-floor facility opened in November 2022 and includes a 24/7, 92-bed Low-Barrier Shelter with space to add 40 additional beds when needed; a daytime drop-in center; a clinic staffed and operated by UPMC that provides routine physical and behavioral health services; and 43 Single Room Occupancy (SRO) units (permanent housing that offers small, private, furnished rooms along with shared bathroom and kitchen facilities). In addition, AC DHS is seeking to procure additional low-barrier shelter across the County. This approach is expected to enable individuals to find shelter in their communities of choice, avoid concentrating individuals in areas they do not identify as their own communities, manage the provision of support services so that shelter stayers can receive effective and individualized housing

¹ More information about the AHA is available at <https://www.alleghenycounty.us/Human-Services/News-Events/Accomplishments/Allegheny-Housing-Assessment.aspx>

planning, and enable the system to be more agile in maintaining a level of shelter capacity that is responsive to local needs.

Expanded and integrated homelessness prevention

Implementing lessons learned from AC DHS's successful administration of the Emergency Rental Assistance Program (ERAP), which assisted nearly 20,000 households with rental and utility assistance, AC DHS has established a more robust homeless prevention program. The Allegheny Housing Stabilization Collaborative manages resources from multiple funding sources, blending them to achieve not only eviction prevention but also true housing stabilization through expanding mediation offerings, financial counseling, credit building, and personalized ongoing housing counseling.

Supported housing mobility

Research demonstrates that households with children achieve better educational and economic outcomes when they live in well-resourced, low-poverty neighborhoods, yet many families with Housing Choice Vouchers (HCV) face barriers in moving to these "high opportunity" areas. AC DHS launched a housing mobility initiative in FY 22-23 as part of the U.S. Department of Housing and Urban Development's HCV Mobility Demonstration. The program aims to expand geographic choice for HCV families who want to move to high-opportunity areas by working with landlords, public housing authorities, and HCV holders.

Permanent Supportive Housing expansion

In addition, AC DHS is expanding partnerships and integrating services to better serve individuals and families across systems. For example, AC DHS has been approved to use Reinvestment Funds to expand permanent supportive housing (PSH) and create new housing for people experiencing homelessness with mental illness and/or co-occurring substance use disorder. Further, through its mental health residential system improvement efforts (described further on pages 26-27), AC DHS expects to achieve better integration between its homeless and mental health housing systems, so that people who need housing are matched with the system best equipped to meet their needs, regardless of the door they enter.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

AC DHS is responsible for providing and administering publicly funded mental health services to Allegheny County residents. This includes oversight of Allegheny County’s contracted managed care organization for the Behavioral HealthChoices program (Pennsylvania’s Medicaid program for behavioral health services), Community Care Behavioral Health (CCBH). AC DHS’s Office of Behavioral Health (OBH), through its Bureau of Mental Health (MH) Services, works closely with CCBH, service providers, and other stakeholders to deliver culturally competent, quality services to individuals and families across the lifespan. Built upon the principles of resiliency and recovery, the Bureau supports and respects each person’s right to choose services that meet their unique needs. Funding received from the Human Services Block Grant, alongside other sources, is critically important for AC DHS’s ability to achieve its vision of a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance— a system that must be integrated with other services and address key social determinants of health, such as housing, to enhance consumers’ health and well-being.

During fiscal year (FY) 2022-23, AC DHS continued to work toward this vision and improve available behavioral health resources and supports through the following notable initiatives:

Efforts to make it easier to access behavioral health supports

Implementation of a new tool to ensure equitable and efficient allocation of MH Housing resources

Allegheny County’s MH Housing system (also known as MH residential programs) has been characterized by limited housing resources, high demand and prolonged wait times for service, with some individuals waiting years without ever being served. Prior to a recent process improvement, behavioral health providers referred people to MH Housing and those with a qualified mental health diagnosis² were placed on a waiting list with little visibility into when a bed might be available. As beds became available, individuals at the top of the waitlist were prioritized for programs according to adopted business rules but without the benefit of a data-driven support tool to help drive these decisions. This process lacked transparency and often resulted in lower-risk individuals being housed before higher-risk ones. Additionally, it caused long wait times for all – the average wait time was 140 days, and 53% of people never received services at all. Taking learnings from a successful improvement effort in its housing system for people experiencing homelessness, in FY 2022-23, AC DHS implemented a new risk tool to improve the prioritization of clients eligible for MH residential programs. More information about the prioritization work being done in the MH Residential space can be found on pages 26-27.

Community-led and operated informal mental health supports

Research indicates that in many communities, people struggling with mental health are more likely to reach out to informal supports for help because when the social distance between the person struggling and the helper is smaller, there can be greater agreement about the perception of the problem and possible

² MH Housing Services are designed for people who have a serious mental illness (SMI) (e.g., bipolar disorder, schizophrenia, major depressive disorder) and are over 18 or older. Additionally, individuals cannot have a primary diagnosis of Substance Use Disorder, Organic Brain Syndrome or Intellectual Disability (ID). Each housing type has additional eligibility requirements based on funding sources and other variables such as need for assistance with Activities of Daily Living (ADLs) and level of support needed to maintain the highest level of independence possible.

solutions. The World Health Organization describes ‘informal mental health supports’ as services that aren’t provided by the “formal” health and welfare system and that are “usually accessible and acceptable to the community as they are an integral part of the community.” These informal supports are a complement to those traditional and “formal” supports.

In the past year, AC DHS sought proposals from community-led and operated organizations to create or expand informal mental health supports that increase the availability of preventative and proactive supports that individuals or families can use for mental health and well-being, smooth pathways to more formal services; broaden the ways in which people connect to care; and/or reduce both stigma and crises. Proposers were asked to target communities – both geographic and demographic – that may mistrust or feel alienated by traditional mental health and crisis prevention and response services, especially Black, LGBTQIA+, immigrant and refugee communities, and community members with Limited English Proficiency (LEP). Successful proposers were required to demonstrate a strong connection to the communities they proposed to serve and include community members in the design, operation and/or assessment of their projects.

To date, 15 providers have been selected to provide informal mental health supports, and AC DHS anticipates these services to be fully available in 2024. Each provider successfully demonstrated a strong connection to the communities they proposed to serve and included community members in the design to best support target communities that may mistrust or feel alienated by traditional mental health and crisis prevention and response services, especially Black, LGBTQIA+, immigrant and refugee communities, and community members with Limited English Proficiency.

Mobile Community-based Services

AC DHS, through OBH, continues to coordinate the provision of a wide array of Mobile Community-based services that include but are not limited to the following: Community Treatment Teams (CTT) for individuals 16 and up who have a diagnosis of serious mental illness that follow the Assertive Community Treatment (ACT) Model, Mobile Mental Health Treatment for adults, Integrated Dual Disorder Treatment (IDDT) for individuals that have housing insecurity and needs related to substance use, and Dual Diagnosis Treatment Team (DDTT) for individuals that are diagnosed with a mental health and intellectual disability in addition to Mobile Psychiatric Rehabilitation, Behavioral Health Nursing Home Diversion Team (New Connections), Mobile Medication Teams, Enhanced Clinical Service Coordination (ECSC), and Blended Service Coordination.

Beginning in 2023 and continuing through 2024, these mobile community-based services are being reviewed by OBH and CCBH to ensure that clients are receiving the appropriate dosage and type of services based on their needs. This review process intends to move clients to less intensive forms of care as their needs allow in order to open capacity in more intensive levels of care and remove some of the burden created by workforce shortages in this service area. Throughout this array of services, OBH and CCBH strive to offer the evidence-based best practice that is most applicable to clients’ needs.

Programs to address an increased need for mental health supports among youth

Children’s Diversion and Stabilization Program

Diversion and Stabilization Programs (DAS) provide settings alternative to the hospital for children experiencing an acute mental health crisis. The DAS program model aims to prevent hospitalization or serve as a step between a hospital stay and returning to the community. In the past year, both of Allegheny

County's DAS programs have been temporarily closed in order for AC DHS to restructure the program so that it better adheres to the DAS model and more meaningfully serves more children, more efficiently. AC DHS anticipates that clients of DAS programs will receive the service for 60–90-day periods, with a key part of service provision being focused on comprehensive discharge planning to ensure that children have demonstrated a clinical level of readiness that lessens the risk of regression upon release.

AC DHS procured Southwood Psychiatric Hospital to be the provider of DAS programs in the County and has worked with CCBH to identify Cognitive Behavioral Therapy (CBT) as the evidence base to guide providers in effectively offering this service. In order to best incorporate CBT into DAS Programs, AC DHS anticipates working with The Penn Collaborative for CBT and Implementation Science as a consultant to train and provide technical assistance to all staff working in this area. This will ensure that the model is implemented with fidelity and offers a consistency that DAS programs have not been able to achieve historically. AC DHS anticipates this service to be in operation in mid-late 2024, pending construction, with a 20-bed capacity.

Community and School-based Behavioral Health Teams

AC DHS and Community Care, in partnership with several behavioral health providers, offer Community and School-based Behavioral Health (CSBBH) Teams to provide comprehensive supports to students with mental health needs by working within schools as well as with families in their homes and community settings.

In response to needs assessments, AC DHS recently expanded its CSBBH Teams to serve two new schools— McClure Elementary in McKeesport (via Western Psychiatric Hospital) and Logan Elementary in East Allegheny (via Every Child Incorporated). Each team is comprised of master's prepared licensed Mobile Therapists (MT) and a group of bachelor-level Behavioral Health Technicians (BHT) who work together to serve a flexibly sized caseload, generally 16-20 students and their families. In the 2023-24 school year, a total of 10 CSBBH Teams will operate in multiple Allegheny County school districts.

School-based Partial Hospitalization Program (PHP)

In an effort to support children in balancing their emotional well-being and the pressures of school, AC DHS is preparing to launch a new school-based Partial Hospitalization Program (PHP) in West Mifflin. School-based PHP offers a unique step-down form of inpatient that integrates education and treatment within the school setting. Youth who require this level of care are able to receive treatment and complete school in the same building, giving them the opportunity to remain integrated with their peers. AC DHS has identified Adelphoi as the provider of this service and is ensuring the proper licensing so that providers may access their clients in schools as intended.

Stand Together

Stand Together is a mental and substance use disorder anti-stigma initiative that educates middle and high school students about stigma, promotes social inclusion of youth with mental and substance use disorders in the social fabric of the school, and encourages youth to reach out to a trusted adult if they are concerned about themselves or a peer. This initiative has consistently produced significant attitude changes, increased student knowledge, and improved comfort in discussing mental health and substance use concerns. During the 2022-2023 school year, 274 students in 20 schools participated in Stand Together. AC DHS anticipates that 290 youth in 21 schools will participate in Stand Together during the 2023-2024 school year.

Transition-Age Youth Learning Collaborative & Provider Incentive Plan

AC DHS continues to work across systems to effectively support transition-age youth (TAY) ages 16 to 25 with behavioral health needs to support this population in seamlessly transitioning from child to adult services, so they have continuity of care while learning to independently manage their life goals. OBH, in collaboration with CCBH and providers of TAY services, has developed a Provider Incentive Plan that targets the following outcomes: 1) TAY retention in clinically appropriate services; 2) Providers' capacity to serve TAY as a special population; and 3) Preparation of clients for the transition from school-based outpatient to new adult services through collaborative, inclusive, and effective treatment planning process.

In the past year, AC DHS formed a Learning Collaborative to support providers in making improvements related to these outcomes and has since developed the curriculum for the Collaborative and hired a Transition-Age Youth Coordinator to oversee this initiative. To strengthen the impact and efficacy of the Learning Collaborative, AC DHS has issued surveys to both TAY clients and providers of TAY services to understand what their primary concerns are, what challenges they face, and what additional information would be helpful for navigating this system. The goal of this Provider Incentive Plan and the Learning Collaborative, broadly, is to develop quality improvement plans and offer incentives to providers who are effectively improving on the targeted outcomes. Using the new curriculum and having incorporated feedback from various stakeholders, AC DHS is prepared to fully launch the Learning Collaborative in January 2024.

Service coordination tailored for child welfare-involved children and families

AC DHS is continuing its work to improve access to Service Coordination for child welfare-involved families. Leveraging its System of Care grant funding, AC DHS has created pathways for child welfare-involved families to receive priority access to Administrative Service Coordination (ASC) and has also developed a new service, Family Centered Service Coordination (FCSC), in select CYF regional offices.

AC DHS is entering the 2023-24 fiscal year with five providers working with the CYF North and Mon Valley Regional Offices, as well as other system partners, to prioritize CYF-involved youth and adults for ASC and test changes to policies and processes that may positively impact the referral process and service delivery for these families. In the past year, AC DHS added additional system partners as collaborators in this effort and continues to aim for the expansion of ASC to the remaining CYF Regional Offices.

AC DHS developed the FCSC service with the aim of streamlining and coordinating services and supports for CYF-involved families when two or more members of the household are experiencing serious emotional disturbance or mental health needs. Coordinators of this service work with the assigned CYF caseworker to understand and meet the needs, goals and priorities of the entire family unit while also considering the individual needs of each member of the household. In fiscal year 2022-23, AC DHS piloted this service with one provider, Pressley Ridge, and the CYF North Regional Office. In preparation for the end of the System of Care grant in 2024, AC DHS has begun working with CCBH to transition this service to be HealthChoices-reimbursable.

Initiatives to reduce arrest, incarceration, and avoidable emergency department visits for people with behavioral health needs, and to connect them instead to supportive care.

Crisis and Diversion Services

In response to needs exacerbated by the COVID-19 pandemic, AC DHS enhanced its crisis service array to include a chat line operated by resolve Crisis Services and has found that providing crisis services via

text and online chat allows resolve Crisis Services to engage with consumers who otherwise may never access crisis support. AC DHS and resolve Crisis Services have also been working through the addition of 988 as the number that people call when they need crisis services and have continued efforts to expand Resolve's mobile crisis team capacity and improve response times, follow-up supports and data collection.

In fiscal year 2022-23 AC DHS launched a crisis response team dedicated to Downtown due to a higher concentrated need in this area and has also provided police in that area with a dedicated point of contact at the call center. AC DHS continues to attend case coordination meetings with police, resolve, and the Downtown response team to address issues more proactively within this area and identify opportunities for quality improvement.

In addition to intentional investments in crisis response, through fiscal year 2022-23, AC DHS successfully launched its Law Enforcement Assisted Diversion (LEAD) program in 14 municipalities outside the City of Pittsburgh, which will enable police officers to refer people who frequently encounter the criminal legal system to harm-reduction-focused, long-term case management instead of charging them. In fiscal year 2023-24, AC DHS will work to expand LEAD to additional municipalities in Allegheny County, create pathways for community members to refer individuals to LEAD, and use data to refer eligible individuals to the program. These additions and changes will expand the number of people served with LEAD's harm-reduction-focused, long-term case management who are currently regularly encountering the criminal legal system because of their human service needs. LEAD is intended to serve individuals whose underlying behavioral health needs are driving their behavior and to reduce racial disparities.

While AC DHS is working toward a system in which most people with behavioral health needs call 988 instead of 911, the goal is to have the right kind of responder available no matter which line someone calls. In fiscal year 2023-24, AC DHS will launch an Alternative 911 Emergency Response Pilot with at least four police departments, including Allegheny County Housing Authority police department and municipal departments from McKees Rocks, Monroeville and Penn Hills. Police officers in these departments will be able to divert eligible 911 calls to a team of unarmed, trained behavioral health workers, who will support residents in the moment of their crisis and, if needed, in the months that follow.

The Central Recovery Center (CRC) continues to be a critical component of AC DHS' priority to reduce the use of coercion and divert individuals with mental health needs from jail. The CRC aims to stabilize its clients' mental health and refer them to appropriate means of care. AC DHS works with the County's District Attorney and Adult Probation offices to streamline these diversion processes and ensure the CRC is available for those who need it most. In the upcoming year, AC DHS intends to work with the State's Office of Mental Health and Substance Abuse Services (OMHSAS) to relicense the CRC so that services may become reimbursable by CCBH for clients who are Medicaid enrollees. The goal of this transition is to make funding for the CRC more sustainable and potentially expand the capacity of services offered.

Efforts to reduce recidivism and improve mental and physical health care for people with criminal justice involvement.

Residential Program for Individuals with Dual Diagnoses of Mental Illness and Intellectual Disability or Autism, Who Have a History of, or are at Risk for, Forensic Involvement

In the past four years, AC DHS has identified over 30 cases in which service providers have struggled to address and meet the needs of individuals with a dual diagnosis of mental illness and intellectual disability (ID) and/or autism who have a history or are at risk for forensic system involvement. Current residential options are consistently not appropriate or not available to meet the needs of this population, creating a significant gap in the housing support system. In response, AC DHS, in partnership with CCBH, has begun the process of creating a specialized trauma-informed residential program with an eight-bed capacity to offer this population a shorter-term, non-permanent residential option for receiving clinical treatment and other behavioral health services as a step-down or diversion from jail or hospitalization before transitioning into a longer-term program. AC DHS is in the process of composing and publishing a Request for Proposals (RFP) to identify a provider for this service and envisions beginning the contracting process with the selected provider(s) in 2024.

Expanded Medical Assistance Enrollment Activities for all Reentrants

By federal policy, incarcerated individuals are not eligible to receive reimbursement for health services through Medicaid. However, a recent analysis of the jail population indicated that over 60% of individuals booked in the Allegheny County Jail (ACJ) were Medicaid-insured at the time of arrest, demonstrating a need to quickly reinstate or enroll individuals upon release to ensure that they can continue to receive care as needed. In response, AC DHS, through its participation in the Allegheny County Jail Collaborative (ACJC), has contracted a provider organization to complete Medical Assistance applications for everyone in the jail who may be eligible for Medicaid. Offering this service to the entire ACJ population represents an expansion of these efforts following coordination with the state Department of Human Services to improve the process.

Cross-System Collaboration for Complex Cases

AC DHS facilitates monthly case coordination meetings between various internal Offices (OBH, ODS, AAA, and CYF), the Allegheny County Jail, Justice Related Services (JRS), and the Courts Pretrial Services Behavioral Assessment Unit to develop and plan supports for complex justice-involved cases. AC DHS also participates in a biweekly meeting with the courts to coordinate supports in the community for individuals incarcerated on probation detainers who may be eligible for release and provides consultation to the courts on cases as requested.

OBH has developed the Behavioral Health Justice Collaborative meeting that includes ACJ staff, Probation staff, public defender social workers and providers of mental health and drug and alcohol services and includes an informative topic on system needs, a provider spotlight, upcoming events and an open discussion forum for any presenting needs. A smaller workgroup related to standardizing communication protocols between Probation and behavioral providers was formed in 2022 and has since drafted protocol language that is under review from providers, OBH leadership, and the AC DHS Privacy Officers.

In the past year, an additional meeting space has formed to review, alongside the Public Defender's Office and ACJ corrections and healthcare staff, critical cases in which arrested individuals present with high-

risk physical or mental health needs. The goal of these critical case reviews is to expedite individuals' release from the ACJ and connection to necessary services.

A daily report is provided to the ACJ from the AC DHS data warehouse that lists all individuals booked the day before who received a behavioral service in the past six months, allowing the jail and providers to identify those individuals who may require care. This information is also shared with CCBH and OBH, who notify service providers that a person who had been receiving services in the community has been incarcerated. Providers can then reach out to the jail and begin planning for release, and medical staff at the jail can reconcile medications with the individual's community provider. In the past year, these daily reports have been expanded to include individuals who received a behavioral health service in the past six months and are being held on a cash-only bond so they can be targeted for a bond modification.

Mobile Competency Restoration and Support Team

Many individuals involved in the criminal-legal system are found incompetent to stand trial due to significant symptoms or behaviors that interfere with their ability to understand their legal proceedings and participate in their own defense. These individuals must receive specialized services designed to restore competency so that their cases can proceed. 'Competency Restoration' is a court-ordered process in which an individual receives mental health assessments, treatment, interventions and education about court processes, with a goal of increasing their understanding and effective participation in court proceedings.

Under the current process for Competency Restoration, individuals assessed as incompetent to stand trial are committed via court order to Torrance State Hospital (TSH). Limited capacity at TSH causes long stays in jail for individuals awaiting competency restoration, which can worsen mental health outcomes for defendants. Between 2018 and 2021, the median wait time in Allegheny County from commitment to admission to Torrance State Hospital was 54 days.

To address this, AC DHS and its partners in the Jail and Courts are working to implement a Mobile Competency Restoration and Support Team (MCRST) to provide competency restoration locally. AC DHS published an RFP in the fall of 2022 to procure providers of MCRST services with a goal of completing contracting by the end of 2023 and launching services approximately 90 days after the contracting process has concluded. The proposed team structure is adapted from the Assertive Community Treatment (ACT) Team Model in which a multidisciplinary team provides individualized services, wherever the participant is residing (including community and treatment settings for both mental health and/or substance use, mental health residential placements and the County Jail). The MCRST team will also provide 24/7 on-call crisis support and continuity of care for participating individuals throughout the course of their court proceedings and until longer-term community services are in place.

b) Strengths and Needs by Populations:

1. Older Adults (ages 60 and above)

Strengths:

- AC DHS, in partnership with CCBH, implemented a Behavioral Health Nursing Home Transition and Diversion Team with the goals of providing innovative behavioral health services for nursing facility residents and supporting individuals living in or returning to the community or assisting people in maintaining their community tenure. This initiative was launched in response to the long-expressed need for improving the availability of and access to long-term care facilities for older individuals with behavioral health needs.
- AC DHS Area Agency on Aging (AAA) maintains a network of highly regarded services to support residents as they age, such as Older Adult Protective Services and Caregiver Support, available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members.
- AAA staffs a Behavioral Health Aging Resource Coordinator who connects individuals served in the agency's Options Care Management and Older Adult Protective Services programs with appropriate behavioral health services.
- AC DHS contracts with a behavioral health provider to provide guardianship services to individuals who cannot make critical life decisions due to incapacity or disability.
- Allegheny County has two Community Health Choices (CHC) providers that can be utilized to coordinate care among the behavioral and physical health systems
- OBH and AAA regularly conduct joint case reviews to best support complex cases.
- AC DHS participates in the Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) statewide initiative, a program that provides intensive, specialized interventions to identified older adults who have either signs of depression or a formal diagnosis. Through Healthy IDEAS, AAA will help eliminate barriers to receiving behavioral health services for underserved, chronically ill older adults.

Needs:

- With Allegheny County having a population with the second highest concentration of adults 65 and older in the U.S., accessibility to affordable housing continues to be a need. In response, AC DHS is pursuing the implementation of a SHARE program in Allegheny County in partnership with the Pennsylvania Department of Aging. SHARE is an affordable housing choice that brings together homeowners who want to share their homes with home seekers who are looking for housing in exchange for rent and/or help around the house. In addition, AC DHS aims to offer online housing support via Nesterly.
- Across the continuum of behavioral health services and in human service settings, more broadly, workforce shortages have continued to prevent AC DHS from effectively offering a continuum of care as it envisions. Rebuilding and stabilizing the direct care workforce is a high need and priority throughout AC DHS.
- AC DHS has identified a need for mobile teams to assist older adults in coordinating their physical health services, including medication management.

- Increased coordination is needed among the myriad partners within the Aging Services ecosystem to ensure continuity of care.

2. Adults (ages 18 to 59)

Strengths:

- In response to the need for improving waitlist management for residential services, AC DHS developed and implemented a predictive risk model to increase access to services for individuals with the highest need. By strategically prioritizing individuals on waitlists, OBH was able to reduce their waitlist from nearly 300 people on average to under 100.
- AC DHS contracts with providers to ensure an array of services is available to meet the needs of many specific populations, including a robust crisis continuum of care which includes telephone, mobile, walk-in and crisis residential services.
- The Peer Support Advocacy Network (PSAN) telephone-based warmline is staffed by peers with lived experience who are trained to actively listen to their peers, empathize with their concerns and empower individuals to choose their path to wellness and recovery. This service was expanded given increased need due the pandemic's impacts on mental health and substance use and AC DHS anticipates sustaining its expanded capacity.
- The Allegheny County Coalition for Recovery (ACCR) serves as the County's Community Support Program (CSP) and is a longstanding organization of people with lived experience with behavioral health needs as well as their family members and friends, BH professionals, local government officials and CCBH. The ACCR takes a person-centered approach to helping adults with serious mental illnesses and co-occurring disorders live successfully in the community.
- Specialized forensic services for individuals transferring out of a state hospital or carceral setting or as a diversion to being admitted to a state hospital system.
- Integrated Community Wellness Center in Allegheny County.
- Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability. Additional information regarding JRS can be found on page 25.
- Supported Employment has demonstrated that, with the right supports, people with mental illness can work successfully and be engaged in the community.
- Continuing to fulfill OMHSAS requirements of training for new Service Coordinators in addition to offering a comprehensive five-day training program for individuals in this role.

Needs:

- According to the World Health Organization, people with severe MH issues, on average, die 10-25 years earlier than the general population, primarily due to chronic physical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension. AC DHS recognizes a need for improved coordination and comprehensive care for addressing the physical needs of people with mental illness including mobile teams that can support clients in accessing prescriptions and managing medications.
- Similarly to the work described on page 10, regarding mobile community-based services, AC DHS has recognized a need to review all levels of care in this area, ensuring that clients are

receiving the appropriate dosage and type of services based on their need, reserving the most intensive levels of care for those with the greatest need.

- Allegheny County continues to work toward and advocate for an expanded housing stock, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors.
- As mentioned in other areas of this narrative, AC DHS continues to work to ensure its mental health housing and residential services are well matched to people's needs. Additional information about AC DHS' progress in transforming the mental health housing system can be found in the ROST section on pages 26-27.
- Treatment programs for individuals with co-occurring MH and substance use concerns, as well as MH concerns and intellectual disability (ID).
- Across the continuum of behavioral health services and in human service settings, more broadly, workforce shortages have prevented AC DHS from effectively offering a continuum of care as envisioned. Rebuilding and stabilizing the direct care workforce, particularly in community-based services and residential programs, is a high need and priority throughout AC DHS.
- Continuing to enhance opportunities for frontline workers to develop their skills and knowledge.
- Resources and programs to assist individuals with hoarding and related disorders.

3. Transition age Youth (ages 18-26)

Strengths:

- The Transition-Age Youth Learning Collaborative and Provider Incentive Plan continue to be a priority of AC DHS. Additional information about these initiatives can be found on page 11.
- Independent living programs operated by AC DHS' Offices of Community Supports (OCS) and Children, Youth and Families (CYF), such as the 412YouthZone, a safe and welcoming one-stop center designed for youth to gain stability, build positive relationships, learn life skills, meet basic needs, foster creative expressions and be guided on the right path towards a brighter future.
- Mobile Transition-age Youth Program (MTAY) – Two providers that engage youth with a specialized team of individuals that assist with independent living skills, mental health treatment, employment/education goals and housing.
- First Episode Psychosis (FEP) programs for youth and families offered by a team consisting of a psychiatrist, therapist, case manager, vocational specialist and a certified peer specialist working together to meet clients' needs with the goal of decreasing the duration of untreated psychosis for these individuals, as the research shows that with early intervention by a specialized team, it is possible to prevent the young person from ever having a second psychotic episode.
- Certified Peer Specialists that specialize in the support of transition-age youth
- Youth and Family Support Partners, young adult professionals who have personal experience in areas of human services or juvenile probation systems, share their insights with youth currently in the system, advocate for them and mentor them. Their personal lived experiences gives them credibility and lends to successful engagement of youth in planning and achieving success.

- Ongoing collaboration with system partners to increase coordinated efforts to provide a seamless transition to adult services.
- Supported housing for transition-age youth who have a mental illness.

Needs:

- Increased availability of diverse staff and peers so that TAY clients can be supported by individuals that understand their identity in all its components, including race, ethnicity, gender, and sexual orientation, in addition to having lived experience relevant to serving clients in this population.
- AC DHS has conducted analyses that indicate additional evidence-based practices for older youth who have been screened out of the child welfare system, cases in which there is not sufficient evidence to meet statutory definitions of abuse and neglect. Among adolescents screened out (N=8,297), 14.9% contained reports of child mental health concerns. This population of “screened out” adolescents represent those who may benefit from intentional investments due to them not being eligible to receive child welfare services but indicate a need for support otherwise.
- Age-appropriate housing and treatment.
- Supported job skills training and independent living skills training.
- Increased suicide prevention, intervention and treatment services for this age group.
- Technology-focused services and engagement strategies.

4. Children (under age 18)

Strengths:

- AC DHS continues to invest in a variety of school-based programming to encourage educational attainment despite any mental health concerns including offering outpatient treatment in most school districts across the County, staffing Education Service Coordinators to work within at-risk schools to provide specialized case management, embedding Behavioral Specialists in every CYF regional office for consultative support including the CYF Permanency Department, maintaining multiple qualified providers of Student Assistance Programs through a competitive procurement process, and staffing Education Specialists within OBH to provide guidance and support to families with children who have specialized IEP needs.
- School Based Liaisons within OBH Children’s Department provide ongoing consultation guidance to school districts to and conduct assessments of need to identify opportunities to expand or improve school-based services when additional resources are available.
- AC DHS has integrated services and planning for children and families with complex needs and for those involved in multiple systems:
 - RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) – a highly selective, intensive residential program that uses a collaborative recovery model to integrate effective clinical treatment with principles of psychiatric rehabilitation and community support. The homes are staffed by highly skilled individuals and are supported by a shared Mobile Treatment Team (MTT).
 - Joint Planning Team (JPT) – utilizes principles of the high-fidelity wraparound model where services are highly collaborative, and family driven. The process allows for the

development of a highly individualized plan that addresses the child's complex emotional issues and focuses on needs rather than services. Along with the family, the team is comprised of a JPT facilitator, Family Support Partner, and Youth Support partner.

- Juvenile Justice Related Services Program (JJRS) – provides service coordination to youth involved in the juvenile justice system and their families. JJRS staff are vital links between the BH and justice systems, ensuring that planning and services are coordinated, client-driven, family focused and least-restrictive.
- Living in Family Environments (LIFE) Project – provides service coordination for people of any age but is geared toward children and adolescents who require intensive BH treatment. The LIFE team plans, implements and coordinates all services that meet child/family needs in the least restrictive setting possible.
- Intensive Behavioral Health Services (IBHS) – in-home services providing focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, IBHS aims to develop stability, improve the child's functioning in the family, at school and in the community, and help the child's MH improve.

Needs:

- Across the continuum of behavioral health services and in human service settings, more broadly, workforce shortages have continued to prevent AC DHS from effectively offering a continuum of care as it envisions. Rebuilding and stabilizing the direct care workforce, particularly in community-based and residential programs is a high need and priority throughout AC DHS.
- Specialized DAS Programs, the development of which is described on pages 10-11.
- AC DHS is developing an inpatient program to allow children in need to continue stabilizing and reducing symptomology while engaging in programming and treatment that will assist with necessary skill building. The program will offer comprehensive discharge planning tailored to the needs of the individual and family.
- Due to unforeseen circumstances, AC DHS has to discontinue a specialized residential treatment facility (RTF) for girls is no longer providing RTF services leaving a gap in services for this population.
- Earlier identification of BH conditions in children (prevention).
- Improved and expanded D&A services for children and youth.
- Workforce development to provide services in infant and early childhood MH.
- Specialized psychiatric residential treatment facilities for cross system youth.

5. Individuals transitioning from state hospitals

Strengths:

- Specialized LTSR for individuals with a history of forensic involvement, including sex offenses.
- Community support planning process for individuals in state hospitals.
- Full continuum of care for individuals needing residential supports or other community supports upon discharge.

- Community integration team to support those who are now residing in the community to ensure treatment and needed community supports are provided.

Needs:

- Alternatives are needed for individuals discharged from state hospitals, services for people who previously would have been served in state MH facilities or community inpatient facilities, and services for those who are being diverted from those levels of care.
- Increase in community-based alternatives to institutionalization for those with complex needs, including aggressive behaviors and sexual offenses as well as severe mental illness and other co-morbidities.
- Providers in this service area are in need of support that increases their capacity, willingness and ability, to serve individuals with histories of aggressive behavior
- Providers in this service area are often bound by policies (i.e., Megan's Law) that prevents them from being able to effectively serve individuals with histories of sexual offenses

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

Strengths:

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

Needs:

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

7. Criminal justice-involved individuals-

Strengths:

- AC DHS continues to be involved in the Allegheny County Jail Collaborative (ACJC), a 20+-year initiative of the county and courts that aims to reduce recidivism and improve the employment, health and housing outcomes of people in/leaving the jail. Members of the ACJC, including representatives from the Allegheny County Jail, Courts (probation and pre-trial services) and services providers, work with AC DHS and other local government agencies in identifying needs,

applying evidence-based practices, and piloting programs that support successful reintegration into the community.

- Justice Related Services provide specialized service coordination and advocacy for individuals involved in the criminal justice system who have serious mental illness or co-occurring mental and substance use disorders. JRS serves individuals through specialized courts (i.e., Mental Health Court, Drug Court, DUI Court and Veterans Court), Diversion and Supports program spanning pre-arraignment through sentencing, behavioral health evaluations of parents and guardians who come before dependency judges, and support in reaching their treatment goals
- Justice Related State Support services for people who have served their maximum state sentence at a State Correctional Institution or who will be paroled and have an approved home plan
- Increased collaboration and partnership with Probation, Courts, and Allegheny County Jail through the Safety + Justice Challenge Grant, and Torrance State Hospital forensic unit. AC DHS has utilized funds from the Safety + Justice Challenge grant to ensure representation at bail hearings, resolve probation violations and new charges with one hearing, reduce the number and length of probation detainees and expedite jail transfers.
- Real time information available to providers regarding individuals who have received a service within six months and booked into the jail
- Expanded services for individuals with a mental and substance use disorder in the jail. While AC DHS, in collaboration with the Allegheny County Jail, Allegheny County Health Department and the Vital Strategies Task Force has significantly increased the availability of Medication Assisted Treatment in the Jail, there are additional efforts in place to bring these services to scale and increase screening and assessment efficiency.
- Competency to stand trial evaluations completed while in the Allegheny County Jail (by Pretrial Services Behavioral Assessment Unit)
- Benefits Counselor available at the jail to assist individuals who are being released with enrollment in Medicaid, SSI or SSDI or through the Marketplace. This initiative has made hundreds of people with BH issues eligible for insurance; a large subset has been able to access MA-funded treatment.
- Peer support for individuals who have been involved in the criminal justice system
- AC DHS is continuing with its efforts to offer Mental Health First Aid (MHFA) training to staff who work with justice-involved individuals. Participants in MHFA Training learn signs and symptoms of mental health and substance use concerns and how to offer help to someone as their mental health declines or if someone is experiencing a mental health crisis and where to turn for help. To date the full Allegheny County Jail staff and the entire Adult Probation staff was trained. AC DHS continues to offer MHFA training as requested.

Needs:

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

8. Veterans-

Strengths:

- In-jail PTSD self-assessments, using a validated tool
- Seeking Safety, a treatment for PTSD and substance use disorder, in the community
- Peer support at the VA and with Veterans Leadership Program
- Supporting veterans involved with Veterans Court who are not eligible for VA services through Justice Related Services (JRS). This includes collaboration with the Veterans Justice Outreach specialist of the VA, who determines veteran status and VA eligibility. Local agencies offer VA-ineligible veterans trauma-specific services by staff trained in the Seeking Safety (trauma-specific) treatment model.

Needs:

- Evidence-based treatment for PTSD and major depression
- Continued expansion of trauma-informed care
- Expansion of peer support services
- Services and supports for veterans with traumatic brain injury
- Housing

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

Strengths:

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

Needs:

- Family counseling and support
- Self-harm and suicide prevention
- Culturally accessible and competent MH services
- Welcoming and affirming housing and placement options for LGBTQI individuals

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

Strengths:

- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers. These support groups help

immigrants and refugees face obstacles to accessing existing services and navigate unique concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence.

- Engagement through the AC DHS Immigrants and Internationals Advisory Council – a key source of information about the human services needs of immigrant and international county residents. It includes members of the immigrant and international communities, AC DHS clients and representatives of service provider agencies that work with the immigrant and international communities.
- Improved coordination of services through the Immigrant Services and Connections program (ISAC), which provides culturally and linguistically appropriate service coordination to Allegheny County’s immigrants and refugees. ISAC aims to address the gaps in existing service provision to immigrants and refugees and promote their self-sufficiency and community empowerment by employing culturally competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains.
- OBH has representation and participation in the Minority [Psychiatric] Resident Recruitment and Retention Workgroup facilitated by the Pennsylvania Psychiatric Leadership Council. This group is addressing the lack of PA psychiatrists from the BIPOC community.
- With leadership from its Office of Equity and Engagement, AC DHS is committed to diversity, equity and inclusion in all services, policies and processes. As part of its responsibilities, this office provides racial equity education and training.

Needs:

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

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

Strengths: N/A

Needs: N/A

Recovery-Oriented Systems Transformation (ROST):

Previous Year List:

Fiscal Year 2022-23 ROST Priorities

Priority 1: Supported Employment Services

AC DHS is committed to helping people with serious mental illness find and keep jobs through supported employment (SE) services. The plan for SE in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS) in 2007. In FY 2022-23, approximately 50% of participants (N=307) achieved or maintained employment with an average salary of \$13.61 per hour and an average job tenure of 1.7 years. Since the onset of the pandemic, SE providers have had ongoing challenges related to hiring and retaining staff which has resulted in AC DHS continuing to offer this service with two providers rather than three as it did in past years.

Priority 2: Justice Related Services

In fiscal year 2021-22 AC DHS reported having expanded Justice-Related Services (JRS) to be able to serve more consumers and noted the functions of the Electronic Health Record (EHR) developed by Human Services Administration Organization (HSAO) as a key strength of coordinating and offering JRS. Through the past year and into the future, AC DHS will continue to collaborate across systems to support individuals with mental illness as they return to the community from incarceration. To this end, JRS and OBH staff continue to participate in monthly complex case discussions and a workgroup that aims to ensure supports to individuals incarcerated on detainers returning to the community alongside staff from Allegheny County's Pretrial Services Behavior Assessment Unit, Jail, Area Agency on Aging, Office of Developmental Supports, and Office of Children, Youth and Families.³

Priority 3: Mental Health Housing (previously, Behavioral Health Housing)

In 2020, AC DHS launched the Allegheny Housing Assessment (AHA) tool to improve its prioritization of clients who were eligible for and requesting homelessness and housing supports. Prior to this launch, the County relied on the Vulnerability Index-Service Prioritization Tool (VI-SPDAT) that was not locally validated, took a long time to complete, required people to answer potentially traumatizing questions, relied on self-report, and resulted in people being placed on waitlists even when they were unlikely to ever receive services. The new tool sought to solve these challenges by using administrative data from Allegheny County's data warehouse to predict the risk of negative outcomes and by limiting the number of people on the waitlist to those who are likely to be served within 90⁴ days. The AHA assigns a risk score that is used as part of the housing prioritization process, and predicts the likelihood of three types of events, or indicators of harm, occurring in a person's life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking and/or frequent use (four or more visits) of hospital emergency rooms.

In 2022, recognizing the need to improve its strategy for prioritizing placement in MH housing programs, AC DHS modified the AHA model to create a more equitable and transparent way to prioritize need and place individuals in the most appropriate MH residential setting, so that eligible individuals with the highest level of need are served first. Using a data-driven approach to determining the likelihood of harm provides an objective and comprehensive picture of the individual's risk and needs, provides information

³ Please see the Justice-Related Services page of the Allegheny County website for more information:

<http://www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Justice-Related-Services.aspx>

⁴ The 90 day estimate is AC DHS' goal after full implementation of the MH-AHA.

about realistic expectations that can be shared with the referral source and the individual, and ultimately results in shorter waiting times for clients most in need.

In addition to supporting housing intake decisions, the MH-AHA is shedding light on the needs of individuals who are not eligible for MH housing or who are eligible but unlikely to be placed quickly. AC DHS aims to design a triage process to identify alternate services for these individuals, and in an effort to lower cost and intensity, interventions can be identified to address their immediate needs, thus averting possible crises and the need for hospitalization or other emergency intervention. These process changes allow for a more realistic picture of the systemic need; not just a number on an ever-growing waitlist but a real number of how many people are in need of which types of residential placement.

Finally, in FY 2022-23, AC DHS onboarded an “Integrated Housing Coordinator” responsible for liaising between the homeless and MH housing systems to ensure individuals in need of housing are matched to the system best equipped for meeting their needs, regardless of which door they entered. This new system improvement is one step toward AC DHS’s broader aims for better matching available services with client needs. See FY 2023-24 ROST Priorities for additional information about the planned redesign of MH residential programs.

Priority 4: Consumer-driven Services & Peer Support Services

AC DHS and CCBH provide a variety of consumer services, including Certified Peer Specialists (CPS), Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, Peer Mentoring, Self-Directed Care, Fairweather Lodge and Shared Decision-Making. Over the past year, AC DHS, in partnership with Recovery International, Copeland Center for Wellness and Recovery and Mental Health Partnership, continued to offer CPS and CPS Supervisor training in an effort to maintain or expand the workforce for these services. In addition, the Allegheny County Coalition for Recovery (ACCR) continues to serve as a stakeholder advocacy organization, meeting regularly to strategically amplify its mission that people can and do recover from mental illness and substance use disorders through public awareness campaigns and funding The Voice of Peer Professionals (VP2), an organization comprised of people who are CPS or aspire to be CPS, to conduct ethics training for CPS licensed individuals. Lastly, AC DHS upholds its collaborative relationship with NAMI-Keystone and the Allegheny Family Network to exchange information with a goal of enhancing the BH service system for the benefit of persons with lived experience, their families and other supports.

Priority 5: Administrative Case Management

In fiscal year 2021-22, the OBH Bureau of Mental Health Services began a review of the services and activities performed by contracted providers in the Administrative Case Management and Service Coordination cost centers. AC DHS participated in multiple meetings with contractors and discussions around the activities and services that were being performed in alignment with the PA Department of Human Services, Office of Mental Health and Substance Abuse Services Bulletin, OMHSAS-12-02, “Cost Centers for County Based Mental Health Services.” AC DHS is continuing to work toward creating consistency across contractors and ensure the residents of Allegheny County are receiving appropriate and consistent services. In the upcoming year, AC DHS anticipates working with Community Care to explore whether these services can be enhanced through Medicaid reimbursement and collaboration on implementation.

Coming Year List:

Fiscal Year 2023-24 ROST Priorities

1. Mental Health Housing (previously, Behavioral Health Housing)

☒ Continuing from prior year ☐ New Priority

AC DHS envisions a system for Mental Health (MH) Housing that is well-matched to client needs and serves individuals with the highest risk, first. Analyses conducted by AC DHS highlight gaps between this vision state and the current state, with the current MH Housing system being characterized by limited housing resources, high demand and severely prolonged wait times for service. AC DHS took the first steps toward its vision state in FY 2022-23 when it implemented a new data-driven tool to improve the prioritization of clients who receive MH Housing. (See FY 2022-23 Priority update above for more detail about the MH-AHA implementation). Implementation of the MH-AHA provides actionable insights about the type and quantity of housing and supportive services needed to meet local demand. AC DHS intends to operationalize these insights through a redesign of its BH Housing programs in FY 2023-24, including the following milestones:

- FY 2022-23, Q4 – FY 2023-24, Q1: Further analyses to understand the needs of clients prioritized for services in the Mental Health Residential (MH Res) system.
- FY 2023-24, Q1: Conduct surveys with current MH Res providers to understand the structure, capacity and amenities at each site as well as the staffed services offered.
- FY 2023-24, Q2: Develop and publish an RFP that identifies both providers of residential services and treatment services.
- FY 2023-24, ongoing (start date dependent on procurement process): Contract with providers of both residential and treatment-related services and support successful implementation.

Resources: \$65 million in Block Grant, HealthChoices and reinvestment funds

2. Improving Access – Behavioral Health Fellows Program

☐ Continuing from prior year ☒ New Priority

An ongoing priority of AC DHS is to improve access to services across the continuum of care. Due to the ongoing workforce shortage in combination with a high volume of service needs, OBH has prioritized efforts that aim to expand providers' capacity to serve clients at the appropriate level of care to prevent them from having to access more acute and restrictive levels of care. In FY 2022-23, AC DHS through OBH, in partnership with Community Care Behavioral Health and Jewish Healthcare Foundation, launched its Behavioral Health (BH) Fellows program, a paid training and leadership development experience that aims to match recent graduates (both of undergraduate and master's level coursework) with work opportunities in various service areas. The BH Fellows Program is designed to improve access to behavioral health services for Allegheny County's HealthChoices members through the recruitment and retention of new and existing staff.

The target service areas and direct care staff roles included in the BH Fellows Program were determined by an analysis of Allegheny County's behavioral health providers, looking at target service areas and those program's direct care roles, to focus on those that are experiencing the highest vacancy rates and whose client base comprises at least 80% HealthChoices members. The target service areas included in the program are: Blended Service Coordination, Family Based Mental Health, Case Management for clients

with Substance Use Disorder, Child DAS programs, and Integrated Dual Disorder Treatment. The program incentivizes recent graduates to pursue careers in the human services sector by offering educational loan repayment to Fellows who stay employed for two years in addition to receiving a competitive wage while working. To date, BH Fellows has completed three application cycles and has approved 46 Fellows for employment at 11 providers.

OBH anticipates recruiting two additional cohorts of BH fellows on the following timeline:

- Cohort #4: Accepting applications until November 15, 2023; selected applicants must start work in an eligible role by January 31, 2024.
- Cohort #5: Accepting applications until February 1, 2024; selected applicants must start work in an eligible role by May 31, 2024.
- The goal of the program is to enroll 180 Fellows in the program over the next two years.

Resources: \$15 million in Health Choices funds

3. Children's Services

☐ Continuing from prior year ☒ New Priority

Due to an increase in the number and acuity of children who need care, an ongoing priority of AC DHS is to address gaps and barriers within its child-serving continuum, particularly for children involved in multiple systems. AC DHS has identified the following initiatives as means to better serve youth with complex needs and/or multi-system involvement: 1) resiliency planning, 2) waitlist prioritization for family-based mental health services, and 3) a residential crisis center and a specialized inpatient step-down unit for adolescents.

1. Resiliency planning. AC DHS has taken a particular interest in creating resiliency plans for children with multi-system involvement and has identified a cohort of 26 cases that are at a top tier of complexity. With this cohort identified, AC DHS has worked with CCBH to develop a plan for each child that can be accessed in times of crisis or when the child presents with a need. These resiliency plans include background on the case, including providers who have worked with the child in the past, and guidelines for supporting the child as they transition through various levels of care.

Milestones for this initiative are ongoing until each case has a corresponding resiliency plan and generally include:

- i. Multi-disciplinary teams working on each plan on a case-by-case basis to provide the most relevant information from a variety of sources.
 - ii. Following completion, resiliency plans will be housed in the CCBH system and can be accessed when the child presents in an emergency department or otherwise in need.
2. Waitlist prioritization. AC DHS, in collaboration with CCBH, has honed in on the waitlist for family-based mental health services in an effort to implement alternative strategies to connect clients to services. This effort was prompted by a significant increase in the number of children on the waitlist, causing longer wait times. The demand for family-based outweighs the capacity, resulting in a wait time of several months for some clients. To this end, OBH has been working with data scientists in AC DHS' office of Analytics, Technology and Planning (ATP) to develop a predictive risk model (PRM) to support decision-making. Developing and implementing this

PRM involves using information from prior service utilization to predict future out-of-home placements (i.e., mental health residential treatment facilities, inpatient, or CYF) for children who do not receive family-based mental health services.

In the upcoming fiscal year, AC DHS anticipates making the following progress related to the family-based PRM:

- i. FY 2023-24, Q1: ATP will use an ongoing stream of waitlist information close to real-time that contains clients prescribed family-based to inform and train the PRM.
 - ii. FY 2023-24: Implementing waitlist prioritization via PRM. AC DHS receives information when a new client is added to the waitlist, runs each case through the PRM and reports the associated risk to CCBH, at which time CCBH will make recommendations to providers on which clients should be prioritized. For clients who are not identified as high-risk, CCBH will provide materials with alternative treatment options to the family as well as an explanation of the prioritization process.
3. Residential crisis center and inpatient step-down. In the upcoming year, AC DHS will convert a previous DAS program to a residential crisis unit for children ages 7-12 to complement the existing crisis center offered through resolve Crisis Services for children ages 14-17. These crisis services were proposed to fill a gap identified in the continuum of care for children who are in crisis but do not meet a clinical need for inpatient services or who could benefit from a step-down from inpatient. In addition, AC DHS is planning a new specialized inpatient step-down unit for adolescents which will offer 6-8 beds to children who do not stabilize during a standard 7-10 day hospital stay and need more comprehensive transitional supports.

Upcoming milestones for these initiatives include:

- i. FY 2023-24, Q1: To date, one provider has been selected to offer the new specialized inpatient step-down unit and is underway with the AC DHS contracts process.
- ii. FY 2023-24, Q1-2: Renovations underway at McKeesport Hospital to support the forthcoming new specialized inpatient step-down unit. AC DHS is providing support to the selected provider to prepare for service provision in the meantime.
- iii. FY 2023-24, Q3: AC DHS will work with the State to license the residential crisis unit and with the provider to update program description and receive waivers as needed.

Resources: To support the initiatives above, AC DHS expects to invest more than \$10M in (primarily) HealthChoices and Human Services Block Grant funds

4. Reentry Services

☐ Continuing from prior year ☒ New Priority

Reentry services and activities of the Allegheny County Jail Collaborative (ACJC) were significantly impacted by COVID-19, with the pandemic limiting the number of outside entities permitted inside the jail facility to offer services. As Allegheny County emerges from the pandemic, AC DHS, on behalf of the ACJC, is moving forward with procurement of providers to offer a variety of services in both in the Allegheny County Jail (ACJ) and in the community for individuals under probation supervision. Prior to the pandemic, the broader reentry system lacked a unifying framework and considered programs on an ad-hoc basis.

In contrast, AC DHS now aims to issue an RFP that centers Recovery-Oriented Cognitive Treatment (CT-R) as a guiding evidence base for the entire system, in partnership with the Beck Institute. CT-R is believed to be effective in supporting individuals as they transition from carceral settings to the community through its focus on identifying and attaining the individuals' desired lives beyond situational challenges like incarceration.

The forthcoming RFP aims to support the ACJ in building a comprehensive reentry system by increasing the number and kind of programs available to people while they are incarcerated and as they transition back into the community following release and/or while under probation supervision. The ACJC envisions this reentry system including both shorter-term, less-structured services and heavier-touch or court-mandated services that can be offered to a range of subsets of the justice-involved population based on the length of stay, types of charges, and behavioral health factors. This approach maintains a focus on targeting evidence-based programming to those at the highest risk of recidivism while considering in-jail reentry services as an opportunity to meet conditions of incarceration, potentially reduce lengths of stay, and support successful reintegration into the community. The envisioned reentry system includes services both in the ACJ and in the community to maintain a continuity of care for all people post-incarceration, avoid incentivizing prolonged detention and accommodate for individuals, primarily those with the shortest lengths of stay, leaving the Jail before completing programming.

AC DHS, as a part of the ACJC, is working toward the following milestones related to this priority:

1. FY 2023-24, Q2: Publish an RFP and identify providers to facilitate reentry services related to professional development, relationships, mental and physical health, and substance use.
2. FY 2023-24, Q2-3: Develop and launch a comprehensive process for screening the incarcerated population and placing individuals into reentry services as needed.
3. FY 2023-24, Q2-3: Contracted providers, identified via the RFP process, complete training with the Beck Institute to understand principles of CT-R and incorporate learnings into their facilitation practices and curricula.
4. FY 2023-24, Q3: Providers begin facilitating services with technical assistance and consulting provided by Beck Institute
5. FY 2023-24, ongoing: Collaboration with Beck Institute to collect data related to targeted outcomes and adapt implementation based on outstanding needs.

Resources: \$1M in Human Services Block Grant, HealthChoices, and competitively awarded grants

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

1. Describe telehealth services in your county:

AC DHS is supporting providers' ongoing efforts to offer telehealth services by educating the provider network on telehealth guidelines and best practices, as well as by obtaining feedback on provider and member satisfaction. OBH delivers regular communications to providers about telehealth services including guidelines from the state Office of Mental Health and Substance Abuse Services (OMHSAS). As the COVID-19 public health emergency was redacted, AC DHS, per OMHSAS guidance, has supported providers in continuing to offer telehealth services but has encouraged clients to access providers in-person to whatever extent they are able. AC DHS recognizes the accessibility challenges of telehealth in that not all clients have the technology they need to receive services fully remotely and not all providers are able to meet the full requirements of OMHSAS to be permitted to offer telehealth services. Educating the provider network on telehealth services, as well as obtaining provider and member feedback around the use of telehealth services, continue to be a priority and AC DHS continues to collect information from providers as to what forms of telehealth they are offering and what telehealth strategies have been and are successful.

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

☒ Yes ☐ No

Upon publishing Solicitations for new services, AC DHS requests that staff be trained and have experience in delivering trauma informed services. Specifically for services related to children, AC DHS strongly recommends that providers be trained on using the Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network and that families also receive trauma education and support to develop skills to identify secondary traumatic stress they may experience and effective coping strategies.

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

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

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

- AC DHS established Employee Resource Groups (ERGs) as a way for staff from underrepresented groups to build community at DHS. ERGs are recognized as an effective tool for organizations to support employee health and well-being. DHS currently has ERGs for Black staff, Latinx staff, staff who have served in the armed forces, and staff that identify as LGBTQIA+ and allies.
- AC DHS identified MMG Earth via competitive solicitation to offer equity and diversity trainings for DHS staff and contracted providers. Previously, equity and diversity trainings were conducted by internal DHS staff. By procuring a provider to lead these trainings, AC DHS will be able to train many more staff on important topics such as Sexual Orientation, Gender Identity, and Gender Expression, as well as Advancing Racial Equity.

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

☒ Yes ☐ No

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

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

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

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
- Name: Melissa Medice
 - Email address: melissa.medice@alleghenycounty.us
 - Phone number: 412-350-3341
- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
- ☒ Yes ☐ No

Previous Year: FY 22-23 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	236	
ii. # served ages 14 up to 21	10	
iii. # served ages 21 up to 65	221	
iv. # of male individuals served	130	
v. # of female individuals served	106	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	131	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	102	
x. # of Asian served	1	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	22	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	51	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	52	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	N/A	
xviii. # of individuals served with highest hourly wage	N/A	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	N/A	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Regina Janov
Email address: regina.janov@alleghenycounty.us
Phone number: 412-350-3476

1. Capital Projects for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Housing Development Fund	2022-23	HealthChoices Reinvestment	\$60,000	\$1,000,000	1	10	11	20
Totals			\$60,000	\$1,000,000	1	10	11	20
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23
TSI - PSH Adult	2006	Heath Choices Reinvestment	\$239,086	\$398,477	49	70	326	733.39	18
TSI - PSH TAY	2015	Heath Choices Reinvestment	\$46,680	\$122,841	11	25	69	676.52	7
Totals	N/A	N/A	\$285,766	\$521,318	60	95	395	N/A	25
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
TSI - PSH	2006	Heath Choices Reinvestment	\$353,580	\$424,296	49	60	37	51	663
Totals	N/A	N/A	\$353,580	\$424,296	49	60	37	51	663
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
TSI - PSH	2006	Heath Choices Reinvestment	\$0	\$43,280			100	
TSI - PSH TAY	2015	Heath Choices Reinvestment	\$0	\$14,572			15	
TSI - PSH	2022.2023,2024	HealthChoices Community-Based Case Management	\$63,667	\$21,640	100 referrals		50	0.75
TSI-PSH TAY	2022.2023,2024	HealthChoices Community-Based Case Management	\$21,222	\$7,286	11 referrals		5	0.25
Totals			\$84,889	\$86,778	111 referrals		170	1
Notes:								

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23			7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Bethlehem Haven	1992	State	\$313,515	\$349,000	11			13	3
Chartiers	1968	State	\$227,907	\$116,000	9			22	4
CHS	1998	State	\$1,196,980	\$1,196,980	125			75	27.5
Fayette Resources	2007	State	\$2,000,000	\$2,000,000	12			13	38
Jewish Residential Services	1992	State	\$227,000	\$227,000	19			20	4
L2	2003	State	\$50,495	\$110,000	9			12	1
Mercy	2003, 2007	State	\$3,907,240	\$3,915,000	134			120	61
Milestone	1992	State	\$110,000	\$110,000	14			22	2
Mon Yough	2013	State	\$140,667	\$184,000	52			50	2
Passavant		State	\$6,000	\$6,000	1			2	.5
Residential Care	1992	State	\$1,073,000	\$1,073,000	55			51	8

Allegheny County Appendix B
County Human Services Plan
2023-24

RHD	2008	State	\$1,232,649	\$1,275,000	7		12	6
TSI	2008	State	\$1,225,000	\$1,225,000	108		115	6
TSI PSH	2006	Health Choices Reinvestment		\$740,452	112		158	9
TSI TAY PSH	2015	Health Choices Reinvestment		\$370,226	32		44	5.75
Turtle Creek	2007	State	\$854,529	\$894,000	51		30	12
UPMC Presbyterian	2009	State	\$1,716,735	\$2,030,000	52		33	6
Valley Medical	2020	State	\$32,120	\$36,000	4		4	6
Wesley Family		State	\$396,200	\$411,000	83		110	5
TSI - PSH	2022.2023,2024	HealthChoices Community-Based Case Management	\$1,621,898	\$500,000	157		55	8
TSI-PSH TAY	2022.2023,2024	HealthChoices Community-Based Case Management			43		18	5.25
Totals			\$16,331,935	\$16,768,658	1090		979	220
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23			7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
TSI - PSH	2006	Heath Choices Reinvestment	\$29,242	\$117,675	50			60	1500
TSI - PSH TAY	2015	Heath Choices Reinvestment	\$7,222	\$51,725	17			25	1500
Totals	N/A	N/A	\$36,464	\$169,400	67			85	3000
Notes:									

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24
Totals							
Notes:							

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Sue Martone
	Email: smartone@alleghenycounty.us
	Phone number: 412-350-7399
Total Number of CPSs Employed	81 (5 vacancies reported)
Average number of individuals served (ex: 15 persons per peer, per week)	104
Number of CPS working full-time (30 hours or more)	59
Number of CPS working part-time (under 30 hours)	45
Hourly Wage (low and high), seek data from providers as needed	\$11/hour- \$55,000/year
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Yes for full time
Number of New Peers Trained in CY 2022	18

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Evidenced-Based Practice	1. Is the service available in the County/Joinder? (Y/N)	2. Current number served in the County (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	662	TMACT	CCBH, ACDHS	Annually	Y	Y	
Supportive Housing	Y	479	Fidelity Scale	Agency	Annually	Y	Y	
Supported Employment	Y	489	SAMHSA EBP	ACDHS	Every 1-2 years	Y	Y	
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	78	IDDT Fidelity Scale	CCBH, ACDHS	Annually	Y	Y	
Illness Management/Recovery	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medication Management (MedTEAM)	Y	100				Y		Clinical model developed by CCBH
Therapeutic Foster Care	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Multisystemic Therapy	Y	15						
Functional Family Therapy	N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	Y	360				Y		Delivered by NAMI

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	2,300	
Compeer	No	N/A	
Fairweather Lodge	Yes	10	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	74	
CPS Services for Transition Age Youth (TAY)	Yes	7	Age between 18 to 26
CPS Services for Older Adults (OAs)	Yes	23	Age >=65
Other Funded CPS- Total**	No	N/A	
CPS Services for TAY	Yes	N/A	Not disaggregated in billing
CPS Services for OAs	Yes	N/A	Not disaggregated in billing
Dialectical Behavioral Therapy	Yes	37	
Mobile Medication	Yes	106	
Wellness Recovery Action Plan (WRAP)	Yes	1,500-1,700	
High Fidelity Wrap Around	Yes	220-300	
Shared Decision Making	Yes	N/A	Not disaggregated in billing
Psychiatric Rehabilitation Services (including clubhouse)	Yes	417	
Self-Directed Care	Yes	N/A	Not disaggregated in billing
Supported Education	Yes	200-2,200	
Treatment of Depression in OAs	Yes	N/A	Not disaggregated in billing
Consumer-Operated Services	Yes	48	
Parent Child Interaction Therapy	Yes	N/A	Part of outpatient treatment
Sanctuary	Yes	N/A	Part of outpatient treatment
Trauma-Focused Cognitive Behavioral Therapy	Yes	5	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	Not disaggregated in billing
First Episode Psychosis Coordinated Specialty Care	Yes	27	
Other (Specify)	No	N/A	

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
 - ☒ No, chose to opt-out for all of CY 2022
 - ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - ☐ Yes, AOT services were available for all of CY 2022

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
 - ☐ Community psychiatric supportive treatment
 - ☐ ACT
 - ☐ Medications
 - ☐ Individual or group therapy
 - ☐ Peer support services
 - ☐ Financial services
 - ☐ Housing or supervised living arrangements
 - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. _____
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). _____

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	N/A
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022	N/A	N/A
III. Number of AOT modification hearings in CY 2022	N/A	
IV. Number of 180-day extended orders in CY 2022	N/A	N/A
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	N/A	N/A

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISE, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion Guides

- ❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? ☒ Yes ☐ No

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

More base funding would enable AC DHS to newly implement, sustain and expand key initiatives, including:

- Increased funding for mental health services providers: County base funding covers critical services not covered by Medicaid and insurance – housing supports and residential programs for people with serious mental illness; student assistance and other school-based programs that aim to remove mental health and substance abuse problems as barriers to learning; and services for un- and underinsured populations, like individuals re-entering the community after incarceration. All of these programs and services have been underfunded since state budget cuts in 2013, and both the need for, and cost of, these services has grown. An increase to County base funding will enable long overdue increases in funding to service providers and help begin the process of rebuilding service areas where years of underinvestment has caused issues with accessibility, capacity, and service quality.
- Crisis prevention and response: To date, AC DHS has relied upon time-limited American Rescue Plan Act funds and competitively awarded grants to start up many of the crisis prevention and response services described in this narrative, including Informal Mental Health Supports, Law Enforcement Assisted Diversion (LEAD), Alternative Response, and Peer Respite. Reliance on time-limited funding streams means that programs are at risk of being delayed or discontinued when current funding expires. Having access to additional base funding would ensure that AC DHS can make sustainable investments in these programs without sacrificing their fidelity or limiting their reach.
- Reentry services to reduce recidivism: As stated throughout this narrative, AC DHS works to prevent incarceration and other coercive system involvement due to unmet behavioral health and human service needs. This includes the provision of services to people re-entering the community after incarceration, both in the jail and throughout their transition back to the community, in order to reduce recidivism. Similar to its crisis prevention and response services, AC DHS largely depends on time-limited and competitively awarded grant funding to offer needed behavioral health services to reentrants. Due to funding limitations, AC DHS and the ACJ are currently unable to offer behavioral health and human services to this population at the scale needed. With additional base funding, AC DHS envisions engaging more people with improved reentry services. The Department is already working on a forthcoming RFP to support progress on its broader goals of reducing recidivism, improving well-being of those incarcerated, and enhancing public safety.
- Housing for people with behavioral health needs: AC DHS provides housing and supportive services to people with mental illness and/or co-occurring substance use disorders, leveraging its County base and federal HUD funding. Still, both its mental health residential programs, as well as its housing programs for people experiencing homelessness, are characterized by long waits and insufficient resources to meet demand. As described earlier in this narrative, AC DHS has recently introduced a new prioritization tool to ensure clients at the highest risk of negative outcomes receive services first. AC DHS plans to use learnings from the implementation of its prioritization tool to redesign the mental health housing system and ensure services are appropriately matched to client needs. If base funding were increased, AC DHS would additionally explore increasing its housing system capacity to better align with community demand for services.

SUBSTANCE USE DISORDER SERVICES

AC DHS, through its Bureau of Drug and Alcohol Services, continues to contract with providers who work to prevent, intervene, and treat substance use disorders (SUD) rooted in the philosophy that individuals with SUD can recover when given the quality treatment and supportive services that evidence shows can help people become healthier and build connections to family, community and peers. Allegheny County's Drug and Alcohol (D&A) system is built upon partnerships with health and other service providers, funders, consumers, peers and family members, and it leverages community resources so that the county's children, youth, adults and families have a network of services and supports that make a positive impact in their lives. AC DHS and its partners work to ensure that their system is accessible, trauma-informed and culturally competent. They also hold a high standard for their investments of resources and seek a strong base of evidence, expecting that service providers tap each consumer's internal motivation for recovery, and evaluate the impact of services upon individuals and this community. To combat the devastating effects of the opioid epidemic, AC DHS continues to coordinate efforts to serve people most in need in the most effective way by expanding treatment and availability, providing naloxone training and distribution and focusing on early prevention – more information on specific initiatives can be found below and on the [Allegheny Connect Substance Use Site](#).

Notable initiatives in FY 2022-23:

New Program – Wound Care Services

In recent years, Allegheny County has experienced an increased need for wound care services given the prevalence of the opioid epidemic and ongoing crisis of Fentanyl, and now Xylazine, tainting the illicit drug supply. In response, AC DHS contracted with Prevention Point Pittsburgh (PPP) to provide outreach-based wound care and referrals when hands-on medical attention is necessary. PPP also links individuals with other SUD services, both treatment and non-treatment. This service began in the latter half of the 2022-23 fiscal year and has since served 105 individuals. AC DHS anticipates continuing to support PPP in offering wound care and other SUD-related services throughout the 2023-24 fiscal year.

The Engagement Center, A Safe Place to Stay, and Engagement and Coordination Teams

Since late 2020, AC DHS has used a three-pronged approach to providing residents aged 14 and older with SUD and/or co-occurring disorders, along with their family and friends, with access to treatment, substance use education, resources, screenings, assessments and recovery support through the Engagement Center, A Safe Place to Stay and Engagement and Coordination Teams.

The Engagement Center, also called Pathway to Care and Recovery, operated by Renewal Inc., is a space open 24/7/365 for Allegheny County residents seeking substance use support. In the past year, Pathway to Care and Recovery served approximately 2,047 individuals, offering screenings, assessments, peer support, evaluations, referrals, treatment transition support, MAT education, harm reduction education and other recovery resources to both people who use substances and their family members.

A Safe Place to Stay continues to offer certified addiction and peer support, along with food, shelter and professional monitoring, to people who have received an assessment and are awaiting an open treatment slot. A Safe Place to Stay successfully served over 625 people in the past year.

Engagement and Coordination Teams aim to complement the Engagement Center and A Safe Place to Stay by offering community and site-based peer recovery support and case management services designed to reduce the barriers that prevent individuals from initiating and engaging in treatment and recovery

services. This team-delivered service reached nearly 150 individuals in the past year with Renewal Inc., continuing to support operations into the upcoming year.

Peer Support

In FY 2021-22, Passages to Recovery began to provide Certified Peer Specialist services to residents of Allegheny County through a contract with AC DHS. Peer and Family Recovery Support is available to individuals in treatment, but treatment is not a required prerequisite to receiving these services. Services are available at any of Passages to Recovery's four facilities, via Telehealth, and out in the community. In fiscal year 2022-23, this program served approximately 250 individuals.

Rental Assistance, Housing Supports and Case Management

Through an established DDAP grant-funded system that aims to prevent homelessness and ensure housing stability for people with opioid or stimulant use disorders, AC DHS was able to provide over 70 individuals with rental assistance and housing supports, along with intensive case management and supportive services. Case managers in this system act as the single point of contact for coordination of care across multiple health and social service systems, helping with transitions between levels of care, making referrals for professional medical services and connecting individuals to public resources (i.e., Medicaid and TANF). AC DHS through its Bureau of Drug and Alcohol Services aims to serve an additional 70-75 individuals in the upcoming year, supporting each in meeting their self-directed recovery goals.

Family Healing Center

The Family Healing Center, operated by Auberle, maintains its purpose to serve as a trauma-informed residential drug treatment program (ASAM Level 3.5) for families involved with the local child welfare system (AC DHS' Office of Children, Youth and Families (CYF)) who have a parent in critical need of treatment for unhealthy substance use. Following necessary renovations at the selected community site and delays related to the impacts of COVID-19, the Family Healing Center opened in June 2023 with a capacity to serve eight families. In the upcoming year, AC DHS and Auberle seek to increase referrals from CYF to this program.

Restore

Since its establishment in June 2022, Restore has served as a residential treatment and withdrawal management program for women in Allegheny County, offering ASAM Level 3.7WM and 3.5 programs. This program, operated by Pennsylvania Organization for Women in Early Recovery (POWER), helps women seamlessly transition from managing withdrawal symptoms to receiving treatment services in a gender-responsive treatment environment, with an understanding of how women's issues and trauma affect the progression of addiction and the recovery process. In FY 22-23, POWER served 133 women in Restore's 3.5 program and 28 in the 3.7WM program.

MAT Access in the Allegheny County Jail

In addition to the broad array of programming AC DHS targeted at individuals who are incarcerated, the Bureau of Drug and Alcohol Services continues to support several initiatives that aim to increase access to Medication Assisted Treatment (MAT) within the jail and ensure continued access in the community upon release. These initiatives provide screening and assessment for Opioid Use Disorder, education on overdose prevention, distribution of Naloxone, appropriate MAT based on the clinical decision support tools developed by Community Care, service coordination and rapid enrollment in Medicaid.

In the 2021-22 fiscal year, AC DHS expanded the number of MAT slots available to the reentrant population and increased the acceptance of evidence-based treatment, including MAT, among judges, jail

staff, probation officers and treatment providers. In addition, the Allegheny County Jail, in partnership with Tadiso, expanded the program that previously only provided methadone to pregnant individuals, to serve any man or woman booked into the jail with a prescription for methadone, ensuring they will be able to receive the medication on-site at the jail, throughout their stay. With this expanded capacity, 495 individuals received Oral Buprenorphine while in the jail, 92 individuals have been given a Sublocade injection, and 152 individuals have been served through the ACJ-Tadiso collaboration.

Recovery Housing

In 2022 the State Department of Drug and Alcohol Program (DDAP) initiated a licensure program for recovery houses that receive public funding or referrals from public sources meaning that only licensed recovery houses may 1) take referrals from state agencies or state-funded facilities and 2) receive federal or state funding to deliver recovery house services. Further, Single County Authorities, such as Allegheny County, may only contract with licensed recovery houses.

With these provisions, AC DHS aims to continue making progress in expanding the availability of recovery housing for individuals recovering from SUD that provides a safe and supportive substance-free environment. AC DHS currently contracts with three licensed recovery houses with the capacity to service 24 female and 34 male residents. JADE Wellness has been selected as a new provider of recovery housing and anticipates opening during the upcoming year with a 20-bed capacity for male clients.

Certified Assessments Centers

Certified Assessment Centers (CAC) offer access to level of care assessments and other services, including the identification of barriers and non-treatment needs and referrals to services to address them. Clients receiving services through a CAC are seen within 48 hours or less and are assessed using a universal level of care assessment instrument that is accepted by all Allegheny SCA-contracted providers. Following assessment, clients receive follow-up calls to coordinate treatment admission and/or receive engagement and resources if admittance into treatment is delayed. AC DHS anticipates continuing to contract with the following five CAC providers through the 2023-24 fiscal year: Jade Wellness, White Deer Run, Pyramid, POWER and Renewal.

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

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

<i>D&A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
Prevention services	Educational programs that increase self-understanding and interpersonal skills and offer methods for coping with stress. Designed to be of value to the total population and delivered in cooperation with schools, media, family, community agencies and groups.	Adults Adolescents Children	D&A Base Compulsive & Problem Gambling Prevention Base Prevention W/C Prevention SAP SOR
Intervention services	Services that discourage people who are experimenting or substance-abusing from further involvement by suggesting alternative ways to cope with problems	Adults Adolescents	D&A Base SAP Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C County Match Drug Court SOR

Residential treatment	For persons with serious SUDs. Includes individual and group counseling daily and family education and counseling as needed. This treatment is typically offered in a non-hospital residential setting. The length of treatment varies with the severity of the SUD. Ongoing treatment typically occurs on an outpatient basis after completion of the residential program.	Adults, Adolescents	D&A Base Act 2010-01 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR
Outpatient services	Screening, Outpatient, Intensive Outpatient, Partial Hospitalization	Adults, Adolescents	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR
Recovery housing	A semi-protected, home-like environment to assist clients in their gradual re-entry into the community. No formal treatment takes place at the facility. This is a live-in/work-out situation involving short-term housing.	Adults	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C
Case/care management	Supportive services for clients of drug & alcohol treatment. Includes referrals to support services such as education and vocation, employment, physical health, emotional/mental health, family social issues, housing and living arrangements, legal issues, basic needs such as food, clothing, and shelter, and life skills such as cooking, cleaning, and grocery shopping.	Adults, Adolescents	D&A Base SAP Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR Housing/OD
Recovery supports	Non-clinical services, such as mentoring, education and telephone support, that assist individuals in their recovery from SUD	Adults, Adolescents	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C SOR SOR Housing/OD

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	N/A	N/A
Medically-Managed Intensive Inpatient Services	N/A	N/A
Opioid Treatment Services (OTS)	N/A	N/A
Clinically-Managed, High-Intensity Residential Services	1	7
Partial Hospitalization Program (PHP) Services	N/A	N/A
Outpatient Services	N/A	N/A
Other (specify)	N/A	N/A
*Average weekly number of individuals		
**Average weekly wait time per person		

2. Overdose Survivors' Data:

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
586	95	COE	58

Allegheny County continues to utilize Centers of Excellence (COE) to assist individuals with an SUD who present at emergency departments using warm handoff procedures. COEs were introduced across Pennsylvania beginning in 2016 and have expanded beyond their original focus of Opioid Use Disorders to also include Stimulant Use Disorders. Allegheny County currently hosts over 30 COEs through providers such as Gateway Rehab Center, UPMC Magee Pregnancy and Womens Recovery Center, UPMC Internal Medicine Recovery Engagement Program, UPMC Western Psychiatric Hospital, Tadiso Incorporated, and Allegheny Health Network West Penn Medical Associates.

3. Levels of Care (LOC): Please provide the following information for the county's contracted providers.

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

4. Treatment Services Needed in County:

As the opioid use epidemic continues to be prevalent in Allegheny County and the Commonwealth of Pennsylvania, AC DHS stands by the [Joint Position Statement](#) published collaboratively in 2017 with the AC Health Department, Community Care Behavioral Health and Allegheny HealthChoices, Inc. (AHCI).⁵ This Statement recognizes MAT as a lifesaving evidence-based practice that helps to treat SUDs aiding people on their path to recovery. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to the provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. In response, AC DHS upholds that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT by educating providers and creating the requirement for funding that agencies accept clients without discrimination.

The need for services for people with SUD across the continuum of treatment in Allegheny County continues to outweigh the supply, with this disparity being exacerbated by a widespread workforce shortage. In addition to expanding treatment capacity, AC DHS recognizes the need for a better treatment slot management system and clearer pathways for people into and through the system. In response,

⁵ As of 2023, AHCI has been disbanded. The oversight work previously coordinated by this agency is now housed within AC DHS under its Behavioral Health Oversight Team in the Office of Analytics, Technology and Planning.

ACDHS is working to enhance its centralized coordinated entry system and aims to make accessing treatment easier for people who need it and utilize the resources available in the County most effectively.

Through fiscal year 2022-23, AC DHS used reinvestment funds to support the work of POWER through the Restore program and Renewal's Pathway to Care and Recovery in addition to Auberle's Family Healing Center, which will continue to receive reinvestment funding in the upcoming year. More information on each of these services can be found above under the "Notable initiatives in FY 2022-23" subheading.

5. Access to and Use of Narcan in County:

Every five years, the Allegheny County Health Department (ACHD) develops a plan to improve the health of residents and recently published the [Plan for a Healthier Allegheny 2023-27](#). The plan establishes goals and objectives for improving health outcomes and metrics for evaluating progress, including those related to behavioral health. One of the priority areas for behavioral health improvements continues to be related to reducing mortality and morbidity from substance use and improving access to SUD treatment. More specifically, the 2023-27 plan presents strategies for reducing the overdose mortality rate for Black residents.

In previous years' plans, ACHD, in collaboration with AC DHS, published specific objectives for increasing the distribution of and access to Narcan complemented by educational resources. AC DHS continues to prioritize efforts that put Narcan in the hands of people who may need it most, including community-based organizations and first responders, as well as increasing access through distribution to pharmacies and libraries. In addition, AC DHS ensures that anyone leaving the jail can obtain Narcan and partnered with CYF staff at its 412 Youth Zone to make sure that staff have access to Narcan. Through these efforts, 12,213 Narcan kits were distributed in the past year.

New to AC DHS in the 2023-24 fiscal year is "Naloxbox" distribution, large metal boxes similar to AED sites that contain Narcan, gloves and resources related to substance use. AC DHS' office of Analytics, Technology and Planning (ATP) is developing a virtual map that can be used by residents to locate one of the 13 Naloxboxes in the County. Through the upcoming year, AC DHS aims to expand Narcan distribution and placement of additional Naloxboxes at local organizations, schools, churches, and hair salons and barbershops.

6. County Warm Handoff Process:

While AC DHS coordinates data collection and reporting to the State, and provides technical assistance as needed, it does not directly contract with providers for their COE services or hold any oversight regarding those services. By the 15th of each month, COEs submit data to AC DHS on warm handoffs that occurred from emergency departments during the previous month. AC DHS tracks data for all COEs and combines the data into one dataset for DDAP. Due to the ongoing pandemic and reporting being voluntary, the data relies on the willingness and ability of COEs to provide their data to the county.

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

a. Warm Handoff Data:

# of Individuals Contacted	246
# of Individuals who Entered Treatment	95
# of individuals who have Completed Treatment	Unknown
* Note that prior year submissions have included COE providers that are no longer reporting this information to the AC DHS	

INTELLECTUAL DISABILITY SERVICES

AC DHS's Office of Developmental Supports (ODS) maintains an Operating Agreement with the Pennsylvania Department of Human Services (PA DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. ODS is Allegheny County's Administrative Entity (AE), and its FY 23-24 Quality Management Plan included four objectives that reflect ODP's priority areas:

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

ODS accomplishes these goals through quality management strategies that include:

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

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

Continuum of Services

AC DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding and anticipates serving 1,781 individuals in FY 23-24.

Individuals Served

	<i>Estimated Number of Individuals Served in FY 22-23</i>	<i>Percent of the total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 23-24</i>	<i>Percent of the total Number of Individuals Served</i>
Supported Employment	54	3.0%	54	3.0%
Pre-Vocational	N/A	N/A	N/A	N/A
Community participation	9	0.5%	9	0.5%
Base-Funded Supports Coordination	1,569	88.1%	1,569	88.1%
Residential (6400)/unlicensed	17	1.0%	17	1.0%
Lifesharing (6500)/unlicensed	2	0.1%	2	0.1%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	0	0%	0	0%
Total	1,781	100.0%	1,781	100.0%

Supported Employment:

With the implementation of the Workforce Innovation and Opportunities Act (WIOA) and Governor Wolf's Executive Order on Employment First practices for students graduating from high schools in the Commonwealth, Supported Employment is an increasingly important service for individuals with ID. It helps individuals learn about, find, and maintain employment; experience increased life fulfillment; and avoid involvement with other systems such as behavioral health and criminal justice.

In 2007, AC DHS joined ODP's Base Employment Pilot, initially designed to provide funds to individuals with limited needs for support to maintain community employment. AC DHS experienced considerable success with this pilot and is now entering its 16th year of participation. Services typically are limited to supported employment (e.g., Job Coaching) and/or transportation (most often in the form of a bus pass). Limited Habilitation supports may also support life skills that contribute to successful employment outcomes.

AC DHS will use Block Grant funds to provide employment supports to approximately 100 individuals in FY 2023-24 through the following supported employment initiatives:

ODP Base Employment Project (BEP)

Base-funded employment supports are available for adults through a targeted funding allocation from the 05-06 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. AC DHS distributes BEP funds through individual allocations. These participants work in various fields, including childcare, food service,

custodial services, hospital/medical support, customer service, nutrition services and grocery stores. ODS has removed the age restrictions of the ODP Base Employment Pilot to include any workers with minimal support needs who might otherwise require waiver-funded supports to maintain ongoing employment. As of June 2023, the Base Employment Project supported 106 unduplicated individuals in maintaining competitive and integrated employment at an average allocation of just under \$2,200/person.

Community Partnerships

Other examples of AC DHS's work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services and staff training opportunities, as well as funding agencies. AC DHS also partners with the Transition Coordination Council of Pittsburgh & Allegheny County (TCCAC), which provides information and networking opportunities for school district transition and special education staff, counselors, AC DHS education & transition staff (ODS & OBH are represented), community rehabilitation agencies, students and families. AC DHS is also considered a funding partner in two Project SEARCH sites within Allegheny County, a trademarked training-to-work program that partners students in their last year of school with a large employer (UPMC Mercy & UPMC Passavant) along with an established employment supports provider (Goodwill Industries) to provide work site training and support.

Supports Coordination:

AC DHS estimates it will serve approximately 1,781 individuals with base-funded supports coordination in FY 2023-24. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation, and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP establishes the supports available to individuals receiving services through ODS.

A total of 6,038 individuals with ID/A in Allegheny County receive Waiver, Base and/or Supports Coordination services; this includes those residing in ICF-ID settings (private and state centers). Currently, 71 of the 6,038 reside in a state center. One of the various ways we collaborate with the Supports Coordination Organizations is through our work transitioning individuals out of state centers and state hospitals.

Closure of Polk and White Haven State Centers

In the fall of 2022, in an effort to increase opportunities for individuals in state centers or congregate settings to live in less restrictive environments in the community, Governor Wolf has called for the systematic closure of Polk and White Haven State Centers, leaving two state centers open in PA: Ebensburg and Selinsgrove State Centers. When closure activities started, Allegheny County had 34 individuals in these two state centers (two in White Haven and 32 in Polk). ELPs were developed for each of these individuals in the state center, and conversations were held with the individuals and families and substitute decision-makers regarding community options and resources available to them. In addition, SIS Assessments and HRST reports were completed for these individuals, and several chose to participate in

IM4Q interviews. The AE has participated in the ELP meetings when possible. At the time of the closure for White Haven (2/24/23), one individual transitioned to Selinsgrove Center and one to Ebensburg Center. At the time of the closure of Polk Center (5/1/23), one individual transitioned to community-based services and 22 transitioned to other centers. The remaining six individuals remained at the former center and became part of the Verland North ICF.

Community-Based Services and Residential Services

In FY 23-24, AC DHS estimates that 193 individuals will receive community-based services, and 19 will receive residential services. Supports may include but are not limited to, residential (e.g., Life Sharing, 24-hour residential, or less than 24-hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.

Participant Directed Services

AC DHS continuously works with the SCOs to promote those situations that can and should be participant-driven. The "Participant Directed Services" section below contains information about specific projects and related activities.

Lifesharing and Supported Living:

FISA Grant Work with The Imagine Different Coalition

The Promising Practice Team, in partnership with The Imagine Different Coalition, applied and was approved for a \$12,000 grant to seek stakeholder feedback through education and dialogue about how Life Sharing services can be best utilized as an alternative to congregate care for youth who have ID/A. Stakeholder groups invited to participate included family members, Life Sharing Providers, Supports Coordinators and Managed Care Organizations. A final report was provided to FISA with recommendations that included:

- Implementing Virtual Office Hours for SCOs to provide education, training and guidance.
- Develop/distribute an MCC Toolkit for all stakeholders.
- Establish a Life Sharing for Children Cross-Stakeholder Community of Practice
- Develop inter- and intra-office relationships and procedures to divert/discharge children from facility placements.

Promising Practice Team representative participation in the ODP workgroup

ODP has invited an Allegheny AE Promising Practice Team representative to participate in a workgroup to develop strategies and processes to expand Life Sharing in the Western Region.

Continued involvement with WRO Life Sharing Group

An Allegheny AE Promising Practice Representative regularly participates in WRO's monthly Life Sharing Provider meetings. The representative has participated in creating and implementing a Tip Sheet about Life Sharing for SCOs to distribute accurate information about the service to individuals and families.

Cross-Systems Communications and Training:

AC DHS will continue to collaborate with local and regional counties and stakeholders to provide training and improve cross-system communication. Together, these efforts are designed to help stakeholders understand emerging needs and to increase the effectiveness of care delivered to individuals and families

in the least restrictive environments. Examples of AC DHS's cross-system communication and training opportunities include:

Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability

AC DHS ODS participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County alongside representatives from the PA ODP, OVR, PA Office of Deaf and Hard of Hearing, PA Bureau of Blind and Visual Services, Deaf/Deaf-Blind stakeholders and service providers. The task force meets bi-monthly to work toward system change to affect service integration and coordination and development of service resources and employment and mentoring opportunities for individuals who are Deaf, Deaf-Blind, or Hard of Hearing. ODS also participates in the ODP Bureau of Supports for Autism and Special Populations Deaf, Deaf-Blind, and Hard of Hearing Advisory Committee, which meets quarterly to develop capacity for supporting people with intellectual disabilities who are deaf, deaf-blind, or hard of hearing.

Collaborating with Support Coordination Organizations

AC DHS regularly collaborates with Support Coordination Organizations (SCOs) to encourage consistent implementation of ODP policy and practice. AC DHS and SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet in person every two months to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The ODS Promising Practice team continues offering a Complex Case Review process to offer technical assistance to the SCOs. The review is focused on planning activities for individuals with intensive and/or complicated needs with a goal of diversion from restrictive settings.

Agreement with UPMC Health Plan and Community Care

In April 2012, AC DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication among shared members and services. As part of the agreement, AC DHS is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member health, improving satisfaction with services, and coordinating resources for physical and behavioral healthcare for persons with ID.

Integrating services for children and youth with complex needs

AC DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program offered by two providers in three homes licensed under 3800 regulations for six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs. These group homes are also supported by a shared Mobile Treatment Team (MTT), which includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with clinical expertise in ID and child psychopathology.

Engaging families and individuals through school districts

AC DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education and the Allegheny County Pittsburgh Transition Council in order to convey information to families, individuals, and professionals during critical school years. ODS staff also visit schools throughout the year, informing families, individuals, and school district personnel on the importance of

planning and registration and participating in outreach activities in schools. ODS staff also use these opportunities to share community supports and other human services.

In the fall of 2020, ODS Planning staff began discussions with three local schools and completed a pilot with a small group of high school students to introduce the LifeCourse concepts and tools as an avenue for initiating a new narrative around post-graduation opportunities and goals. ODS helped students and their caregivers navigate the tools and explore options to help them achieve their vision of a good life. As the pilot activities concluded, ODS staff transitioned these activities to a new focus: A Bridge to the Future.

A Bridge to the Future initiative will launch in FY 2023-24. This community partnership will establish connections and contacts and promote early registration with ODS. Through this activity, we will introduce the LifeCourse tools and Framework to develop community and natural supports that enhance an individual's vision for their good life. Individually tailored, seamless and holistic planning will be emphasized, not relying on paid services as the only means of achieving life goals.

Integrating services for adults with complex needs

Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served over 100 individuals in Allegheny County and others in neighboring counties. This collaborative effort between OBH/ODS, CCBH and Merakey uses a recovery-oriented approach to support individuals with co-occurring mental health disorders and diagnosed ID or autism spectrum disorder. For 12-18 months, a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator provide support through face-to-face contact three times per week, staff and family training on support plans and diagnoses, assistance with medications and appointments, as well as crisis intervention and hospital diversion when possible.

In the spring of 2015, Merakey recruited additional staff and increased its capacity to 30 individuals. AC DHS continues to collaborate regularly with the DDTT, OBH and CCBH to monitor progress and discuss and recommend appropriate referrals for the programs at discharge. Quarterly metrics reports are reviewed regularly. The team has continued demonstrating outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

DDTT continues to note difficulty proceeding with discharge for individuals who have met treatment criteria due to a lack of available outpatient psychiatric services in the community. It sometimes takes upwards of four months to link the individuals to alternative outpatient mental health services.

Devereux projects – Integrating Services for youth with ID/A and complex support needs

ASD Consulting – ODS is engaging with Devereux to bring assessment and strategies to our local school districts and youth crisis centers. Devereux completed a proposal for AC DHS, and stakeholder feedback will be sought. A launch of the pilot activity is planned for Fall 2023.

STAIRS – ODS is collaborating with Devereux and TCV in hopes of expanding Devereux's STAIRS program to Allegheny County. This program serves youth with ASD in a residential setting while providing intensive treatment. AC DHS is continuing planning with a goal of opening this program in 2024.

Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.

AC DHS is involved in collaborative activities with ODP and other counties, such as the following:

- ODS frequently works with other counties in the region to review potential common data elements and explore reporting needs.
- ODS reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve the quality of life for individuals involved in the Risk Management process.

Collaboration with the UPMC CONNECT Program

In 2009, The Congress of Neighboring Communities (CONNECT) was founded as a free program to bring together the City of Pittsburgh and surrounding municipalities in Allegheny County to identify common public policy challenges and solutions. The CONNECT Community Paramedic Program was born from this initiative and aimed to provide non-emergent, customized care to county residents struggling to manage chronic health conditions.

CONNECT Community Paramedics can help connect individuals with existing resources to address health concerns, including chronic illnesses and other important factors that may negatively affect their lives, including transportation, housing, diet and exercise, or financial resources. Since 2019, ODS and UPMC CONNECT have engaged in collaborative activities to help individuals manage their overall health, including meeting monthly to review the referrals submitted from the SCO.

Virtual Office Hours (VOH)

Beginning in September 2023, ODS aims to host monthly sessions with SCOs and various subject matter experts (SMEs) to present and share information with the goal of improving the quality of services and supports provided. VOH aims to better connect with providers and SCOs to prevent crises, share information and best practices, collaborate among partners, establish a standard of practice and be alert before situations become critical. In addition, VOH aims to provide tools to the SCOs to support them in facilitating meetings and addressing various situations, creating or sharing templates for best practices and collaborative approaches. VOH will be hosted monthly as one-hour sessions via Teams. Sessions may include special presenters based on a curriculum of topics formed by SCO survey results.

Collaboration with the Justice/Court System

Guardianship

AC DHS continues to collaborate with our AAA and MH system partners on protecting the rights of the individuals we support to make their own decisions, prioritizing supported over substitute decision-making. AC DHS has begun tracking data regarding the frequency of guardianship appointment, removal, and succession, as well as demographics of the individuals for whom guardians have been appointed, the situations leading to guardianship, and those serving as guardians. This data will be used to better plan for individuals who may have outgrown the need for substituted decision-making and those who are outliving family members appointed as guardians. Approximately 650-700 individuals are identified as having court-appointed guardians, although part of this effort is to verify whether these are, in fact, legal guardians. Data regarding the ages of those with family members appointed guardians are in the table below. ODS is tracking to confirm that those who are aging, assuming their family members/guardians are also aging, will have appropriate succession plans in place.

Age Range	Count (Appointed Guardians)
31+	254
40+	138
50+	97
60+	61

70+	20
-----	----

Furthermore, ODS has developed a closer relationship with the County Orphans' Court to allow earlier communication and possible intervention when someone has reported the potential need for guardianship directly to the court. This has enabled us to work with the team to divert the conversation from substituted to supported decision-making where appropriate. In instances where someone has notified us of a contested or problematic guardianship, a representative of the Legal & Regulatory Compliance Team participates in team meetings and attends hearings to ensure effective and accurate team communication and understanding of the guardianship status.

Collaboration with the Legal System through the LeCSI Program.

ACDHS's reach to our legal system partners has increased exponentially with the Legal & Regulatory Compliance Team's development of the Legal Connection, Support, and Intervention Program (LeCSI). With authorization from participants, LeCSI facilitates communication with and translates between the human services and legal systems. ODS further assists legal system partners to support or represent individuals they may encounter with ID/A by offering links not just to disability education but also to resources and other human services systems as appropriate. LeCSI does not provide legal advice. Only the participant's attorney can provide legal advice.

Program specialists directly support participants, linking to natural, community, and paid resources and assisting in providing ADA accommodations in the courts. ODS also offers participants emotional support and assistance in navigating court systems, understanding and following court orders, attending proceedings, and communicating with legal counsel. To aid in processing trauma and avoiding future legal system encounters, LeCSI remains involved after the conclusion of any case for as long as the individual participant chooses.

When considering the data compiled thus far in the criminal divisions, it is essential to remember that these numbers likely grossly underrepresent the number of individuals with ID/A who are active in the legal system in some way. Many individuals in the criminal justice system have neither self-identified nor been identified by legal system personnel. Many have never been properly evaluated, and we are seeing referrals for the first time for adults who have already been in carceral settings for years.

LeCSI is currently tracking 825 individuals who have current or historical legal system involvement. While this number is ever-growing as more people are identified, a snapshot of a typical month of LeCSI's involvement in the criminal divisions of relevant courts includes approximately 135 active cases, from investigation through unresolved fines and fees. At least 40 of these individuals work directly with a LeCSI Program Coordinator, with approximately 35-40 identified as a high-priority wait list with priority given based on the severity of an individual's situation (i.e., incarceration, active case, open summary, unresolved fines, etc.).

Having begun this program in the Allegheny County criminal court divisions in partnership with the county's Office of the Public Defender, LeCSI is dedicated to diverting expressions of neurodivergence and nontraditional forms of disability-based communication from those courts as much as possible. With the successes from this partnership in Allegheny County, LeCSI has expanded to other counties and other divisions within the court system and, most recently, has begun supporting parents in CYF hearings and is moving into the children's courts for both delinquency and dependency hearings.

Emergency Supports:

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

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

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

Administrative Funding:

PA Family Network

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

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

Charting the LifeCourse

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

ODS has successfully completed the Charting the LifeCourse Ambassador training series, which was designed to include training, professional development, and implementation coaching to provide a foundational understanding of the key principles of the Framework and to introduce the application of the

principles for a specific focus area and/or practice. There are currently four LifeCourse Ambassadors who have trained all ODS staff.

Allegheny Collaborative

The Allegheny Collaborative coordinates and facilitates work group activities across various roles and areas of PA. ODS participates in networking, sharing successes, and problem solving within these work groups. In addition, ODS staff attend educational opportunities throughout the country, state, and locally to present the LifeCourse Framework to stakeholders to enhance future planning activities. The LifeCourse tools emphasize strengths, positive assets, and community supports for individuals seeking a new home setting.

Family Support Care Coordinator (FSCC)

The FSCC is designed to support adults with complex needs who typically have significant communication, medical and physical disabilities that prevent them from maintaining records, communicating background information, and coordinating services. The FSCC assists individuals and their aging caregivers in coordinating and managing all aspects of their lives, overseeing and integrating all services and providers, from both public and private systems, and natural supports to ensure the best quality of care and life.

HCQU

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

IM4Q

AC DHS continues to work with its local Independent Monitoring for Quality (IM4Q) program on the annual identification and interview of individuals in the system. IM4Q and National Core Indicator (NCI) reports of survey results are shared with providers, County ODS Programs and others for quality improvement purposes. The reports also are shared with the community via the AC DHS Website. Two separate reports are developed for each program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs. IM4Q Reports from past years can be found on the [AC DHS website](#).

Other reports include:

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

Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of

Day Activity. AC DHS actively uses IM4Q data and Considerations to enhance employment opportunities, and this objective will continue in the FY 23-24 QM Plan.

Supporting local providers in increasing competency to support individuals with higher levels of need

Regarding our efforts build capacity of local providers to support individuals who present with higher levels of need, ODS has already mentioned the DDTT, collaboration with our AC DHS partners (JRS, OBH, CYF), the RESPOND program and our capacity building efforts with Devereux Advanced Behavioral Health/TCV and The Imagine Different Coalition. These resources are aimed at learning about and preparing for individual needs. However, barriers to expanding the capacity to serve these individuals continue to be centered on the current residential rate development structure. Developing a new or creative site is difficult in the current climate. Licensing, rate development, requests for additional or enhanced staff support, and startup costs are all separate processes that are slow at best and disconnected at worst. In addition, the historic inability of the system to braid or blend funding and/or services has never been adequately addressed. Ultimately, the resulting service package for an individual with high/complex needs tends to be disjointed (or missing altogether) and often more expensive than necessary, quite often due to multiple in-patient admissions and coordinating services that do not match the needs/wants of the individual.

Allegheny County ODS and OBH have entered into a pilot with PA DHS of the START Model, an evidence-informed treatment model from the Center for START Services, University of New Hampshire. The model addresses the challenges often encountered when supporting individuals with Intellectual Disability and/or autism and behavioral health challenges. AC DHS anticipates that this pilot will bolster the provider system and support families supporting individuals with the most complex of needs.

The START pilot is intended to last three years. In the first year, an Executive Committee was formed to help ODS and OBH guide RFP Development and selection of a provider who would execute the service. Resources for Human Development was selected and has initiated its program in Allegheny County, which will be located in the Wilkinsburg area of Pittsburgh. Referrals for individuals with ID/A and a co-occurring behavioral health concern began in July 2023.

Risk management

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

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

The process has evolved over the years, based on valuable input from the Risk Management Committee participants and stakeholders, to include both Remediation and Quality Improvement activities. The ODS Risk Management Committee uses a distinct set of criteria to identify individuals who may be at-risk and completes an extensive case review process. Findings are shared in writing with the individual's Supports Coordinator, who then reviews findings with the individual/family and support team, including providers. A service note about the review is also entered in HCSIS. The SCO responds to the ODS Risk Management Coordinator with any required follow-up, including an Action Plan, if warranted. The collective findings of the Risk Management process are analyzed and documented in an annual report. Findings inform ODS Quality Improvement objectives and several QM Action Plans have been implemented to address these areas over the years. AC DHS and the Western Region Office of ODP have

collaborated on this effort by sharing data and results of RM Action Plans through the regional QM/RM stakeholder group as a forum for sharing experiences and developing strategies.

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

PRE-T

ODS has worked with our local state partners to develop a risk mitigation tool, the PRE-T, to evaluate high-risk situations that transition-age youth are experiencing when involved with ODS. ODS utilizes this tool to help inform the team as technical assistance is provided. It will advise the inclusion of information in the ISP as well.

County housing coordinator

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

Providers' emergency preparedness plan

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

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

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

Participant Directed Services (PDS):

AC DHS has been involved in implementing and coordinating Participant Directed Services (PDS), with both Agency with Choice and Vendor Fiscal models as options. The office works with the SCOs to promote PDS as a viable choice for families and individuals; through waiver, both options have grown. However, expanding PDS through Block Grant funds has proven to be challenging: a guarantee of funding

available on a large scale is currently not possible. There are also barriers related to implementing a Vendor Fiscal model under the current structure.

Hand in hand with this, it is beneficial to families using PDS to consider Supports Broker Services. This service is designed to assist participants or their designated surrogate with employer-related functions to successfully self-direct some or all the participants' needed services. This service is growing in the eastern and central portions of the state. Here in the western region, it has yet to take root, possibly due to a lack of understanding of the benefits of utilization. To this end, PDS continues to grow, although slowly, for the Vendor Fiscal model. The number of participants increases yearly, from 49 participants in FY 2018-19 to 101 in FY 2019-20 and 322 participants by 2022. There are three Support Broker Providers with authorizations and 23 participants currently using this service.

Community for All:

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

Racial Equity and Diversity:

AC DHS prioritizes racial equity and cultural competency as fundamental principles guiding our work. ODS Racial Equity Core Team has been in place since November 2020 and has received support from the DHS Office of Equity and Engagement in the form of Equity Managers. Our Equity Managers assist our office in planning specific outcomes related to normalizing, organizing and operationalizing approaches and practices relative to our work that promote a better understanding of racial equity.

Throughout this last year, ODS offered several educational opportunities, including a two-part training, "The Psychology of Poverty," from Tammy Thompson. ODS offered the "Unexpected Virtual Tour: Black History Month" and hosted a self-advocate to come and talk with staff for Autism Awareness Month.

To further this work, ODS surveyed the department regarding values (personal and vocational) to determine the current perspectives of the office and give some insight into opportunities.

In FY 23-24, ODS aims to accomplish the following:

- Hosting a training or presentation on Cultural Humility as it directly relates to interactions between staff and both individuals/families and provider agencies.
- Identifying barriers that keep families from connecting to ODS and exploring ways that families can support ODS in being viewed as a resource rather than only a government agency
- Begin developing Accountability Measures in ODS

HOMELESS ASSISTANCE PROGRAM SERVICES

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

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

Achievements and Improvements

In FY22-23, AC DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First, and increase the flow of positive exits from homelessness services, while also adapting processes and responding to the growing demand on homeless response services due to the tightening housing market and continued economic strain on county residents since the COVID pandemic.

Expanding access to low-barrier shelter and services

Over the past three years, AC DHS has worked in partnership with PNC Bank, Highmark and UPMC, as well as other government agencies including the City of Pittsburgh, other businesses, and community-based organizations to bring to life the vision of a Low-Barrier Shelter. Together, this group envisioned a place where anyone over the age of 18 can go to receive immediate access to shelter and housing assistance that is not contingent on sobriety, income requirements, criminal records or program demands. The group envisioned a Shelter where adults experiencing homelessness are empowered and supported to quickly obtain stable, permanent housing. The result of this collaboration is Second Avenue Commons (2AC), a brand new 45,000-square-foot, five-floor facility on Second Avenue in the downtown corridor of Pittsburgh. 2AC opened in November 2022 and houses four complementary services that do not currently exist elsewhere in Allegheny County:

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

Concurrently, AC DHS opened the Winter Shelter at Smithfield United Church in Downtown Pittsburgh to provide additional low-barrier shelter beds during the winter months. In response to the level of demand the Winter Shelter at Smithfield United Church remained operational into June 2023, rather than closing in March, as was traditional. Significant case conferencing and service coordination was conducted to connect regular users of the Winter Shelter with available shelter beds throughout the community.

Expanding and coordinating targeted rental assistance and supportive services to reduce homelessness

AC DHS has provided rental assistance in Allegheny County through various funding sources for many years and took the lessons learned from those experiences, as well as from our recent administration of the U.S. Department of Treasury's Emergency Rental Assistance Program (ERAP), to develop an improved rental assistance program for Allegheny County. The Rental Assistance Program was implemented in April 2023 and combines four funding sources to provide short- and medium-term rental and utility assistance to households at risk of eviction, while also coordinating linkages to the array of resources making up the comprehensive response to eviction and homelessness prevention, including:

- A legal assistance program that provides limited legal advice via a telephone hotline and more in-depth representation in court for tenants that need that level of support.
- A mediation program that works with landlords and tenants both before and after eviction cases are filed with the courts.
- Housing and court advocates who assist tenants with evictions filed in court to ensure that 1) they know about upcoming hearings and their rights at those hearings and 2) they have necessary information to present a defense against their eviction.
- The City of Pittsburgh's Financial Empowerment Centers that assist renters, after rental assistance has been provided, with credit repair, budgeting and other supportive services to prevent future evictions.
- A Housing Stabilization Center in downtown Pittsburgh where individuals and families in a housing crisis can receive in-person support and referrals to services to help stabilize their housing.
- A Prepared Renter Program that trains service providers to offer "how to be a good tenant" lessons to their program participants.

Strengthened Housing Coordination Supports

Since October 2019, AC DHS has employed a Housing Solutions Specialist (HSS) who works within the shelters to help seniors navigate subsidized and private market housing. This position has established evidence of the effectiveness of dedicated, specialized housing navigation, having demonstrated success in reducing clients' time in shelter and their reliance on homeless system housing. Over a 2-year period, the Specialist assisted 125 individuals to stabilize in housing, with 86% of these individuals becoming housed outside of homeless housing programs. A second Housing Solutions Specialist was hired in June 2023 to expand upon the success of this model and provide housing case management targeted towards households who can be successful and stably housed outside of homeless housing programs. The Housing Solutions Specialists work across the array of homeless providers, leveraging our relationship with providers and our robust data systems to identify and serve households. Through the provision of specialized housing navigation and support, the HSS help improve system flow, conserve homeless system housing units for those with the greatest need and reduce the length of time households experience homelessness.

Unmet needs and gaps

Affordable housing: Allegheny County, which includes the City of Pittsburgh, is experiencing a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. According to data from the National Low Income Housing Coalition, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available. As the affordable housing crisis deepens, low-income households become increasingly vulnerable to eviction/foreclosure and homelessness. Further this rent burden has racial

equity repercussions. Renters of color are more likely to face unaffordable rents, with 51% of Black renters paying more than 30% of income on rent⁶.

Changing behavioral health needs: Allegheny County is seeing a shift in the behavioral health needs and acuity of individuals experiencing homelessness. AC DHS Data Warehouse data shows that the percentage of individuals with a substance use disorder (SUD) at entry into PSH increased by 8% in the 5-year period from 2017 to 2022 (from 36% to 44%). Additionally, participants' behavioral health needs are often complicated engagement with services and retention in housing. As evidence of this challenge, 27% of unhoused individuals engaged by Allegheny County's Street Outreach teams in October 2022 (n=156) were enrolled in a housing program (Permanent Supportive Housing or Rapid Re-housing) in the prior 12 months. Of these, about half had exited a program during the prior 12 months and about half were enrollees at the time of engagement (combination of people still looking for housing and those already receiving rental assistance). These trends indicate a need to enhance our capacity to effectively use assertive outreach, motivational interviewing, and other evidence-based practices to house and support the ongoing housing stability of households affected by mental illness and/or co-occurring SUD.

Services, efficacy, and proposed changes

The table below outlines key housing/homelessness services and how their efficacy is evaluated:

Service	How AC DHS evaluates efficacy
Bridge Housing provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.	<ul style="list-style-type: none"> Measure: Share of people served by Bridge Housing who exit to permanent housing. In FY 22-23: 67% of households who exited bridge housing exited to permanent housing.
Case Management assists families experiencing homelessness in achieving self-sufficiency through client centered service plans that may include goals for basic life skills, financial management, job preparation skills and/or employment skills. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services, help families secure and maintain, conduct very targeted housing search assistance to move families into affordable housing within the community without having to continue through the homeless system, and follow the family into the community once housed to ensure it is a supported transition.	<ul style="list-style-type: none"> Measure: Number of homeless individuals assisted by HSSC In FY 22-23: 1,495 households were provided with case management services.
Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. <i>Note: In addition to the existing HAP rental assistance, Allegheny County provided assistance to approximately 861 households in FY 22-23 through ERAP.</i>	<ul style="list-style-type: none"> Measure: Number of households for whom eviction is prevented, through rental assistance In FY 22-23, 409 households received rental assistance.
Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. The median length of stay for homeless households utilizing Emergency Shelter should be 30 days. In FY22-23, the new year-round, low-barrier shelter, Second Avenue Commons, was opened. In addition, the Winter Shelter (formerly the SWES) also opened in November 2022 and remained open through June, and providing an additional low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.	<ul style="list-style-type: none"> Measure: Number of people served by emergency shelter programs (including shelter for people who are victims of IPV) In FY 22-23, 4,285 individuals were served by emergency shelter programs

⁶ Housing Alliance of Pennsylvania, Allegheny County Housing Needs Snapshot. https://housingalliancepa.org/wp-content/uploads/County-Fact-Sheet_2022_Allegheny.pdf

<p>Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. One of the program's primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.</p>	<ul style="list-style-type: none"> • Measure: Number of homeless individuals assisted • In FY 22-23: AC DHS provided approximately 128 clients with other housing supports
---	---

Proposed changes in FY 23-24:

- AC DHS has long benefited from individuals with lived experience providing input and feedback on service design and delivery in the child welfare system. In FY 23-24, AC DHS will work to increase consumer voice in homelessness service design and delivery at the system and programmatic levels. Members of the CoC, including an AC DHS representative, completed a 12-week workshop on partnering with people with lived experience with homelessness in the summer of 2023. The CoC will leverage these lessons learned as it develops its newest strategic plan and centers the experience of those who have traveled the homeless system in the planning process.
- AC DHS is working to integrate its behavioral health and homeless housing systems through a shared front door and common assessment tool; and to rethink and retool its available supportive services to better meet people's needs and support their exit from the housing system back to the community.
- As cited above, Allegheny County has identified the need to enhance the homeless system's capacity to effectively engage with and support individuals with behavioral health needs, including SUD. In addition to the above-described adjustments to the MH Residential system, AC DHS has committed to expanding the capacity of the homeless response system. This includes dedicating HealthChoices Reinvestment funds to the expansion of evidence based PSH programs for individuals and families with behavioral health needs who are experiencing homelessness.
- Over the last six years, AC DHS has collaborated with a broad coalition of local stakeholders to increase low-barrier shelter options in the community. The most notable of these efforts is Second Avenue Commons (2AC), which opened in Downtown Pittsburgh in late 2022. DHS seeks to further expand the CoC's low-barrier shelter capacity by establishing smaller, community-based shelters that will serve individuals and families who are unhoused. This approach to low-barrier shelter capacity is directed towards offering shelter options across communities and enabling more individualized support.

Homeless Management Information System

The Allegheny County CoC's Data and Planning Committee uses HMIS data to measure and track homeless system performance and to inform policy decisions about homelessness for the community. AC DHS's dedicated HMIS staff and a homelessness/housing analytics team continue to produce analysis and reports that guide planning and decision-making. The vast majority of Homeless Assistance providers enter data into HMIS; in accordance with federal law, IPV providers use a comparable database. In FY23/24, AC DHS is transitioning its HMIS to Green River, a leading HMIS software company. Through this change, AC DHS will maintain its compliance with HUD data and reporting standards more efficiently, while enhancing the user experience for service providers and continuing to leverage the integration of Coordinated Entry and HMIS data.

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

Adult Services:

Program Name: Homemaker Services

Description of Services: AC DHS provides homemaker and life skills assistance services to eligible low-income disabled adults (18 through 59 years of age) who are not eligible for other programs and who depend on these services to allow them to live independently in their residences rather than in a more restrictive, costly alternative such as personal care homes or assisted living facility. The In-Home Specialists assist consumers with light housekeeping, personal care, grooming, errands, making telephone calls, and managing their mail. Additionally, In-Home Specialists help consumers address safety issues in their homes, such as reducing tripping hazards, removing rotten foods, and providing reminders about keeping doors and windows locked. They also encourage consumers to engage in healthy living practices such as keeping regular doctor appointments; taking medications as prescribed; becoming more active; eating healthy, well-balanced meals; and connecting with informal supports. Consumers receive an initial and semi-annual in-home assessment to determine their physical and mental health needs and their unique strengths. The provider and the consumer create an individualized service plan that details the types and frequency of service, the specific tasks the In-Home Specialist will do, and the tasks that the consumer will receive support in completing. Adjustments are made to the service plan as needed.

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

Program Name: Case Management

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

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

Program Name: Port Authority Discounted Fares Pilot Program

Description of Services: In November 2022, AC DHS launched a 12-month pilot that provided Pittsburgh Regional Transit (PRT) fare discounts for working-age recipients of Supplemental Nutrition Assistance Program (SNAP) benefits and their children. The pilot connected people and families to an important economic support while providing an opportunity to study how lowering the cost of public transportation affects employment, health, and other key outcomes. AC DHS enrolled over 14,000 people in the pilot, including nearly 5,000 children. Participants were randomly assigned to one of three possible fare discount levels – unlimited free PRT trips for 12 months; 50% discount on all PRT trips for 12 months; or a PRT ConnectCard with \$10 preloaded cash but no further discount. A rigorous evaluation is underway, and this will allow AC DHS to see what really works and use that information for longer-term commitments toward lowering the cost of transportation for low-income residents. This pilot program is one of the largest experimental evaluations of public transit fare discounts that has taken place to date in the U.S.

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

Aging Services:

AC DHS did not use the Aging Services cost center in fiscal year 22-23 and does not plan to use this cost center in fiscal year 23-24.

Children and Youth Services: AC DHS did not use the Children and Youth Services cost center in fiscal year 22-23 and does not plan to use this cost center in fiscal year 23-24.

Generic Services:

AC DHS did not use the Generic Services cost center in fiscal year 22-23 and does not plan to use this cost center in fiscal year 23-24.

Specialized Services:

Program Name: Legal Representation

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

Program Name: Crisis Response and Diversion

Description of Services: DHS and its partners in law enforcement and the community are also collaborating around new strategies to reduce arrest, incarceration, and avoidable emergency department visits for people with behavioral health needs, and to connect them instead to supportive care including Law Enforcement Assisted Diversion (LEAD), an alternative responder model to dispatch behavioral health teams to certain 911 calls in lieu of police, whenever appropriate, and ongoing crisis prevention and response work with Resolve Crisis Services. Additional information about each of these services can be found within the Mental Health Narrative.

Program Name: Individual Care Grants

Description of Services: A subset of consumers served by DHS who are involved with multiple systems have complex service needs that cannot be met with categorically funded services and are involved in DHS's Child and Adult Integration and Teaming Meeting (ITM) process. The goal of integrated planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, criminal and juvenile justice and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process, DHS provides Individual Care Grants through provider partners to pay for a specific service need that none of the existing funding streams can provide. Care grants are only approved as a last resort, when all other resources have been exhausted and an individual needs a service to move to the next level of care or meet their goals such as assistance with moving the belongings of a client from a hospital to the community, room and board until other funding is in place (often for CYF youth transitioning to adult ODS or BH housing), specialized therapies and paying for bus passes for a consumer to complete a workforce training program. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted).

Interagency Coordination:

Allegheny County Jail Collaborative

The Allegheny County Jail Collaborative, established in 2000, is an initiative of Allegheny County government—DHS, Jail, and Health Department—the Fifth Judicial District of Pennsylvania and community members with a shared mission to reduce recidivism among people involved in the Allegheny County criminal justice system. The Collaborative’s nationally renowned Reentry Program has been shown to reduce rearrests by a statistically significant amount (24 points) compared with a matched comparison group; and prolong the time to rearrest. The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and in the community. AC DHS will use Block Grant funds, in combination with federal, other state and private funds, to continue to support the Jail Collaborative’s services to individuals who are at medium- to high-risk of recidivism starting in the jail or alternative housing, through their transition to the community and continuing for 9-12 months after they leave the jail through the following services: service coordination and release planning, family support, vocational training, cognitive behavioral interventions, and educational opportunities.

Batterer’s Intervention Programs

AC DHS works with criminal justice partners and community partners to improve the local response to intimate partner violence (IPV), an epidemic that affects many individuals in Allegheny County, including many of AC DHS’s clients. Since 2014, AC DHS, in partnership with the Allegheny County Jail, has provided funding for Battering Intervention Programs (BIP) which are the most commonly accepted interventions for perpetrators of IPV in the United States. BIP is structured as a set of curriculum-based, psycho-educational groups, which holds offenders accountable and to ensure victim safety. With the support of Block Grant funds, AC DHS will continue to fund the four certified BIP providers in FY 23-24. These BIP sessions will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S. Facilitators incorporate Cognitive Behavioral Therapy, Motivational Interviewing and other psychotherapy techniques to shift perpetrators’ attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. AC DHS monitors BIP service provided by four agencies and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting needs. While the majority of BIP sessions are available to men, there are groups for females and one agency that provides BIP specific to same-sex couples.

Reentry for All

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

- **Pre-release Medical Assistance Enrollments:** Since 2015, the Jail Collaborative has partnered with a provider organization to complete Medical Assistance applications for a subset of people leaving the jail and has since expanded this initiative to enable applications to be completed for everyone in the jail who may be eligible for Medical Assistance. The goal of this initiative is to reduce gaps in coverage following a period of incarceration and to improve continuity of health care for justice-involved populations.
- **Medication for Opioid Use Disorder (MOUD):** Jail Collaborative partners are working to expand access to MOUD for individuals in the Allegheny County Jail. In the past year, Methadone was added as an option for continuation withing the Allegheny County Jail (ACJ) in addition to providing continuation of all MOUD, to individuals with an active script. During FY 22/23, the jail and its onsite partners treated 495 people with oral Buprenorphine, 92 with Sublocade, 152

with Methadone, 13 with Vivitrol, and 77 with Naltrexone. In total, MOUD programs at the jail served 829 individuals in FY 22/23 compared to 743 the prior year. In the upcoming year, ACDHS will expand MOUD services to include induction of buprenorphine in addition to developing processes for screening upon intake at the ACJ.

- **Post-incarceration Clinic:** The Jail Collaborative supports a holistic medical clinic whose goal is to offer healthcare and address the social determinants of health for individuals leaving the jail who have two or more chronic conditions, one acute condition, untreated Hepatitis C virus, a substance use disorder, or women's health needs. Patients are identified pre-release and connected with an appointment at the clinic within 72 hours. The Clinic is also able to provide "bridge" medication for people with Opioid Use Disorder whose Medical Assistance has not reactivated.