

**Appendix B**  
**Allegheny County Human Services Plan**

**PART I: COUNTY PLANNING PROCESS**

**Engaging Critical Stakeholder Groups**

The Allegheny County Department of Human Services' (DHS) leadership team is composed of the director, the executive deputy director for Integrated Program Services, and deputy directors and administrators from the offices within DHS: Children, Youth and Families (CYF); Behavioral Health (BH) (which includes the Single County Authority and Early Intervention); Intellectual Disabilities (ID); Community Services; Community Relations; Administration; Analytics, Technology and Planning (ATP); and the Area Agency on Aging (AAA). This leadership group reviewed consumer feedback, program performance, and reports to identify pressing needs and opportunities for strengthening human services and leveraging other resources in Allegheny County. Information sources also included:

- The guidance and recommendations of DHS Advisory Boards and Councils (The Human Services Block Grant Advisory Board, AAA Advisory Council, Drug and Alcohol Planning Council, Mental Health/ID Advisory Board, CYF Advisory Board, Children's Cabinet, Foster Parent Advisory Board, County Community Services Advisory Council, Homeless Advisory Board, Local Housing Options Team, Immigrant and International Advisory Council, LGBTQ Community of Practice, and Systems Improvement Through Youth).
- The results of telephone and in-person surveys and focus group interviews of people who have used DHS services, conducted by ATP's Client Experience Unit, Consumer Action Response Team of Allegheny County (CART) and Independent Monitoring for Quality (IM4Q).
- Current information about community needs and service gaps, collected and shared by DHS, Allegheny Health Choices, Inc. (AHCI), Community Care Behavioral Health Organization ("Community Care," the county's behavioral health Medicaid managed care organization), the Continuum of Care (CoC), and the Allegheny County Health Department (ACHD).
- Our planned response to Covid-19, which is based on feedback from over 600 community members, providers, and staff, who shared ideas about how DHS should safeguard the most vulnerable people in our community and help people in need. DHS solicited this feedback through:
  - The Neighborland app: DHS asked people for ideas about improving the system, human services priorities (what matters most to them); and how human services can support the fight against racism
  - Listening sessions: DHS organized sessions with Black, Latinx, LGBTQ, and faith-based communities—to learn about their needs, concerns and ideas
  - Daily/bi-weekly calls with providers to identify needs that required rapid response
- Opportunities for partnership identified by community members and providers, as well as city, county, and other staff. Examples of these opportunities include partnerships with CareerLink and other aspects of the workforce system that Partner4Work manages; and partnerships with city and county housing authorities to enable DHS clients to access more of the housing available through these agencies.

### **Serving residents in the least restrictive settings**

DHS has participated in the Human Services Block Grant since the year it was initiated because it has allowed Allegheny County to address the needs of vulnerable children, adults and families in integrated ways—serving more people with a full range of support and preventive services. These services improve health and address current issues, which prevents people’s needs from becoming more complicated and requiring more restrictive settings. During FY 20-21, Allegheny County will continue to use the flexibility of the Block Grant to focus on prevention and service integration so that, whether someone seeks one service only or needs additional services such as housing, food, treatment, or transportation, they can quickly receive the full range of needed support and assistance. The goal of service integration is to improve the lives of individuals and families and help them remain safely in their homes and with family members.

### **Key aims in FY 20-21**

In response to community needs, DHS will focus on the following major initiatives in FY 20-21:

1. **Covid-19 response.** DHS aims to: reduce the spread of the virus among our most vulnerable populations; ensure greater access to life-saving health and human services, delivered safely; and help address the basic needs of those facing increased hardship because of the Covid-sparked recession. To reach these goals, we are making changes to our services—most of which will be supported by federal CARES Act funding, but built upon the service delivery system that Block Grant and other state funding makes possible:
  - Ensuring the densities of DHS-funded congregate settings are within safe limits, that these facilities are hygienic, and staff and residents have the necessary personal protective equipment (PPE) needed to reduce the risk of contracting the virus
  - Continuing the quarantine/isolation locations for families, youth, and adults, including those who need to move temporarily from congregate care
  - Working with the community on an aggressive effort to enroll people in public benefits
  - Adding more rental assistance, so we can prevent homelessness among the far greater number of people who will be without money to pay rent and arrears
  - Creating a well-marked front door to most human services—coordinated with expanded hotline/warmlines and combined with triage, to ensure people with the highest needs get services
  - Reaching the county’s Black and Latinx communities to connect them with resources and information, since they have been especially hard-hit by the virus and its economic effects
  - Reducing the digital divide, to make it possible for more of our clients to receive services and support remotely
  - Providing home deliveries and social support to older adults
2. **Coordinated entry to drug and alcohol treatment, overdose prevention, and support.** DHS will make it easier for people affected by substance use disorders to access information, treatment, and support. A new engagement center will provide a safe place for people to stay while they are waiting for treatment to become available, as well as peer support, overdose prevention, and other resources. A network of qualified assessment centers and a centralized case management unit will help people get the right level of care, quickly.
3. **Increasing and preserving access to safe, affordable housing,** especially considering Covid-19. The full impact of the pandemic is still unknown, and we anticipate increased need as eviction and utility

moratoriums come to an end. Without meeting the basic need of having a place to live, people struggle to secure employment, treat a substance use disorder, and pursue personal goals. DHS will continue to work to reduce barriers to housing and address waitlist times, including by working with partners on rental assistance to prevent eviction.

4. **Reduce the overuse and misuse of the criminal justice system for people with behavioral health and/or other human service needs.** DHS will continue to partner with the criminal justice system around efforts to reduce the jail population, divert people with behavioral health challenges from jail, and reduce recidivism. Through this work, DHS and its partners aim to:
  - Connect more individuals to services and support in the community as a means of preventing arrest and incarceration
  - Build up a system of prevention and care so that individuals receive the support they need to avoid crisis and, if crisis occurs, have access to appropriate first responders and resources that lead them to stabilization and treatment in the least restrictive setting required

## **PART II: PUBLIC HEARING NOTICE**

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

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

- June 29, 2020 at 4:30 p.m.
- June 30, 2020 at 4:30 p.m.

DHS held the public hearings virtually, using Microsoft Teams' Live Event feature. Individuals were able to join the hearings by phone or weblink. Questions and comments were accepted by email or through a Q&A chat box. Closed captioning was available in English, Spanish, Chinese, and Arabic. An event recording is posted to <https://bit.ly/2N5AVCX>.

Sixty-four individuals attended the hearings, including community members, advocacy groups, service providers, and DHS staff. The DHS Director presented information about the Human Services Block Grant, human service needs, and DHS's response to COVID-19. Two DHS Staff members presented on issues of access and crisis prevention and response. 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 Block Grant plan.

### **PART III: CROSS-COLLABORATION OF SERVICES**

#### **Employment**

The key to helping people unlock their potential and achieve wellness is connecting them to appropriate training and employment opportunities and supporting them so that they maintain employment. DHS has a number of workforce initiatives that use Block Grant funds (see Table 1), but Partner4Work is the county's primary workforce development organization, so DHS partners with them to make sure that clients have a clear pathway to training and employment resources and supports:

- **Partner4Work** connects funding, expertise and opportunities for employers, job seekers, agencies and policy makers to develop a thriving workforce in the Pittsburgh area, with the goal of helping people with human service needs gain employment. DHS and Partner4Work focus on coordinating human services and employment services, advocating for workforce development for people with human service needs, and building stronger referral networks and ways to share resources. In 19-20, with the support of the Heartland Alliance, DHS collaborated with Partner4Work as part of the Pathways Forward Challenge, a systems-change initiative aimed at more effectively and equitably connecting homeless and unstably housed job seekers to employment. We began development of a referral tool for homelessness and housing service providers to better connect our clients with PA CareerLink, as well as developed and shared training for workforce development and homeless service providers. In 20-21, we plan to: use shared case management for clients served by both systems, implement training on racial equity for Partner4Work and DHS staff, and hire specific staff to further support human service providers in connecting and supporting clients with workforce programs. Additionally, the Aspen Institute recently awarded Partner4Work a grant to partner with DHS on raising awareness of human service programs with local employers so that their employees are connected to all services and benefits for which they are eligible.

Because of the unique needs of people experiencing homelessness, DHS also has worked with the Employment Training and Advisory Board to identify and overcome employment barriers:

- **The Employment and Training Advisory Board (ETAB)**, an affiliate of the Homeless Advisory Board (HAB) for the Allegheny County Continuum of Care (CoC), includes DHS staff, provider agencies and community stakeholders. The group: 1) promotes housing stability and self-sufficiency by linking homeless services providers and the people they serve to employment and training resources and 2) works across sectors to overcome barriers to employment for those in housing crisis. ETAB's bi-monthly meetings enable partners to share information and collaborate to help more people become employed. The ETAB also organizes forums that brings together homeless service providers and workforce staff from around the county.

The following chart outlines DHS's workforce initiatives and programming, which complement its partnerships. (Funding sources for initiatives and programming may include CSBG, Block Grant, or other grants):

**Table 1: DHS Workforce Initiatives and Programs**

<b>Program</b>	<b>Description</b>	<b>Annual # of Clients Served</b>
Self-Sufficiency	Helps individuals at or below 200% of the Federal Poverty Level (FPL) achieve improved stability and economic security. Economic security for many working age adults is improved employment and increased earned income.	200
Allegheny County Outreach	Provides case management, service coordination, and support services for persons who are below 125% FPL who have a goal of improved stability and economic security.	33
Supported Employment for people with Serious Mental Illness (SMI)	Supported employment services based upon individual choice, integrated with comprehensive mental health treatment and focused on employment as the goal.	470
Independent Living Employment Supports	The 412 Youth Zone offers employment services that help youth who are homeless or have been in foster care secure gainful employment, while supporting them with individualized services (job readiness training, career assessments, referrals to supports, and training on budgeting and entrepreneurship).	537 <sup>1</sup>
Intellectual Disability Waiver Employment Services	Supports individuals with intellectual disabilities in finding and maintaining work	2,050 waiver eligible individuals

In addition, DHS established two new partnerships in 19-20:

- **DHS is partnering with Goodwill** (using Home4Good funding from PHFA and FHLBank) to coordinate with a workforce navigator who provides homeless services providers with information on: how the workforce system operates, which programs are available, and how to connect clients. Some direct services are also in place for people in the homeless system who are pursuing workforce development opportunities, including stipends.
- **DHS' Rapid Rehousing (RRH) providers** are working with doctoral students at the University of Pittsburgh's School of Occupational Therapy to create a model for enabling people in RRH to obtain and retain employment.

**Housing:**

DHS recognizes that homelessness is a complex problem and is usually 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 2019:

- 60% of people active in the homeless service system had also received a county-funded mental health service in the past

<sup>1</sup> Number reflects all Employment Institute (not just Youth Zone) clients served in FY 2019-20 through June 17, 2020.

- 34% had also received a county-funded service for substance use disorder in the past
- 10% self-reported an experience of intimate partner violence.<sup>2</sup>

Using federal, state and local funds, DHS contracts with 27 nonprofit service entities, operating nearly 96 distinct programs. These programs, along with other government and social services agencies, provide direct service to people experiencing homelessness and comprise a Continuum of Care that includes outreach and prevention services, emergency shelters where people can stay for up to 60 days, bridge housing, rapid re-housing, and permanent supportive housing.

This service array is the result of the “Allegheny County Strategic Plan to Prevent and End Homelessness” – a strategy developed by DHS and the HAB to make homelessness in the County rare, brief, and non-recurring by 2022. The plan includes:

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

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

- **Connected people to resources through the Allegheny County Link.** Link services include information and referrals, homeless services coordination, eligibility screening, options counseling, application assistance and case management.
- **Expanded coordinated entry services** through the field unit so that we can reach more individuals where they are.
- **Created a Section 811 Housing Initiative in Allegheny County**, which provides project-based and tenant-based Section 8 housing for people who are 18-61 with disabilities, have income at or below 30% of Area Median Income (AMI), and who are enrolled in Medicaid or who are eligible for Medicaid (but who are not yet enrolled). The program sets as priorities for this housing people who are institutionalized but able to live in the community if they have permanent supportive housing; at-risk of institutionalization; or living in congregate care setting but able to live in the community.
- **Established the Housing Navigation unit at DHS.** DHS’s two housing navigators link DHS clients with housing through their case managers. The navigators first identify affordable housing (working with landlords to secure these units for low-income, service-involved clients), and then assist case managers who are working with DHS clients to match their clients with appropriate housing. As the “go-to” source of information and technical assistance for connecting low-income, service-involved clients to affordable housing units, the navigators have built a network of landlords, educated and trained case managers on how to help their clients find and secure housing, and provided targeted assistance for linking clients and housing. The unit created a training series for providers regarding working with landlords and tenants and accessing housing programs, including the Housing Choice Voucher Program. The unit also created videos on eviction and tenant rights and collaborated with other DHS program staff on housing assistance.

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<sup>2</sup> Among clients whose data is in HMIS; does not include clients served in domestic violence shelters.

- **Doubled the Landlord Risk Mitigation Fund.** The Fund facilitates the ongoing engagement and support of our network of landlords. It reduces the risk to landlords by covering the costs of repairing rental unit damage or lost rent, providing an incentive for landlords to continue to rent to our clients.
- **Established the Deep Rental Subsidy Program,** which supports the cost of housing for people living with a disability who are ready to transition out of group homes, Community Residential Rehabilitation (CRR) facilities, and other more intensive levels of service. In addition to rental assistance for community-based living, clients receive service supports to help ensure successful transitions.

In addition to these more established initiatives, DHS is working on these newer homeless prevention initiatives and responding to the coronavirus:

- **Homelessness prevention program for child welfare-active families.** DHS selected a provider to administer the NOVA Program. The program employs mobile case managers (“Housing Specialists”) who help families address their housing needs and then deliver services and financial assistance to achieve stability in their current home or, if necessary, an alternate home.
- **Homelessness prevention through the Urban Redevelopment Authority (URA) of Pittsburgh.** DHS is collaborating with the URA on the homelessness prevention components of the Housing Opportunity Fund. The URA uses DHS’s HMIS system and our prevention programs are aligned. (The City of Pittsburgh is committing \$10 million per year for the next 11 years to address the city’s affordable housing crisis.)
- **Coronavirus Isolation/Quarantine facilities** for any system-involved families or individuals, including CYF youth and people experiencing homelessness. DHS established three facilities: 1) one for those highly vulnerable to the virus because of age or health; 2) one for those who have been exposed and need to quarantine, and 3) one for those who contracted the virus and need to isolate until they are well but do not require hospitalization.
- **Other coronavirus initiatives,** including: working with Allegheny County Economic Development on rental assistance to prevent eviction; obtaining HUD waivers to extend housing and virtual inspections; purchasing phones for people experiencing homelessness who do not have access to phones or WIFI; partnering with Allegheny Health Network to distribute tablets for each person in isolation/quarantine so that they can receive physical and/or behavioral telehealth services; and setting up hygiene facilities in the county’s most populated homeless encampments.



## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

#### **a) Program Highlights:**

The Block Grant has been crucial in allowing DHS to implement a consumer-driven, recovery-oriented system for people with mental illness or serious emotional disturbance – a system that is integrated with other services and supports that consumers need for their health and well-being. During FY 19-20, DHS continued to integrate these services by:

- **Working to improve behavioral health resources and supports for youth and families:**
  - **DHS collaborates across systems to identify and engage youth** with behavioral health needs and learn from them about how we can better serve and support them. DHS held focus groups with transition aged youth and parents to get feedback on the transition to adult services. An Education and Transition Specialist will implement best practices to support youth in educational transitions. DHS will continue to learn more from youth and implement new initiatives targeted at best meeting their unique needs in the coming year. DHS convened provider workgroups to assist in identifying barriers to service provision to transition aged youth and learn what interventions are meeting with success.
  - **The Community of Practice** is a set of 26 providers from behavioral health, early intervention, peer support and advocacy organizations, and other support services who have made it a priority to serve CYF-involved children, adolescents and their caregivers and biological, adoptive, and foster families. These providers and DHS work together to solve problems and improve the service delivery system for this target population. The Community of Practice: designed a pilot project to begin implementing changes to the way that CYF-involved families with behavioral health needs are connected to BH services; interviewed staff from eight BH service coordination units about their experience collaborating with child welfare, including communicating with caseworkers and receiving referrals for CYF involved families; and implemented a process for providers to access technical assistance from youth and family staff to help them improve their youth and family engagement strategies. To date, the pilot project has served 56 individuals.
  - **Stand Together**, 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. In FY 19-20, approximately 415 students from 26 schools participated in the Stand Together program, creating projects to educate their peers. Students on the Stand Together team demonstrated knowledge and attitude changes on a standardized survey tool administered prior to training and after completing the second day of training. When schools closed, Stand Together adapted its program to operate online and students continued to create virtual projects to provide support and education for their peers.
- **Community School Based Behavioral Health Teams** aid family members and teachers in supporting children and youth with mental illness. BH teams are already in place at Woodland Hills, Sto Rox, Clairton, McKeesport, Penn Hills, and Pittsburgh Public schools. An additional team was operational in the Pittsburgh Public School District specific to youth K-12 with Serious Emotional Disturbance in the 19-20 school year. A team is in development for the Highlands School District for the 20-21 school year. The provider has begun the process of hiring staff, training staff and working with the school district to establish protocols. The team will provide mental health treatment, crisis intervention and case management services to student as well as family therapy within the student's

home/home visits. The service provides a comprehensive school-based approach to students within the school setting while also bridging the gap between home and school by working with families in their communities.

- **Case management for youth**, through a small pilot that assigns case management to several school buildings to allow youth in need of MH supports to access services more quickly.
- **An eight-bed residential treatment facility (RTF)** that specializes in providing residential-based mental health treatment to girls ages 13-18 with a history of trauma, multi-system involvement, and acute mental health needs. This facility offers a holistic approach to treatment, working to collaborate across systems, engage with families and connect youth with peer supports. The target population may include youth with complex needs who do not meet the criteria for admission to other facilities. The facility is operating at capacity.
- **An additional Mobile Transition Age Youth Team** to provide community supports for the transition age population. This team supports the transition age population within the community and provides mental health treatment, housing supports, education/vocational guidance and assistance with identified goals as well as case management services.
- **Coordinating with partners to reduce recidivism and improve mental health care for people with criminal justice involvement:**
  - **The Central Recovery Center (CRC)** works to stabilize people's mental health, connect them to services, and refer them to the appropriate level of care to meet their needs after leaving jail. DHS is working with the district attorney's office to provide diversion at the time of arrest so officers take individuals with mental health needs to the CRC, instead of jail, when their charges allow it. DHS has begun planning with Adult Probation so that they may also use the CRC to allow for diversion from incarceration and connection to services for individuals with mental health needs that have violated the terms of their probation.
  - **Improved coordination between MH providers and the Allegheny County Jail** so that individuals in the jail continue to take the medication that they receive in the community. Each day, the DHS data warehouse generates a report that lists all individuals booked the day before who received a behavioral service in the past six months. This information allows the jail and providers to identify those individuals that may require care. 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. DHS has started the process to develop a report for individuals with behavioral health services who are being released from the jail, so that providers can be notified of the release in a timely manner and work towards successful reengagement and support in the community.
  - **Collaboration between criminal justice partners and human services** to ensure that individuals involved in the justice system are supported in a way that allows them to remain in the community or successfully return to the community from incarceration. DHS facilitates monthly case discussion meetings between DHS programs (OBH, OID, AAA, and CYF), the Allegheny County Jail, Justice Related Services (JRS), and the Behavioral Assessment Unit for the courts to develop and plan supports for complex justice involved cases. DHS also participates in a biweekly meeting with the courts to coordinate supports in the community for individuals incarcerated on probation detainees who may be eligible for release and provides consultation to the courts on cases as requested.
- **Supporting telehealth** – DHS is supporting several providers' ongoing efforts to offer telepsychiatry services. Additionally, in response to the pandemic, in March 2020, all providers moved to a telehealth platform. Some providers experienced better show rates, and all providers will be exploring continuation of telehealth for the next fiscal year.

- **Mobile psychiatric services** – Two providers are administering mobile rehabilitation services to people 18 years of age or older who are eligible for Medicaid and who have functional disabilities resulting from a serious mental illness or a co-occurring serious mental illness and substance use disorder.
- **Improving housing access and options:**
  - **DHS is reducing barriers to housing** for individuals and families with BH needs who are experiencing homelessness by providing access to BH treatment and other supports through the annual SAMHSA PATH allocation. PATH funds support a collaborative effort between providers, with DHS as the lead, that coordinate to provide outreach, engagement, screening, treatment and supports to individuals and families experiencing homelessness in locations where they live and are comfortable. PATH providers work collaboratively with Allegheny County’s Continuum of Care to help identify and support individuals and families who are homeless and have behavioral health needs.
  - **Through an analysis of mental health housing services**, DHS hopes to: ensure that the behavioral health system has adequate housing for MH clients; decrease the number of individuals on waitlists and the amount of time people spend on the waitlist; streamline transitions across the housing continuum; and more clearly define expectations for each housing service.
  - **Two providers developed Long Term Structured Residences (LTSRs)** to serve individuals coming out of state hospitals and the Torrance forensic system. In 2018, the RISE LTSR, provided by Merakey, reached capacity with eight residents. The second, 12-bed forensic LTSR opened in 2019 and was one resident away from capacity when the Covid 19 pandemic occurred. The additional housing options for individuals with a forensic history, including sex offenses, will create capacity for competency restoration at Torrance State Hospital.
- **Implementing the Naloxone P4P (Pay-for-Performance) Initiative** – A train-the-trainer course that teaches staff to recognize the signs of overdose and how to administer Naloxone. Staff who took the course represent Community Treatment Teams (CTT), Blended Service Coordination providers, and Mental Health Residential Providers. Participating organizations identified a minimum of two staff members to become trainers.
- **Developing a pay-for-performance initiative for blended service coordination providers** in collaboration with Allegheny HealthChoices Inc. (AHCI) and Community Care to improve access to services and improve staff recruitment and retention. Participating providers gain access to a shared learning collaborative and attend monthly meetings with one another during which they share innovative ideas and lessons learned. They identify and submit an individualized Quality Improvement Plan (QIP) and Plan, Do, Study, Act (PDSA) processes to identify interventions and complete and report on quality improvement projects, tracking their progress monthly using PDSA workbooks. As participating providers identify an intervention, report on implementation, and measure the impact of the intervention, they are eligible to receive bonus funds. During the 2019 initiative, the number and percent of individuals opened to services within seven days increased. At the start of the initiative, based on 2018, only 64% of individuals referred to Blended Service Coordination (BSC) were opened within seven days. Through the 2019 initiative, 79% of individuals referred were opened within seven days of referral. In addition, providers were asked to improve their rate of contact with BSC members within three days of an inpatient mental health discharge. With a provider network average of 62% for 2018, providers showed improvement, increasing the network average to 72.5%. Finally, BSC providers implemented individualized methods to ensure that they remained open to being able to accept referrals for 80% of the 2019 initiative period, with many of the methods providing discussion points within the monthly learning

collaboratives. Results indicate that ten providers were open and able to accept BSC referrals 100% of the initiative period, with one provider scoring 92%, supporting an individual's access to BSC services.

- **Providing training on trauma informed care** to therapists working in Intensive Behavioral Health Services (IBHS), Family-Based, Family Focused Solution Based, Outpatient, School-based Partial Hospitalization Program (PHP), and RTF services. In addition, a local trauma expert provided clinical supervision/consultation. This is an ongoing priority to support our provider network.
- **Improving Supported Employment for adults with a serious mental illness.** In November 2018, DHS selected three providers to implement the evidenced-based practice, Supported Employment. Supported Employment Specialists assist adults with a serious mental illness find jobs that pay competitive wages in integrated settings in the community (i.e., with other people who do not necessarily have disabilities) and provide them with supports necessary to ensure their success in the workplace. DHS also is committed to providing Supported Education services for those individuals who have a need for continued education for further career development.

These initiatives are part of Allegheny County's fuller integration of MH, drug & alcohol (D&A), housing, employment, and physical health services and DHS's connections with other systems, including juvenile and criminal justice. They also reflect the success of its shift to using evidence-based services and supports that allow people to recover and live within the least restrictive settings.

Community Care, the county's BH managed care organization, has been a critical partner with DHS in designing these changes. DHS and Community Care work together to coordinate the system and ensure that it is driven by results and oriented toward recovery. AHCI also has played a critical role in promoting enhanced service quality and making Mental Health First Aid accessible to many populations.

**Services available to priority populations: children, transition age youth, adults, older adults.**

The four priority populations have access to a continuum of evidence-based MH services made possible through the Block Grant, reinvestment funds, HealthChoices, foundation grants and county tax dollars. These services are outlined in Table 2, with a discussion of the strengths and needs of each priority population following the table.

**Table 2: Mental Health Services available to the four priority populations**

MH Service	Description	Priority populations	Funding sources
Emergency Crisis intervention	Resolving critical or dangerous problems	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Treatment	Alleviates symptoms and distress. Enables people to develop/refine personally optimal ways of communicating, interacting with others, planning, etc. Treatment includes the following and other services: <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Partial Hospitalization</li> <li>• Psychiatric Inpatient Hospitalization</li> <li>• Mobile Therapy</li> <li>• Assertive Community Treatment/ Community Treatment Teams</li> <li>• Mobile Medications</li> <li>• Extended acute</li> <li>• Medication if needed</li> <li>• School-Based Treatment</li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices Private/ Commercial Insurance Medicare
Rehabilitation	<ul style="list-style-type: none"> <li>• IBHS for Children &amp; Adolescents</li> <li>• Vocational, social and psychiatric rehabilitation for people in recovery, including:                             <ul style="list-style-type: none"> <li>○ Facility-Based Vocational Rehabilitation</li> <li>○ Community Employment/Employment-Related Services</li> <li>○ Psychiatric Rehabilitation (office and mobile community-based)</li> </ul> </li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Residential and Housing Support services	These services help to ensure that individuals with MH and/or substance use disorders can live in the least restrictive setting possible, and help to prevent their homelessness, hospitalization, incarceration, or psychiatric emergencies. Services include:	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices

	<ul style="list-style-type: none"> <li>• Community Residential Rehabilitation (CRR)</li> <li>• MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing</li> <li>• Domiciliary Care</li> <li>• Permanent Supportive Housing (PSH)</li> <li>• Housing support services</li> </ul> <p>Clinically intensive treatment and residential support services include:</p> <ul style="list-style-type: none"> <li>• Residential Treatment Facilities for Children and Adolescents</li> <li>• Residential Treatment Facilities for Adults (RTFA)</li> <li>• LTSRs</li> <li>• Community-Based Extended Acute Care</li> </ul>		
<p>Peer support &amp; consumer-driven services</p>	<p>The county supports peer mentors, warm line services, drop-in services and Certified Peer Specialists to improve recovery outcomes and community integration for people with mental health and co-occurring disorders.</p> <p>Common Ground is a software program designed by Pat Deegan to support shared decision making in the context of a psychiatric medication clinic. Its use is predicated on the establishment of peer-run Decision Support Centers (DSC) in the waiting area of MH clinics. Allegheny County has a DSC with one provider.</p> <p>Through the Peer Support and Advocacy Network, Allegheny Family Network and Allegheny County Coalition for Recovery, Allegheny County residents experiencing mental illness personally or through family members can access a consumer- and family-operated system of support, socialization, education and advocacy.</p>	<p>Children, Transition-Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>
<p>Service coordination</p>	<p>Service coordinators work with consumers so that they gain access to the services needed to achieve their plans. These services may include treatment, medical, social and other services. To increase access to services and supports that are important to least restrictive living and recovery, service coordinators advocate for and help adults, youth and families arrange for services.</p>	<p>Children, Transition-Age Youth, Adults, Older Adults</p>	<p>Block Grant HealthChoices</p>

Medication	The Behavioral Health Pharmacy Benefit Program is a payer-of-last-resort option for people who need BH medication. It provides limited psychiatric medications at no cost to eligible <sup>3</sup> individuals.	Children, Transition-Age Youth, Adults, Older Adults	Block Grant
Training	<p>DHS and its partner organizations provide extensive training for providers, consumers and community members. Training includes:</p> <ul style="list-style-type: none"> <li>• Mental Health First Aid (MHFA), and Youth Mental Health First Aid (YMHFA), which educates community members and non-professionals about the risk factors and warning signs of mental illness so that they can understand how to engage youth and adults in available supports and are aware of the impact of their actions on people with mental illness.</li> <li>• LGBTQI training</li> <li>• CIT for Police and Allegheny County Jail correctional officers</li> <li>• Hearing Distressing Voices Training is a three-hour training that consists of participants experiencing hearing distressing voices in a group setting. The activity is followed by a debriefing session. The training program is structured and managed by a team of trained professionals.</li> </ul>	Children, Transition-Age Youth, Adults, Older Adults	Block Grant HealthChoices
Enrichment	Engages consumers in fulfilling and satisfying activities	Children, Transition-Age Youth, Adults, Older Adults	County

<sup>3</sup> To be eligible, individuals must reside in Allegheny County, lack the income to pay for psychiatric medications, and not have prescription coverage through Medical Assistance or third-party prescription coverage (e.g., Blue Cross/Blue Shield, PACE, or other private insurance).

**b) Strengths and Needs:**

**Older Adults (ages 60 and above)**

Strengths:

- A network of highly regarded AAA services that serve many different communities
- AAA services are available to a broad cross-section of the population and provide a trusted avenue for engaging adults and family members
- OBH contracts with a BH provider to provide guardianship services to individuals who cannot make critical life decisions for themselves due to incapacity or disability

Needs:

- Affordable housing
- Long term care facilities that are more willing to serve individuals with BH concerns
- Better coordination and comprehensive care for addressing the physical needs of people with mental illness. According to the World Health Organization, people with severe MH issues, on average, die 10-25 years earlier than the general population. The majority of these deaths are due to chronic physical conditions such as cardiovascular, respiratory and infectious disease, diabetes, and hypertension.

In addition to the array of MH services shown in Table 2, DHS will address the need for treatment and housing services for the geriatric population by:

- Coordinating care with the two Community Health Choices (CHCs) providers that were implemented in Allegheny County.
- Conducting case reviews with program offices (AAA and the Office of Behavioral Health) in complex cases.
- Implementation of a BH Nursing Home Transition and Diversion Team. The goals of the service are to provide innovative behavioral health services for nursing facility residents and support individuals living in or returning to the community or assist people in maintaining their community tenure.

**Adults (ages 18 to 59)**

Strengths:

- Array of services that meet the needs of many specific populations
- Effective peer support and advocacy in Allegheny County (notably, through the work of the Peer Support and Advocacy Network (PSAN))
- An effective recovery coalition for consumers and family members/friends (the Allegheny County Coalition for Recovery (ACCR), a longstanding organization of people with lived experience with BH issues as well as their family members and friends, BH professionals, and local government officials)
- Specialized forensic services for individuals transferring out of the state hospital or as a diversion to being admitted to a State Hospital system back into the community
- An Integrated Community Wellness Center in Allegheny County
- A robust crisis continuum of care which includes telephone, mobile, walk-in and crisis residential services

Needs:



- Safe, affordable, and appropriate housing for people with serious mental illness (the current waiting list for housing is 300 people)
- Housing, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors
- Treatment programs for individuals with co-occurring MH and substance use, as well as MH and ID
- Retaining quality workforce, particularly in community-based services and residential programs
- Training for frontline workers who do not get the opportunities they need to develop their skills and understanding and yet most often interact with consumers
- Greater availability of psychiatrists, especially child psychiatrists
- Resources and programs to assist individuals with hoarding and related disorders

In addition to the array of MH services shown in Table 2, DHS will address several needs for the adult population by:

- Continuing its Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability.
- Strengthening Supported Employment, which has demonstrated that, with the right supports, people with mental illness can work successfully and be engaged in the community. In 2019, DHS selected providers for SE services who will deliver vocational rehabilitation for adults with a serious mental illness. Expanding the housing continuum to include re-entry housing for individuals transitioning back to the community after a period of incarceration.
- Continuing to fulfill OMHSAS requirements of training for new Service Coordinators.
- Implementation of a mobile team specializing in Dialectical Behavioral Therapy
- Implementation of a Mobile Psychiatric Rehabilitation Program

### **Transition-age Youth (ages 18-26)**

Strengths:

- Collaboration with youth-serving systems to provide coordinated efforts and continuity of care for transition age youth
- First Episode of Psychosis (FEP) education and support for youth and families
- Motivation to strive for independence, including planning one's individual path to employment and self-sufficiency
- Peer and family support (for some of the youth)
- Youth and Family Support Partners

Needs:

- Knowledge of available services
- Identification and implementation of evidence-based practices for this age group
- Age-appropriate housing and treatment
- Supported job skills training and independent living skills training
- Prevention, intervention and treatment services given higher risk of suicide
- Technology focused services and engagement strategies

DHS will build upon these strengths and address these needs through the continuum of BH services shown in Table 2 as well as through a set of programs/initiatives specifically designed to support the youth in making healthy, safe transitions to independence and health:

- Improve the experience of youth receiving BH services by implementing a roadmap for improving access to services and expanding capacity to serve this group. The roadmap includes creating a learning collaborative for providers around the needs of transition-age youth, tracking their engagement, strengthening policies and best practices to better meet their needs, and working with their parents and families.
- Continue to fund supported housing for transition-age youth who have a mental illness
- Assertive Community Treatment (ACT). The ACT team for transition-age youth includes a psychiatrist, nurse, therapist, case manager and vocational specialist, who jointly serve youth (ages 14 through 24) at high risk for hospitalization, incarceration, psychiatric emergency, or homelessness.
- Expansion of the Transition-Age Supported Housing and Mobile Transition-Age Youth Team. The Mobile Transition Aged Treatment Team is a four-member team that encompasses a therapist, service coordinator, psychiatric rehabilitation specialist, and certified peer support. Services are geared toward young adults ages 18-24 with severe emotional disturbance who are transitioning out of the child welfare and juvenile justice systems. In 2019, DHS added an additional four-member Mobile Transition-Age Team.
- Community Residential Rehabilitation (CRR)/Host Home. Allegheny County DHS contracts for eight beds at CRR/Host Homes for youth with mental illness who can no longer live at home. The program provides the young people with therapeutic services in a residential, host-home setting.
- Focus on individuals transitioning from the child serving system into the adult system and ensuring successful hand-offs and transitions
- Continue OBH Strategic Initiative focused on Transition Age Youth age group.

### **Children (under age 18)**

#### Strengths:

- CYF Behavioral Specialist embedded in CYF regional offices for consultative support to CYF staff members. Consideration is being given to adding an additional BH Specialist in the CYF Permanency Department in the upcoming year.
- Integrated services for children with complex and multi-system needs
- Community and School-based BH Teams, intensive and comprehensive MH services targeted to schools with highest need, have expanded to more districts in the county.
- Student Assistance Program (SAP) providers qualified through a competitive procurement process to provide school-based SAP services

#### Needs:

- Workforce development in community based and residential programs
- Earlier identification of BH conditions in children (prevention)
- Improved and expanded D&A services for children and youth
- Workforce development to provide services in infant and early childhood MH
- Specialized psychiatric residential treatment facilities for cross system youth

DHS will address children's BH needs and build upon strengths through the services listed in Table 2 and through these initiatives:

- RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) for children with complex needs. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). The capacity at each site is limited to two residents and the staff-to-child ratios range from 1:1 to 4:1, depending upon each child's needs. RESPOND uses a collaborative recovery model that integrates effective clinical treatment with principles of

psychiatric rehabilitation and community support. The homes are staffed by highly skilled individuals with experience in working with children and youth who have complex needs. The children also are supported by a shared Mobile Treatment Team (MTT) that includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with clinical expertise in intellectual disabilities, developmental disabilities and child psychopathology.

- Shuman Center Project, which provides case management to children and adolescents with MH issues who are being detained at Shuman Detention Center. Case management staff ensure that children and youth receive MH treatment upon their release from detention, make direct linkages to their probation officer, and advocate for the services and assistance they need.
- Juvenile Justice Related Services Program (JJRS), which provides service coordination to youth involved in the juvenile justice system and their families. JJRS staff are vital links between the BH and justice systems, ensuring that planning and services are coordinated, client-driven, family focused and least-restrictive.
- Child and Adolescent Service System Program (CASSP), which is the comprehensive system of care for children and adolescents who have or are at risk of developing serious emotional disturbances and/or substance use disorders, and their families.
- Implementation of a family based mental health team focused on children involved in the child welfare system and their families
- LIFE (Living in Family Environments) Project. The LIFE Project team provides service coordination for people of any age but is geared toward children and adolescents who require intensive BH treatment. The LIFE team plans, implements and coordinates all services that meet child/family needs in the least restrictive setting possible.

The following services, funded through HealthChoices, will continue to be reimbursed by Block Grant funding for children who are not eligible for MA or other affordable health insurance:

- Partial Hospitalization Program (PHP). PHP is a non-residential, intensive MH treatment program in a freestanding or special school-based program for 3-6 hours per day. The program is structured treatment and support services including group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As a child's MH improves, the goal is for him/her to return to school and to exhibit more stable functioning within the family.
- Family-Based MH Services. These comprehensive services are designed to assist families with caring for their children and adolescents at home. Services (available 24 hours a day, seven days a week) are provided by a team of MH professionals in the family's home. They may include treatment for the child and other family members, case management, and family support services.
- Intensive Behavioral Health Services (IBHS). These in-home services provide focused therapeutic and behavioral support to children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, 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. Behavioral Specialist Consultants, Mobile Therapists and/or Therapeutic Staff Support (TSSs) provide IBHS.

### **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 upon discharge

Needs:

- Increase in community-based alternatives to institutionalization

DHS will build on the strengths and address the needs of individuals transitioning out of state hospitals by continuing to support community-based alternatives 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. Community Hospital Integration Projects Program (CHIPP)-supported services include LTSRs, small specialized group homes, comprehensive MH personal care homes, crisis services, community-based Extended Acute Care (EAC), CTT, employment services, service coordination, RTFA, consumer-driven services, peer support, and transitional and community integration services. DHS is set to open an additional 12-bed LTR with a focus on serving people who are exiting state hospitals and who may have sexually offending behaviors. DHS continues to pursue CHIPP opportunities for developing additional resources to support individuals discharged from state hospitals or who would have previously been served in a state hospital, including individuals in the Torrance Regional Forensic Center.

### **Individuals with co-occurring mental health/substance use disorder**

Strengths:

- Strong array of justice related services, built through consistent collaboration among DHS, courts and jail
- Peer support network
- Availability of the evidence-based Integrated Dual Disorder Treatment Team (IDDT) by one provider

Needs:

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

DHS will build on these strengths and address the needs of Allegheny County residents who have co-occurring disorders by continuing Assertive Community Treatment teams that include a D&A Specialist.

In addition, DHS, Community Care and AHCI, in collaboration with Case Western Reserve University, expanded upon the number of providers interested in delivering integrated dual disorder treatment. Case Western will provide, to a subset of the providers, technical assistance in developing these services. The initial number of providers continues to receive technical assistance.

### **Criminal justice-involved individuals**

Strengths:

- Increased collaboration and partnership with Probation, Courts, and Allegheny County Jail through the Safety Justice Challenge Grant, and Torrance State Hospital forensic unit
- Real time information available to providers on individuals who have received a service within six months and booked into the jail
- Services for individuals with a mental and substance use disorder in the jail

- 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

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 and employment opportunities

Allegheny County DHS will address these needs and build upon the strengths of justice-involved individuals through:

- Justice Related Services, which are specialized service coordination and advocacy for individuals involved in the criminal justice system who have serious mental illness or co-occurring mental and substance use disorders. JRS serves individuals through:
  - Mental Health Court, Drug Court, DUI Court and Veterans Court
  - A Diversion and Supports program that spans pre-arraignment through sentencing
  - An IMPACT program that provides BH evaluations or schedules evaluations of parents and guardians who come before dependency judges, providing the adults with support in reaching their treatment goals
  - Justice Related State Support services for people who have served their maximum state sentence at a State Correctional Institution or who will be paroled and have an approved home plan
- Diversion services, including diversion to the Central Recovery Center by CIT-trained officers and Probation
- An outpatient-level treatment program based in the Allegheny County Jail, begun through a federal Justice Reinvestment grant and sustained by DHS
- Expansion and maintenance of Medication Assisted Treatment services to incarcerated persons through collaboration with the Allegheny County Jail

DHS will also continue to be involved in the Allegheny County Jail Collaborative, a 20-year initiative of the county and courts that aims to reduce recidivism and improve the employment, health and housing outcomes of people in/leaving the jail. The Collaborative leadership is composed of the Director of DHS, the Warden of the Allegheny County Jail, the Director of the Allegheny County Health Department, the President and Administrative Judges of the Allegheny County Court of Common Pleas, and the chief of staff of the County Executive. The other members of the Collaborative include probation and pre-trial services, service providers, faith-based community organizations, formerly incarcerated individuals, families, and the community at large. The members work with DHS and other local government agencies in identifying needs, applying evidence-based practices, and piloting programs that support successful reentry and recovery.

## **Veterans**

Strengths:

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

- Availability of peer support at the VA and with Veterans Leadership Program
- Veterans Court

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

DHS will continue to address the needs of veterans with MH issues and build upon their strengths by:

- Providing Seeking Safety trauma treatment for veterans with PTSD
- Supporting veterans involved with Veterans Court who are not eligible for VA services. 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.

As part of Veteran's Court, by presenting a JRS treatment plan at the appropriate level of the criminal justice system – and if the court agrees – the veteran is given either bond or probation conditions to comply with treatment in lieu of incarceration.

### **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

Strengths:

- Availability of specialized MH services in the community
- Sexual Orientation, Gender Identity and Expression (SOGIE) Related Education and Training
- DHS LGBTQIA Champions Group (DHS and provider agency representatives)

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

DHS continues to work towards building its capacity to support staff and providers in their work with individuals who identify as LGBTQI through:

- Standards of Practice. DHS has developed and implemented SOGIE-related Standards of Practice for serving individuals and families, and these are available to DHS staff and the provider network. Standards of Practice are fundamental guidelines that help to ensure that staff are using best practices and honoring regulatory requirements in their work with the individuals they serve and with their colleagues.
- Education and Training. One way that DHS addresses the needs of LGBTQI individuals with MH issues and builds upon their strengths is by promoting staff's cultural responsiveness through education and training. DHS provides ongoing opportunities for training, education and case consultation related to sexual orientation, gender identity and expression. DHS's full-time SOGIE project manager also provides case consultations to DHS staff, program providers and community members.
- Community of Practice. DHS will continue to address systemic barriers that impact its ability to competently serve LGBTQI individuals with MH issues through the DHS LGBTQ Community of

Practice. These meetings provide a public forum to discuss issues of concern for LGBTQI individuals across DHS-serving systems. Each Community of Practice meeting has a dedicated topic and includes an educational presentation, resource sharing and opportunities for small group discussion on specific issues. Meetings are held quarterly and are open to all interested individuals and community stakeholders.

### **Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)**

#### Strengths:

- OBH staff attended a professional development session provided by Georgetown University and OMHSAS titled Cultural and Linguistic Competence Training for the Behavioral Health System. The professional development sessions were designed for leadership of BH services in Pennsylvania to enhance their capacity to deliver culturally and linguistically competent care to individuals and families across the life span.
- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers
- Engagement through the DHS Immigrants and Internationals Advisory Council
- Improved coordination of services through the Immigrant Services and Connections program
- Emerging MH services that are culturally and linguistically appropriate
- DHS-established office of Equity and Inclusion, which is responsible for establishing strategies for reducing disparity in care and quality in our human services programs.

#### Needs:

- Culturally accessible and competent MH services
- Supportive housing and life skills services

DHS will address the needs of Racial/Ethnic/Linguistic Minorities and build upon their strengths through:

- Immigrant Services and Connections (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. The program also strengthens interagency collaboration, enhances capacity across the human services network, and educates the provider community.
- Neighborhood-Based Psychosocial Groups for Immigrants and Refugees. These support groups are based in growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino, each of which faces BH concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence. The formal, traditional service system may not address these issues effectively, and refugees and immigrants face obstacles to accessing existing services. The project trains and mentors immigrant community facilitators who lead support groups in the members' languages.
- DHS's 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, consumers of DHS services, and representatives of service provider agencies that work with the immigrant and international communities.

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

Yes    No

The DHS Immigrants & Internationals Initiative provides 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 DHS-funded program ISAC can provide training in the same areas, as well as more advanced topics, to providers throughout the human services network.

**Does the county currently have any suicide prevention initiatives?**

Yes    No

DHS, in collaboration with AHCI, supports MHFA training for DHS staff, provider agencies and other stakeholders throughout Allegheny County. In FY 19-20, DHS conducted 96 MHFA trainings, training 1,683 individuals in Allegheny County in either the Adult or Youth MHFA curriculum. 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 addition to MHFA training, DHS collaborates with law enforcement to train officers in Crisis Intervention Team curriculum, which includes a module specifically on suicide awareness and prevention.

**PA Act 36 of 2018, The Employment First Act:**

1. Please outline the process the county/mental health case management system uses to identify and connect individuals with SMI to federal block-grant funded supported employment services.

DHS developed and distributed a universal referral for Supported Employment (SE) in 2018.

- SE services are offered for individuals who have a documented Behavioral health diagnosis.
- When an individual desires to work, the Service Coordinator completes a referral and sends it to the provider of their choice. Referrals can come from anywhere, including the individual being able to self-refer; the SE provider assists them in retrieving the necessary documentation.
- Once a referral is submitted, the provider meets with the individual as soon as possible, and usually within 7-14 days. The provider starts working with the individual by completing a vocational profile to identify their areas of interest and supports the individuals have.
- Another way the MH case management system connects individuals to SE services is when SE supervisors attend case management meetings to encourage referrals and explain how services work.

2. What issues do individuals with SMI whom the county serves indicate they experience in connecting with the Office of Vocational Rehabilitation or CareerLink?

Individuals have reported that the OVR intake process takes a very long time and contains many requirements. An example of this is OVR will not work with an individual who is actively using substances, while in our SE program we do because OBH follows the SAMHSA SE EBPs. The



Employment Specialists (ES) will work to support the individual in gaining employment while encouraging harm reduction techniques.

People have reported that the CareerLink system is difficult to navigate for those with SMI because they must be able to work somewhat independently. Many SE clients have poor reading skills and have difficulty filling out paperwork or completing online job applications. Providers have reported mixed experiences when taking clients to the CareerLink offices, depending upon whom they work with.

3. What activities does the county/mental health case management system perform to partner with school districts in support of pre-vocational activities identified on the Individualized Education Program (IEP) of students with SED or SMI?

The Employment Programs are set for individuals that are age 18 and up. ES work with transition age youth young adults and expect to integrate with the individual's treatment team. At the request of parents, the County Education Specialists work with School Districts' transition coordinators and the IEP team to develop meaningful transition plans including interest and aptitude inventories and pre-vocational skills training.

4. Does the county have a mental health point of contact for employment services?

Yes    No

c) **Supportive Housing:**

**SUPPORTIVE HOUSING ACTIVITY**

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>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).</b>									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19 (only County MH/ID dedicated funds)	Projected \$ Amount for FY20-21 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
TSI Permanent Supportive Housing (PSH), Housing Development Fund	HealthChoices Reinvestment	\$791,484	unknown	18	23	18	30		2009
Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	<i>Total \$</i> Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Bridge Subsidies in FY18-19	Average Monthly Subsidy Amount in FY18-19	Number of Individuals Transitioned to another Subsidy in FY18-19	Year Project first started
TSI PSH	HealthChoices Reinvestment	\$288,224	\$316,025	84	95	595	\$485	23	2006
TSI Transition Age Youth (TAY) PSH	HealthChoices Reinvestment	\$55,713	\$127,474	15	32	107	\$518	5	2015
Notes:	<p>TSI TAY PSH projections include development of additional TAY Housing Support Team.</p> <p>There are 18 people on the wait list due to Covid-19</p>								

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY18-19	Average Subsidy Amount in FY18-19	Year Project first started
TSI PSH	HealthChoices Reinvestment	\$233,670	\$274,357	42	42	25	33	\$526	2006
Notes:									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
TSI PSH	HealthChoices Reinvestment	\$57,342	\$78,190	121	165			.75	2006
TSI TAY PSH	HealthChoices Reinvestment	\$19,114	\$51,600	20	54			.25	2015
Notes:									

<b>5. Housing Support Services (HSS) for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
PSH	Reinvestment	\$491,491	\$525,896	190	190			9	2006
TAY	Reinvestment	\$218,068	\$233,333	32	32			3.25	2015
Bethlehem Haven	State	\$348,172	\$348,172	12	12				
Chartiers	State	\$80,885	\$82,500	26	26			1	1968
CHS	State	\$1,087,890	\$1,200,000	68	72			6	1998
Family Links	State	\$1,189,988	\$1,200,000	7	7			9	
Family Services	State	\$385,754		114				6	
Fayette Resources	State	\$1,995,767	\$2,100,000	10	10			41	2007
H2O	Federal	\$809,999		350				12	
Invision	State	\$200,000	\$200,000	1	1				
Jewish Family & Children's Services	State	\$74,786	\$75,000	430	430			.7	2014

Jewish Residential Services	State	\$226,674	\$226,674	23	23			3	
L2	State	\$76,230	\$109,249	8	11			1	2003
Mercy	State	\$3,759,230	\$3,906,440	138	120			19	2003, 2007
Milestone	State	\$113,083	\$115,000	20	22			2	
Mon Yough	State	\$182,227	\$200,000	117	145			3	2013
Passavant	State	\$480,813	\$480,813	11	11			12	
Residential Care	State	\$977,480	\$1,072,480	103	115			9	1992
RHD	State	\$1,091,247	\$1,091,247	7	7			17	
TSI	State	\$1,219,113	\$1,314,874	119	125			8	1991
TSI	County Based SL	\$1,070,824	\$1,266,095	120	125			6.75	1991
TSI PSH	HealthChoices Reinvestment	\$601,687	\$777,797	206	210			9	2006
TSI TAY PSH	HealthChoices Reinvestment	\$271,580	\$746,940	29	58			4.25	2015
Turtle Creek	State	\$813,641	\$893,998	52	47			11.16	
UPMC Presbyterian	State	\$2,021,215	\$2,021,215	160	177			21.5 (Pathways)	
Valley Medical	State	\$35,120	\$35,120	9	7				

Wesley Family Services	State	\$162,430	\$410,902	62	110			6.7	
Notes:	Family Services and Wesley Spectrum merged into Wesley Family Services for FY 19/20. TSI TAY PSH includes new program for 2021								

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>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.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Average Contingency Amount per person	Year Project first started
TSI PSH	HealthChoices Reinvestment	\$38,258	\$45,150	35	49			\$1,165	2006
TSI TAY PSH	HealthChoices Reinvestment	\$5,520	\$15,651	7	31			\$1,015	2015
PATH Contingency Funds	SAMHSA/PAT H funds, federal and state matching funds	\$29,936	\$30,000	125	100			\$300	
Notes:									

<b>7. Other: Identify the Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.				
<p><b>Project Based Operating Assistance (PBOA)</b> 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; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b>.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Year Project first started
Notes:								



**d) Recovery-Oriented Systems Transformation:**

For 2020-21, DHS will continue to shift the MH service delivery system toward community-based services and supports, using these five strategies:

- 1) Increase availability of evidence-based **supported employment services**
- 2) Continue development of **justice-related services**
- 3) Continue development of **housing** in accordance with the Housing as Home Plan
- 4) Focus on **special populations**, including transition-age youth, children, and the elderly.
- 5) Increase availability of **consumer-driven and peer support services**

The plan for transformation, built around these five strategies, is provided below.

**1. Supported employment services**

Continuing from prior year  New Priority

DHS is committed to helping people with serious mental illness find and keep jobs through supported employment services. The plan for supported employment in Allegheny County was developed in part through a technical assistance grant from the PA Office of Mental Health and Substance Abuse Services (OMHSAS). Since OBH received the OMHSAS technical assistance grant in 2007, supported employment providers have increased the percentage of program participants who are working from 22% to 41% in FY 19-20, with an average current salary of \$11.29/hour. These individuals have an average job tenure of 1.2 years. DHS has refined and focused Supported Employment through a competitive procurement process; the successful provider(s) are Mon Yough, Mercy, and TCV. Beginning July 1, 2019 DHS restructured SEP services to include these three providers to increase capacity and to maintain workforce to provide person-centered care. The focus of the first year is establishing fidelity to the SEP model.

Timeline: Current and throughout FY 20-21

Fiscal and Other Resources: \$1.15 million in Block Grant funds

Tracking Mechanism: Web-based database and Fidelity Scale

**2. Justice-Related Services (JRS)**

Continuing from prior year  New Priority

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

Timeline: Current and throughout FY 2020-21

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

Tracking Mechanism: Jail Collaborative computer application; HSAO record system

### 3. BH Housing

Continuing from prior year  New Priority

DHS developed the *Housing as Home* plan to reduce the use of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts benefit consumers and their families by providing evidence-based practices in community recovery and resiliency services as an alternative to hospitalization. DHS implemented its Housing Connector project to help individuals navigate the housing system. Housing Connector serves as a central repository for information and assistance related to housing for people with disabilities. DHS has continued to invest in housing for individuals with serious mental illness. OBH is currently reviewing the BH Housing resources within Allegheny County and working with providers of this service to standardize service delivery across providers, decrease length of time clients are on a waitlist, streamline process for client movement within the BH Housing continuum, clearly define expectations and goals for each level of housing, and understand the true cost of delivery.

Timeline: Current and throughout FY 2020-21

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

Tracking Mechanism: Internal tracking databases; and tracking of outcomes by ACHI

### 4. Special Populations

Continuing from prior year  New Priority

- Transition-Age Youth: Improving and expanding services for TAY is an OBH Strategic Initiative. After conducting a thorough environmental scan and speaking with various stakeholders, the following areas of focus have been identified: engagement of TAY, policy development specific to TAY needs, creation of a learning collaborative with TAY providers, and addressing the needs of TAY parents and families.
- Children: Please see section on Children's MH for detailed description of strategy.
- Elderly: Please see section on older adults for detailed description of strategy.

Timeline: Current and throughout FY 2020-21

Fiscal and Other Resources:

- TAY: \$567,000 in Block Grant and Community Care funding.
- Children: \$1.5 million in Block Grant and Community Care.
- Elderly: \$50,000 in Block Grant.

Tracking Mechanism: Annual monitoring

## 5. Consumer-driven services and peer support services

Continuing from prior year  New Priority

DHS and Community Care provide a variety of consumer services including Certified Peer Specialists, Consumer-directed Drop-in Centers, Warmline, Warm and Friendly Calls, CPS Trainings, Peer Mentoring, monthly Consumer Support Program (CSP) meetings, Self-Directed Care, and Shared Decision-Making.

Timeline: Current and throughout FY 2020-21

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

Tracking Mechanism: Annual monitoring

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

- **IRES Electronic Modernization.** DHS is responsible for the 302 Civil Commitment Process in Allegheny County. The DHS Information, Referral and Emergency Services (IRES) interacts, primarily by phone, with stakeholders in the community to carry out the 302 process and provide information and referrals. The DHS phone system has been converted to a computer-based call center operation using a Voice over Internet Protocol (VoIP) phone system. This system allows for IRES calls to be processed more efficiently and provides data on usage that can be analyzed and used to improve the process and system.
- **Incident Follow Up and Root Cause Analysis.** Providers are required to call IRES to report all incidents within 24 hours of the incident or of learning of an incident. Reportable incidents are defined in the Incident Reporting Standards in the DHS Office of Behavioral (OBH) Health Contract Specifications Manual. After the provider calls in the incident, they must submit a written, detailed incident report to DHS. DHS staff enters data from the incident report into a database. DHS contacts the provider for information about disposition, updates and resolution; that information also becomes part of the database. If an incident is determined to be a "Sentinel Event,"<sup>[1]</sup> a more thorough Root Cause Analysis (RCA) may be conducted. A Quality Improvement Committee, that includes DHS and provider staff, meets quarterly to review system improvement recommendations and determine the need for training and appropriate actions, including designating special work groups to address specific system improvement recommendations. These work groups have helped to improve outcomes, increase cross-training, and develop treatment for co-occurring mental and substance use disorders.
- **Centralized Mental Health Housing Referral Process.** The Mental Health Residential Housing Application is the central location for MH residential and supportive housing referrals submitted electronically by BH service coordinators, CTT staff, Enhanced Clinical Service Coordinators, inpatient staff, JRS and other provider staff. OBH monitors and reviews each referral to determine appropriate

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<sup>[1]</sup> A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, unrelated to the natural course of an individual's illness or underlying condition.

matches for people in need of available and appropriate housing. Individuals not in need of specific MH residential services are referred to other housing options, such as the LINK. The LINK is a place people can call to simplify and streamline access to services and supports. It helps individuals and families maintain their independence, dignity and quality of life, while offering additional housing resources, especially those at imminent risk of homelessness. In FY 2017-18, this centralized process was made electronic, allowing for a more efficient way of matching individuals to the most appropriate available housing option. The electronic process has allowed staff to have real time information when making residential placement decisions.

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

e) **Existing County Mental Health Services:**

<b>Services by Category</b>	<b>Currently Offered</b>	<b>Funding Source (Check all that apply)</b>
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	<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
ACT (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input 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
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 checked="" 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
Intensive Behavioral Health Services (formerly Behavioral Health Rehabilitation Services for Children and Adolescents)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

**f) Evidence-Based Practices (EBP) Survey\*:**

<b>Evidenced- Based Practice</b>	<b>Is the service available in the County/ Joinder? (Y/N)</b>	<b>Current Number served in the County/ Joinder (Approx)</b>	<b>What fidelity measure is used?</b>	<b>Who measures fidelity? (agency, county, MCO, or state)</b>	<b>How often is fidelity measured?</b>	<b>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</b>	<b>Is staff specifically trained to implement the EBP? (Y/N)</b>	<b>Additional Information and Comments</b>
Assertive Community Treatment	Y	800	TMACT	AHCI	Annually	Yes	Y	
Supportive Housing	Y	80	Fidelity Scale	Agency	Annually	Yes	Y	
Supported Employment	Y	577	SAMHSA EBP	DHS	Every 1-2 years	Yes	Y	279 employed
Integrated Treatment for Co-occurring Disorders (MI/SA)	Y	90	IDDT Fidelity Scale	Agency	Annually	Yes	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y	113				Yes		Clinical model developed by Community Care
Therapeutic Foster Care	N					N/A		
Multisystemic Therapy	N							
Functional Family Therapy	Y	373				N/A		Wesley spectrum
Family Psycho-Education	Y	360				Yes		Delivered by NAMI

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

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

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

<b>Total Number of CPSs Employed</b>	126
<b>Number Full Time (30 hours or more)</b>	70
<b>Number Part Time (Under 30 hours)</b>	56

**i) Involuntary Mental Health Treatment**

1. During CY2019, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
  - No, chose to opt-out for all of CY2019
  - 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 CY2019
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 CY2019 (check all that apply): N/A
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:

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



## **INTELLECTUAL DISABILITY SERVICES**

### **Background:**

DHS's Office of Intellectual Disability (OID) 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. OID is Allegheny County's Administrative Entity (AE), and its FY 19-20 Quality Management Plan included five objectives that reflect ODP's priority areas:

1. Increase capacity and capabilities of the service system, including the provider network
2. Increase opportunities for employment, including choice and ability to plan daily activities
3. Increase opportunities for individuals to direct their lives through Participant-Centered Service Planning and Supports Broker
4. Support individuals and families utilizing the Life Course Framework
5. Reduce re-occurring incidents of psychiatric hospitalization

OID accomplishes these goals through quality management strategies that include:

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

OID has implemented system changes and expanded choice and will continue to do so, whenever possible, with the resources available. 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***

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. DHS estimates that it will serve 2,001 individuals in FY 20-21.

**Table 3: Individuals Served with HSBG ID Services**

	<b>Estimated / Actual Individuals served in FY 19/20</b>	<b>Percent of total Individuals Served</b>	<b>Projected Individuals to be served in FY 20/21</b>	<b>Percent of total Individuals Served</b>
Supported Employment	74	3.7%	74	3.7%
Pre-Vocational	N/A	N/A	N/A	N/A
Community Participation	26	1.3%	26	1.3%
Base Funded Supports Coordination	1,678	83.9%	1,678	83.9%
Residential (6400) / Unlicensed	27	1.3%	27	1.3%
Lifesharing (6500) / Unlicensed	0	0.0%	0	0.0%
PDS/AWC	0	0.0%	0	0.0%
PDS/VF	0	0.0%	0	0.0%
FSS	0	0.0%	0	0.0%
Other Base Services	196	9.8%	196	9.8%
<b>TOTALS</b>	2,001	100.0%	2,001	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
- Avoid involvement with other systems such as behavioral health and criminal justice

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

DHS will use Block Grant funds to provide employment supports to approximately 105 individuals in FY 20-21. Examples of the types of supported employment that DHS will provide include:

- *Project SEARCH*. Since school year 08-09, Project SEARCH has targeted students with disabilities who, having met requirements for graduation, forgo their last year of school-based training to participate in an employer-based training-to-work curriculum that includes a series of externship opportunities that enhance the individual’s career exploration and real work experience portfolio. Project SEARCH is a

true multi-agency collaborative effort that uses “braided” funding among local School Districts, the Office of Vocational Rehabilitation (OVR) and OID. The original program expanded into training sites at UPMC-Mercy and UPMC-Passavant, and boasts an impressive 85% job placement rate among all graduates. Ninety-three individuals involved with or potentially eligible for OID supports have graduated from Project SEARCH since 2009; 59 of these graduates currently are employed (with or without on-site job supports) and 27 are unemployed or participating in Job Development activities. Project SEARCH also makes available Job Club and on-going Job Development for people who are interested, regardless of employment status. Forty-three past graduates currently are enrolled in a waiver.

- *ODP Base Employment Pilot.* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 05-06 Base Employment Pilot, providing support to individuals with minimal needs through integrated, community-based employment. DHS distributes Pilot funds through individual allocations. These participants work in a variety of fields, including childcare, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). OID has expanded the age restrictions of the ODP Base Employment Pilot to include older workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. As of June 2020, the Base Employment Pilot supports 98 individuals in maintaining competitive and integrated employment at an average allocation of just over \$2,000/person. To date, 12 individuals with current pilot funding have turned back their PFD Waiver funding in exchange for Base-funded supports, which has maximized funding opportunities, since those waiver slots can be redirected to emergency-level individuals who may have higher total service needs.
- *Community Partnerships.* Other examples of DHS’s work to expand supported employment opportunities include its partnership with the Greater Pittsburgh Supported Employment Association (GPSEA) to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA members include agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff training opportunities. 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, DHS education & transition staff (OID & OBH are represented), community rehabilitation agencies, students and families.

## Supports Coordination

DHS estimates that it will serve approximately 1,678 individuals with base-funded supports coordination in FY 20-21. 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, 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 (in Announcement 060-17 Approval ODP waiver renewals Appendix C) establishes the supports available to individuals receiving services through OID.

A total of 5,710 individuals with ID in Allegheny County receive Waiver, Base and/or Supports Coordination services; this includes those residing in ICF-ID settings (private and state center). Currently, 100 of the 5,710

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

- *Benjamin Litigation and the closure of Hamburg Center history summary.* Since FY 2011-2012, individuals residing in state centers were given the opportunity to move out into the community through the Benjamin Litigation, a lawsuit filed against PA DPW by Disability Rights of PA. From FY 2011-12 through FY 2018-19, a total of 15 individuals were transitioned from state center into the community, the last move occurring in November 2018. These transitions were individualized and comprehensive in nature, involving collaboration between state center staff/teams and selected community-based providers, supports coordinator, and AE utilizing person-centered approaches and techniques based on person's needs and desires as identified through their Essential Lifestyle Plan (ELP).

In addition, Hamburg State Center closed in June 2018. Throughout the 18-month closure timeframe, Allegheny County actively planned for three of these individuals, one of which was not able to be supported in the community and moved to another state center and has subsequently died. The other two individuals, both of whom are medically complex and fragile, were placed with a residential provider and are receiving the needed supports to be successful in the community. One of these individuals moved to Montgomery County to live closer to his family and his AE case was subsequently transferred there.

- *Targeted closure of Polk and White Haven State Centers.* In the summer of 2019, in an effort to increase opportunities for individuals in state centers/congregate settings to live in less restrictive environments in the community, Governor Wolf has called for the systematic closure of Polk and White Haven State Centers. (Once these facilities are closed, this will leave two state centers open in PA: Ebensburg and Selinsgrove State Centers.) Allegheny County has a total of 50 individuals in these two state centers (two in White Haven and 48 in Polk). ELPs are being developed for each of these individuals in the state center and conversations are being held with the individuals and families regarding community options and resources available to them. In addition, SIS Assessments and HRST reports are also being completed on all these individuals and several are participating in IM4Q interviews. AE is participating in the ELP meetings when possible. Currently, one individual is actively transitioning from Polk Center.
- *Community-Based Services and Residential Services.* In FY 20-21, DHS estimates that 296 individuals will receive community-based services and 27 individuals will receive residential services. Supports may include, but are not limited to: residential (e.g., Life Sharing, 24 hour residential, or less than 24 hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.
- *Participant Directed Services.* We continuously work with the SCOs to remind and promote those situations that can and should be participant driven. See more about specific projects and activities related to this under the section titled **Participant Directed Services**.

## **Life Sharing Options**

DHS is committed to providing support for a range of community-based and residential services, including Life Sharing. Life Sharing allows individuals and families to host in their homes individuals with ID, DD, and Autism who need support. The host home provides assistance, support and guidance to the individual(s).

In Allegheny County during FY 19-20, 66 individuals (one funded through child welfare) were served through Life Sharing programs offered by 12 agencies. Efforts to expand the number of Life Sharing providers and

participants in Allegheny County (and to fill vacancies) occurred throughout FY 19-20 and will continue in FY 20-21. These efforts include:

- Hosting bi-monthly Allegheny County Life Sharing Coalition meetings, attended by agency members, supports coordination organizations and other interested stakeholders to share information received at state and regional subcommittee meetings.
- Creating and distributing an annual survey to gauge satisfaction from the individuals receiving care in a life sharing home, the caregivers, and provider agencies.
- Creating and distributing a survey to Supports Coordination organizations to gauge their outlook on Life Sharing and any barriers they face in presenting this option to individuals, families and teams.
- Inviting speakers to bi-monthly meetings who can present topics of interest to the Life Sharing community.
- Attending PA and Western Region Life Sharing Coalition meetings and providing the Life Sharing community information and resources gathered from these monthly meetings.
- Reaching out to Supports Coordination organizations to provide technical assistance in promoting Life Sharing as a viable option for individuals seeking a place to live.
- Increasing communication with Life Sharing agencies to gather information on successes and barriers to building their programs.
- Supporting Life Sharing agencies as they develop creative ways to market their Life Sharing programs throughout the area.
- Creating a monthly report in which Life Sharing providers can accurately reflect their efforts in filling vacancies, outreach to their communities, and supporting the individuals they currently serve.
- Ensuring that Supports Coordination organizations have the most current information to share with individuals, families and interested parties by updating the Life Sharing Fact Sheet and the Allegheny County Department of Human Services' OID webpage.
- Engaging and partnering with ODP to promote benefits of Life Sharing.
- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parents are given information about Life Sharing as an option for continuing to share their home.
- Accepting offers to present information about Life Sharing to potential caregivers, provider agencies, Supports Coordination organizations, and conferences/information fairs.
- The Allegheny County Life Sharing Coalition will continue to plan, on an annual basis, for the Life Sharing Information Fair.
- To expand Life Sharing opportunities, the Life Sharing point person will attend a few annual ISP meetings each month to model talking to families, individuals, and Supports Coordinators around the advantages of becoming involved with Life Sharing.

## **Supported Living Options**

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

OID has established a Provider Round Table workgroup comprised of OID staff and providers interested in further exploring, expanding, and implementing the Supported Living service. This workgroup meets quarterly and works to identify ways to expand this service, as well as discuss barriers to it. One of the ways that ODP

may be able to assist with increasing the utilization of this service is to consider offering use of Assistive Technology and/or Behavior Supports as a discrete service for Supported Living. These could better provide supports and oversight to individuals to ensure their safety while enhancing their independence.

### **Cross Systems Communications and Training**

DHS will continue to engage in several collaborative efforts with local and regional counties and stakeholders to provide training and improve cross-system communication. Together, these efforts are designed to help stakeholders understand emerging needs and to increase the effectiveness of care delivered to individuals and families in least restrictive environments. Examples of 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.* DHS OID participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County. The task force is comprised of representatives from the Allegheny County Department of Human Services, PA ODP, OVR, PA Office of Deaf and Hard of Hearing, PA Bureau of Blind and Visual Services, Deaf/Deaf-Blind stakeholders and service providers. The task force meets bi-monthly to work toward system change to affect service integration and coordination and development of service resources and employment and mentoring opportunities for individuals who are Deaf, Deaf-Blind, or Hard of Hearing. OID also participates in the ODP Bureau of Supports for Autism and Special Populations Deaf, Deaf-Blind, and Hard of Hearing Advisory Committee which meets quarterly to develop capacity for supporting people with intellectual disability who are deaf, deaf-blind, or hard of hearing.
- *Collaborating with Support Coordination Organizations (SCOs).* DHS regularly collaborates with SCOs to encourage consistent implementation of ODP policy and practice. DHS and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet in person every two months to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The OID Promising Practice team continues to offer a Complex Case Review process as a means of offering technical assistance to the SCOs. The review is focused on planning activities for individuals with intensive and/or complicated needs with an anticipated outcome of diversion from restrictive settings.
- *Agreement with UPMC Health Plan and Community Care.* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and Community Care to improve communication among shared members and services. As part of the agreement, 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.* DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by two providers in three homes licensed under 3800 regulations for a total of six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs.

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

- *Engaging families and individuals through school districts.* DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education as well as the Allegheny County – Pittsburgh Transition Council. This is a critical way of conveying information to families, individuals, and professionals during critical school years. OID 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. OID staff also use these opportunities to share community supports and other human services.

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

- *Integrating services for adults with complex needs.* Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served over 80 individuals in Allegheny County and nine individuals in neighboring counties. This collaborative effort between OBH/OID, Community Care and Merakey uses a recovery-oriented approach to support individuals with co-occurring mental health disorders and diagnosed ID or Autism Spectrum Disorder. For 12-18 months, a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator provide support. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. In the spring of 2015, Merakey recruited additional staff and increased its capacity to 30 individuals. DHS continues to collaborate regularly with the DDTT, OBH, and Community Care to monitor progress as well as discuss and recommend appropriate referrals for the programs at discharge. Quarterly metrics reports are reviewed on a regular basis. The team has continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

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

- *Collaboration with Justice-Related Services/Forensic System.* Since initiating this collaboration in 2014, there have been 260 inquiries into OID involvement with individuals, with joint planning taking place for 122 individuals – approximately 28 cases per year. Inquiry origination has increased to include: ACJ, Pre-Trial Services (Behavioral Assessment Unit) and the Public Defender’s Office. The priority of this collaboration continues to be focused on planning activities and resources that assist in diversion from jail as well as technical assistance throughout an individual’s legal involvement. The OID Promising Practice Team aims to increase our collaboration with our DHS partners as we facilitate responsible release and support plans for individuals with ID or Autism who are incarcerated and/or involved with the court system. Our newly hired OID Legal Liaison along with Promising Practice Team staff work to identify gaps in the service system regarding support needs and working with DHS and community partners to address these gaps in service needs. A continued area of growth potential remains with our

juvenile population as they interact with the forensic system and potentially age-out into the forensic system and community supports. Some specific activities and needs/barriers in this collaboration area include:

- Tracking/monitoring individuals with ID who are not active with JRS (for various reasons), but who are incarcerated or have legal/court involvement. JRS has been providing “Administrative Assistance” for these cases, which has been beneficial to best meet the individuals’ needs. In addition, the OID Legal Liaison has been working with courts and court personnel regarding these individuals
  - Increased collaboration with the Allegheny County Jail so that DHS is notified when individuals with ID are incarcerated. This has continued to improve over the past year as has collaboration during transitions to provide community providers facilitation and assistance to meet individuals and build rapport to support more successful community transitions. ACJ staff has also assisted in obtaining needed information and documentation for community-based provider needs to facilitate quicker jail release into community provider setting. This ongoing collaboration and partnership remain very important to ensure that individuals with ID and Autism receive services and supports in the least restrictive setting possible.
  - Streamlining funding timelines that accommodate jail release, identified needs and Waiver stipulations. This is met but remains an area to be vigilant on.
  - Barriers to newly OID-registered individuals who already are incarcerated or who are incarcerated after intake but before their needs can be assessed. This remains a priority area in need of improvement as many times, these individuals have exhausted many alternate housings and supports and have very limited options prior to OID Intake. Their needs can involve very complex and concurrent mental health and behavioral concerns as well as significant history of trauma that adversely impact quality of life. Planning from a jail setting can be very challenging, as can transition activities.
  - Individuals who are in jail/state prison are tracked to monitor their status. An area of improvement is continuity of care and discharge planning from incarceration.
  - Reinstatement of Medical Assistance upon release from jail continues to be an area of need. The Allegheny County Jail has a mechanism to submit an MA application prior to an individual’s release in order for MA to be activated in a timely fashion; however, this mechanism cannot be applied to individuals who will need Waiver services immediately upon discharge from jail.
  - Increased collaboration with Juvenile JRS, JRS IL and Juvenile Probation to better plan for individuals that receive these services. Also working to identify individuals in juvenile justice placements that need long-term supports earlier in the planning process This remains an area of needed improvement and growth potential.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* DHS is involved in collaborative activities with ODP and other counties:
    - OID frequently works with other counties in the region to review potential common data elements and explore reporting needs.
    - OID reviews and submits referrals for complex technical assistance (CTA) from the HCQU; these requests for CTA are made to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve quality of life for individuals involved in the Risk Management process.
  - *Collaboration with UPMC CONNECT Program*
    - In 2009, The Congress of Neighboring Communities (CONNECT) was founded to bring together the City of Pittsburgh and surrounding municipalities in Allegheny County to identify common public policy challenges. One of these initiatives was recognizing the dire situation



facing many emergency medical service (EMS) agencies. The CONNECT Community Paramedic Program was born out of this initiative and aimed to provide non-emergent, customized care to county residents struggling to manage chronic health conditions.

- As part of the UPMC Health Plan, CONNECT is one of the longest-running community paramedic programs in the nation. This team of specially trained paramedics helps the most complex and vulnerable individuals find assistance for their medical conditions, while also addressing finances, housing, mental health, and social support needs. This team can close gaps in care by expanding the role of EMS personnel in the community.
- The CONNECT Community Paramedic Program, which is part of the UPMC Health Plan, is a free program to anyone in Allegheny County and helps individuals manage their overall health for the long-term. They can help connect individuals with existing resources to address individuals' medical care, health, chronic illness, etc., and other important factors beyond that which may be negatively affecting the individual's life. Some of these factors may include transportation, housing, diet and exercise, or financial resources.
- The CONNECT team typically arranges for two of their members to conduct a first meeting where the individual feels most comfortable, whether that is in the individual's home or a public place. This meeting offers an opportunity to become familiar with each other and to help determine long-term goals the individual may have for their life/health. From there, the team will gather the appropriate, available resources and provide solutions to help the individual meet those goals.
- Initial meetings occurred between the Office of Intellectual Disability and the UPMC CONNECT Program in late 2019 to discuss a collaboration between the two offices.
- In January 2020, 86 individuals over the age of 21 who had an Emergency or Critical PUNS status and were not enrolled in one of the three OID waivers, were identified to participate in the pilot.
  - 24% (21 individuals) of the individuals were removed from the pilot due to the following: receiving an OID waiver, not living in Allegheny County, or dying.
  - 56% (48 individuals) have been contacted.
    - 10% (5 individuals) have been enrolled in the program
    - 19% (9 individuals) have refused to participate in the program
    - 71% (34 individuals) have not responded to the initial contact
  - 20% (17 individuals) still need to be contacted
- The OID team and the UPMC Connect team meet monthly.

## Emergency Supports

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

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

- Coordinating efforts with Dom Care, PCHs, re:solve, Allegheny Link, Community Care and system options meetings.
- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

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

### **Administrative Funding**

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

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

### ***Charting the LifeCourse***

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

DHS OID has successfully completed the Charting the LifeCourse Ambassador training series. The LifeCourse Ambassador series was designed to include training, professional development, and implementation coaching to provide foundational understanding of the key principles of the framework and to introduce the application of the principles for a specific focus area and/or practice. The LifeCourse Ambassadors will be training all OID staff.

### ***HCQU***

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

### ***IM4Q***

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

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

Other reports include:

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

Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 19-20.

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

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

Providers can be reluctant to make commitments to these individual cases. However, OID has spent considerable time reaching out to providers on an individual level, gathering feedback on the type of services that feel they would be willing to provide as it pertains to the needs of this population. OID is committed to continuing to develop a network of support to address the needs of our most complex individuals. This would not only reflect direct services but an environment of technical assistance.

### ***Risk management***

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

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

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

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

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

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

#### ***County housing coordinator***

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***

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. DHS is available to offer technical assistance in the development of these plans, regardless of funding source, since the safety of all individuals in our system is of the utmost importance. Finally, OID functions as the local AE and DHS/OID personnel deliver all components of the AE Operating Agreement with 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

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. OID personnel also conduct an annual administrative review.

## **Participant Directed Services**

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

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

Here in the western part of the region, PDS continues to grow, although slowly, for the Vendor Fiscal. The number of participants increases each year, growing from 11 participants in FY 2011-12 to 49 in FY 2018-19 and 101 in FY 2019-20. There are currently 241 participants active with PDS in Allegheny County. There are five Support Broker Providers and 20 participants currently using this service.

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

## **Community for All**

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

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

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

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

### **Achievements and Improvements**

In FY 19-20, DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First,<sup>4</sup> and increase the flow of positive exits from homelessness services.

**Strengthened Coordinated Entry (CE).** DHS has a centralized access system through the Allegheny Link for individuals and households experiencing homelessness and seeking housing. Link staff use the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) to conduct assessments of the callers' risks, needs and potential for diversion (e.g., living with family and friends or mediation with landlords) and then refer people to resources to meet their needs. Additionally, DHS is developing an alternate assessment model that uses information from the Allegheny County Data Warehouse instead of self-reported data, which will launch in 2020-21.

In FY 19-20, the Link:

- Adopted a continuous quality improvement process that has resulted in shortened wait times for callers and more quality, targeted referrals.
- Prioritized those most in need of homeless services. Our CE prioritization process factors in length of time homeless, so that Homeless Resource Coordinators refer long-time homeless individuals or families to a housing program before a household with similar vulnerabilities but less time on the street or in shelter.
- Homeless Services and Supports Coordinators provided formal case conferences for families in emergency shelter to help them achieve housing permanency.
- Expanded coordinated entry services through the field unit so that we can reach more individuals where they are.
- Incorporated a diversion specialist who works to find alternative housing for those in shelters who are not prioritized for housing programs
- Used Dynamic Prioritization, so that we use all available housing resources for persons experiencing homelessness flexibly and offer them immediately to the individuals who need them most at the

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<sup>4</sup> <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

moment, regardless of whether they might be better-served in the future by a program not presently available to them.

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

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

**Expanded access to Section 8.** DHS continues to strengthen its relationship with the Housing Authority of the City of Pittsburgh (HACP) and the Allegheny County Housing Authority (ACHA). During the 2019 calendar year, DHS used all 74 of the 811 Mainstream Vouchers that were awarded in 2018 and 44 of the 78 Family Unification Program vouchers that were awarded in 2018. ACHA, HACP, and DHS also partnered on an application to the PA Housing Finance Agency for a Mobility Counseling Program to assist voucher holders with minor children in moving to higher opportunity neighborhoods. Additionally, DHS is working with ACHA on up to 25 Fostering Youth to Independence (FYI) vouchers in 2020.

**Piloted enhanced Bridge Housing services** for men experiencing chronic homelessness who are awaiting PSH. DHS capitalized on some vacancies in bridge to safely house and engage this vulnerable group and connected them to additional supports. DHS supports six family units and 139 single units of Bridge Housing.

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

**Targeted access to Rental Assistance.** DHS offered expedited access to rental assistance to individuals in emergency shelters, experiencing street homelessness or in homeless (eviction) prevention programming with a high risk of homelessness. This targeted resource supports our efforts to make homelessness rare, brief, and non-recurring.

**Responded to the coronavirus,** including by:

- Establishing isolation/quarantine facilities for CYF youth and any system-involved families or individuals
- Working with Allegheny County Economic Development on rental assistance to prevent eviction
- Obtaining HUD waivers to extend housing and virtual inspections
- Purchasing phones for people experiencing homelessness who do not have access to phones or WIFI
- Partnering with Allegheny Health Network to distribute tablets for each person in isolation/quarantine so that they can receive physical and/or behavioral telehealth services
- Setting up hygiene facilities in the county's most populated homeless encampments

**Unmet needs and gaps**

**Affordable housing:** Allegheny County, which includes the City of Pittsburgh, is experiencing a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. In 2016, the city’s Affordable Housing Task Force commissioned a Needs Assessment that found an affordability gap of 14,896 units for households earning up to 30% of the city’s median household income (MHI). For every 100 of these extremely low-income households, only 34 units are available. As the affordable housing crisis deepens, low-income households become increasingly vulnerable to eviction/foreclosure and homelessness.<sup>5</sup>

**Coronavirus impact:** The full impact of the pandemic is still unknown. We anticipate increased need as eviction and utility moratoriums come to an end.

**Services, efficacy, and proposed changes**

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

**Table 4: HAP Services and measures of efficacy**

Service	How DHS evaluates efficacy
<p><b>Bridge Housing</b> provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.</p>	<ul style="list-style-type: none"> <li>● Measure: Share of people served by Bridge Housing who exit to permanent housing.</li> <li>● In FY 19-20: <b>55%</b> of households who exited bridge housing exited to permanent housing.</li> </ul>
<p><b>Case Management</b> 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. For example, service coordinators help families secure and maintain benefits, including MA, TANF and SNAP, by helping them complete renewal applications, update housing status and troubleshoot barriers in accessing these benefits. Service Coordinators also do very targeted housing search assistance to move families into affordable housing within the community without having to continue through the homeless system. Service coordinators are also able to follow the family into the community once housed to ensure it is a supported transition.</p>	<ul style="list-style-type: none"> <li>●</li> <li>● Measure: Number of homeless individuals assisted by HSSC</li> <li>● In FY 19-20: <b>869</b> individuals (257 households) were provided with case management services.</li> </ul>
<p><b>Rental Assistance</b> 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. (This includes Penn Free.)</p>	<ul style="list-style-type: none"> <li>● Measure: Number of people for whom eviction is prevented, through rental assistance</li> <li>● In FY 19-20, <b>218</b> clients (singles) received rental assistance.</li> </ul>

<sup>5</sup> [https://apps.pittsburghpa.gov/dcp/Pittsburgh\\_Housing\\_Needs\\_Assessment.pdf](https://apps.pittsburghpa.gov/dcp/Pittsburgh_Housing_Needs_Assessment.pdf)



<p><b>Emergency shelters</b> provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. The median length of stay for homeless households utilizing Emergency Shelter should be 30 days. The Winter Shelter (formerly the SWES) is open from November 15 through March 15 and provides a low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.</p>	<ul style="list-style-type: none"> <li>• Measure: Number of people prevented from being street homeless through shelter (including shelter for people who are victims of IPV)</li> <li>• In FY 19-20, <b>2,121</b> individuals were prevented from becoming street homeless</li> </ul>
<p><b>Other Housing Supports</b> 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"> <li>• Measure: Number of homeless individuals assisted</li> <li>• In FY 19-20: DHS provided approximately 29 clients with other housing supports</li> </ul>

**Proposed changes in FY 20-21:**

- 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 20-21, DHS will work to increase consumer voice in homelessness service design and delivery at the system and programmatic levels. Using our Youth Action Board as a guide, we intend to develop a similar board of adults.
- DHS will explore a progressive engagement model and begin to develop a plan for re-procurement of all RR providers.
- DHS will continue to evaluate the effectiveness of current Rental Assistance programs and explore models being used successfully in other areas.

**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. DHS’s dedicated HMIS staff and a homelessness/housing analytics team continue to produce analysis and reports that guide planning and decision-making. The vast majority of Homeless Assistance providers enter data into HMIS; in accordance with federal law, IPV providers do not. While our current HMIS solution is highly customizable and receives excellent customer support, ensuring that the HMIS remains compliant with HUD data and reporting standards is a significant resource and staff burden. We are looking for ways to improve the HMIS system and its efficiency.

## **SUBSTANCE USE DISORDER SERVICES**

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

### **Notable initiatives in FY 19-20:**

- **Continuing to plan an engagement center, safe place to stay, and engagement and coordination teams.** Using a three-pronged approach to providing Allegheny County residents with SUD and/or co-occurring disorders (along with their family and friends) with clear and easy access to treatment, substance use education, resources, screenings, assessments and recovery support.
  - *The Engagement Center* – a space open 24/7/365 where people seeking substance use support, as well as family members and loved ones, can access screenings, assessments, peer support, evaluations, referrals, treatment transition support, Medicated Assisted Treatment (MAT), harm reduction education and other recovery resources.
  - *A Safe Place to Stay* – a space where people who have received an assessment and are awaiting an open treatment slot can stay and receive certified addiction and peer support, along with food, shelter and professional monitoring.
  - *Engagement and Coordination Teams* – team-delivered, community and site-based peer recovery support and case management services designed to reduce the barriers that prevent individuals from initiating and engaging in treatment and recovery services.

In May 2019, DHS and Community Care selected a provider (Renewal Treatment Center) to operate the engagement center and safe place. The engagement center is tentatively scheduled to open in late summer/early fall of 2020. For more information about the engagement center, safe space, and engagement and coordination teams, see the RFP: <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations/Archive.aspx>

- **Preventing homelessness and ensuring housing stability for people with Opioid Use Disorder (OUD)** through an established DDAP grant-funded pilot system of rental assistance and housing supports, along with expanded case management and supported services. Approximately 200 individuals received housing supports along with intensive case management. Case managers acted as the single point of contact for coordination of care and services across multiple health and social service systems, helping with transitions between levels of care, making referrals for professional services (i.e., mental health, physical health) and connecting individuals to resources, like Medical Assistance and TANF, while supporting them in meeting their self-directed recovery goals. The grant is currently in its second year, and we anticipate continuation into a third year.

- **Established quality case management, separate and distinct from treatment and other services, and expanded the availability of close support through certified recovery specialists.** Through the support of a DDAP grant, DHS worked to:
  - Establish a separate and distinct case management unit that served 315 individuals, with quality and adherence to a holistic model of care
  - Expand CRS services that served 84 individuals
  - Establish referral mechanisms to make case management and CRS a consistent element of the improved system of care for people with SUD
  - Coordinate this transition with providers to ensure that every organization that is a part of the new system of care is clear on its respective contribution/role
- **Establishing a family residential SUD treatment program.** The Family Healing Center (operated by Auberle) maintains its purpose to serve as a trauma-informed residential drug treatment program for families with a parent in critical need of treatment for unhealthy substance use. The proposed community site located in Mt. Oliver was being renovated in preparation for the program until recently, when it was repurposed as a COVID-19 space for families involved with Children, Youth and Families. Due to the uncertainty of the progress of COVID-19, there is no estimated date for when renovations will resume. Workgroups have been established to address various programmatic aspects of The Family Healing Center.
- **Providing family-based recovery in-home services.** DHS contracted with Holy Family Institute (selected via a competitive procurement process) to replicate and adapt a recovery-oriented, trauma informed, in-home SUD treatment model originally developed for the Connecticut Department of Children and Families called “Family-Based Recovery” or “FBR.” Holy Family Institute has developed two teams for this program, with the second team fully staffed as of April 2020. As of June 2020, the program successfully discharged 17 clients and it currently has 22 active clients with a total of 111 clients served this fiscal year. DHS is currently working on the evaluation and finalizing rates for this program.
- **Continuing to Implement a coordinated response to the opioid epidemic.** To combat the devastating effects of the opioid epidemic, DHS continues to coordinate efforts to serve people most in need in the most effective way by expanding treatment and availability, providing naloxone training and distribution and focusing on early prevention. Key components of this initiative include:
  - Continuing to improve the assessment skills of MH providers for SUD and risk of overdose.
  - Expanding prevention programs with schools and community groups, especially leveraging the Student Assistance Program (SAP), which places liaisons in school districts to help school personnel identify students with drug and alcohol and/or mental health needs that pose a barrier to student success and to help students overcome these barriers so that they may meet their academic goals. All prevention programs must include overdose education.
  - Working to expand access to effective treatment for those with opioid use disorders, including medications (i.e., Methadone, Suboxone and Vivitrol), using results from DHS’ MAT survey and feedback from D&A provider meetings.
  - Putting the supports in place to reverse opioid overdose by distributing Narcan to BH providers and various DHS human service organizations.
- **Investing in evidence-based intervention services.** In March 2020, DHS issued an RFQ for intervention services designed to improve the health, wellness and recovery of adolescents and adults with SUD or gambling addiction. For more information see the RFQ: <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations/Archive.aspx>

- **Continuing to Expand distribution of Narcan** by working with the Health Department to give over 8,625 kits to organizations that come into contact with those at the highest risk of overdose. DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.
- **Continuing to Connect Individuals in the Allegheny County Jail to MAT.** DHS continues to have several initiatives targeted at giving people in the jail access to MAT and ensuring that they continue to have access when in the community. The initiatives provide screening and assessment for opioid use disorder, education on overdose prevention, distribution of Naloxone, appropriate MAT based on the clinical decision support tools developed by Community Care, service coordination and rapid enrollment in Medicaid. Important changes to the D&A and criminal justice systems include: expanding the number of available MAT slots available to the re-entering population; and increasing the acceptance of evidence-based treatment, including MAT, among judges, jail staff, probation officers and treatment providers. As of June 2020, 49 individuals received support during their transition out of jail, 185 individuals received services while in the jail and 741 clients completed applications for Medical Assistance.
- **Building peer support capacity.** In FY 19-20, DHS collaborated with the Pennsylvania Recovery Organizations Alliance to train 15 individuals to become Certified Recovery Specialists (due to COVID-19 we had to postpone trainings). To date, DHS has trained 104 individuals of which 71 have become Certified Recovery Specialists and all have been trained on Narcan administration.

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&amp;A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
<b>Prevention services</b>	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 W/C Prevention Base D&A SAP Base County Match
<b>Intervention services</b>	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 D&A SAP Base HSBG-BHSI HSBG-Act 152 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C HEP C County Match

<b>Residential treatment</b>	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 W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152 Drug Court
<b>Outpatient services</b>	Screening, Outpatient, Intensive Outpatient, Partial Hospitalization	Adults, Adolescents	D&A Base Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI Drug Court
<b>Recovery housing; halfway house</b>	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	Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base D&A Base HSBG-BHSI Drug Court Act 2010-01
<b>Case/care management</b>	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	Act 2010-01 Alcohol Treatment W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base D&A Base HSBG-BHSI HSBG-Act 152 Drug Court
<b>Recovery supports</b>	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 W/C Alcohol Treatment Base Drug Treatment W/C Drug Treatment Base HSBG-BHSI HSBG-Act 152

**1. Waiting List Information:**

Withdrawal Management  
 Medically-Managed Intensive Inpatient Services  
 Opioid Treatment Services (OTS)  
 Clinically-Managed, High-Intensity Residential Services  
 Partial Hospitalization Program (PHP) Services  
 Outpatient Services

# of Individuals	Wait Time (days)*
0	0
0	0
0	0
4	30
0	0
0	0

*\*We do not track this data weekly; data gathered via a point in time survey.*

During FY 20-21, Allegheny County will continue to work with its partners to reduce this waiting list by continuing to work with the Certified Assessment Centers to provide a coordinated entry system and by increasing the availability of MAT.

**2. Overdose Survivors' Data:**

Allegheny County currently works with six Centers of Excellence (COE) who use the warm handoff procedure to assist individuals who go to emergency departments and who suffer from SUD, previous focus was on Opioid use disorders recent changes in reporting of Warm Handoff data has expanded to gather on all SUD diagnosis. The current COE providers are:

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

Their hours of operation are:

Gateway	Days and Evenings 7 days per week
Magee	Mon-Fri Daylight only
Tadiso	Days and Evening 7 days per week
UPMC: GIM	Mon-Fri - Daylight only
AHN	Mon-Fri - Days and Evenings
WPIC	Mon-Fri - Daylight only

**Emergency Department (ED) Coverage/Locations:**

WPIC	UMPC Magee, UPMC Presbyterian, UPMC WPIC, UPMC Mercy, UPMC McKeesport
Gateway	If contacted provider will go to any ED entity
Tadiso	Various EDs as needed in Allegheny & surrounding counties
Magee	Magee Women's Hospital
GIM	UPMC Presbyterian
AHN	Allegheny General Hospital and West Penn

By the 15<sup>th</sup> of each month COEs submit data to DHS regarding the warm handoffs that occurred from EDs in the previous month. DHS tracks data for all COEs as well as combines the data into one dataset for DDAP. DHS provides technical assistance to the COEs as needed.

**Table 6: Overdose Survivor Data**

# of Overdose Survivors	# Referred to Treatment	Referral Methods	# Refused Treatment
227	216	COEs	25

3. **Levels of Care (LOC):**

**Table 7: Levels of Care**

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	2	0
4	1	1	0
3.7 WM	5	1	1
3.7	0	0	0
3.5	Long term: 13 Short term: 7 Total: 20	Long term: 8 Short term: 2 Total: 10	8
3.1	8	3	3
2.5	7	7	5
2.1	12	12	6
1	18	18	11

4. **Treatment Services Needed in County:**

**Expanded MAT.** DHS recognizes MAT as a lifesaving evidence-based practice that helps to treat opioid use disorders and aids people on their path to recovery. In the Joint Position Statement on MAT for Opioid Use Disorders in Allegheny County,<sup>6</sup> issued by DHS, the Health Department, Community Care and AHCI, DHS makes it clear that no limitations should be placed on the provision of medical care or human services because an individual is receiving MAT. As recognition of opiate addiction has grown, so has the need to recognize opiate addiction as a disease, requiring specialized treatment and intervention. A continuum of clinical and non-clinical supports and services is available to individuals who are working to achieve recovery, including peer-based recovery support services. Unfortunately, a negative bias toward individuals receiving MAT may exist when it comes to provision of services such as housing, residential services, and/or certain outpatient mental health treatment or support services. DHS has continued to educate providers and has increasingly made it a requirement for funding that agencies accept clients without this discrimination. DHS maintains that an individual's choice to use MAT should not limit his or her access to other services. As the opioid epidemic continues in Allegheny County and the State of Pennsylvania, DHS recognizes the need for continued expansion of and advocacy for MAT services.

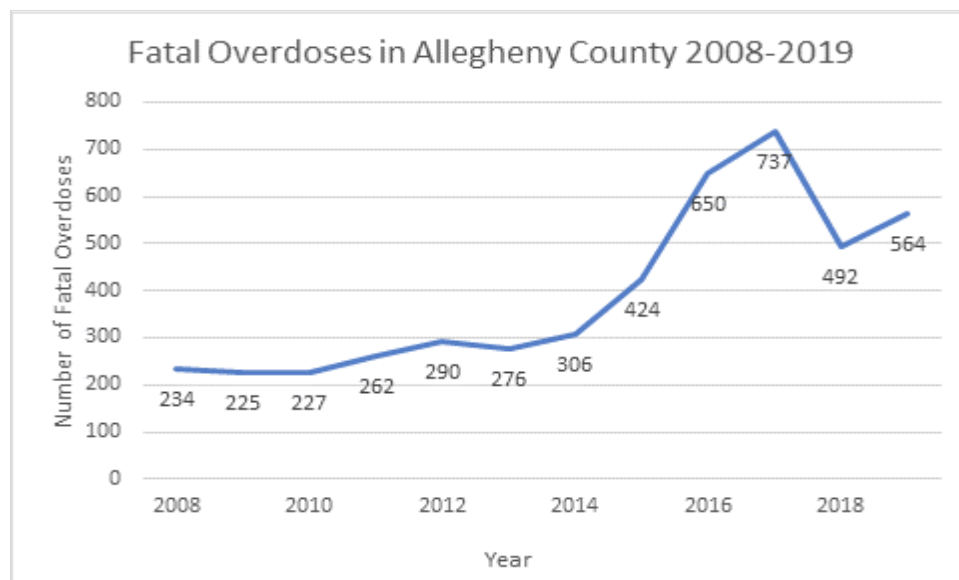
<sup>6</sup> [http://www.achd.net/overdoseprevention/010917\\_Final\\_MAT\\_Position\\_Paper.pdf](http://www.achd.net/overdoseprevention/010917_Final_MAT_Position_Paper.pdf)



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

**A safe place to await treatment.** DHS recognizes the need for a safe place for people to go to access information and stay while they wait for an open treatment slot. Through the engagement center and a safe place to stay outlined in the “notable initiatives” section above, people will have access to safe places where they can receive support, information and monitoring.

**Responding to the Opioid Epidemic.** The demand for D&A prevention, intervention and treatment services has grown in Allegheny County over the past year, as opiate use has increased dramatically. The public health impact of this epidemic has extended throughout the county, with opiates a contributing cause in most of the overdose deaths in Allegheny County. As shown below, overdose deaths grew significantly since 2008, peaking in 2017. The number of deaths has declined from 2017 to 2019; however, the number of overdoses did increase by ~15% from 2018 to 2019 and remains higher than the average from 2008-2015.



Source: Overdose Free PA: <https://www.overdosefreepa.pitt.edu/know-the-facts/view-overdose-death-data/>

DHS continues collaborate with Community Care, Allegheny County Health Department, providers, government agencies at all levels, including criminal justice/law enforcement agencies, universities and community members, to identify strategies that will safeguard individuals with addictions, address their addictions and reduce the public health impact of this epidemic. DHS’s role in implementing this strategy includes:

- Stopping initial addiction by increasing public awareness. Specifically, DHS continues to be actively engaged in the PA Stop campaign, designed to educate people about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. Through information sharing and advocacy, DHS is working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers to stop opiate addiction



before it starts. Opioid overdose can be reversed by widely distributing naloxone and helping to ensure that treatment providers and others at key intercept points are prepared to use it, when needed.

- Getting people to treatment and recovery support, particularly at the critical points of intervention, for example through warm hand offs after leaving facilities in which they have undergone withdrawal and no longer can tolerate the same level of drug use. This includes the Allegheny County Jail and treatment facilities, facilitating warm handoffs from jail through two COEs and working to convene and coordinate the warm handoffs of COEs in the County.
- Continuing to implement Allegheny County’s Opiate Overdose Prevention Plan, outlined below:
  - Goal 1. **Reduce overdoses and deaths*** by expanding the availability/use of Naloxone for people with opioid addictions and others who are in contact with them, by increasing access to treatment, and by focusing resources at key intercept points (points of danger for overdose, such as the period prior to and after release from treatment and incarceration).
  - Goal 2. **Increase the long-term effectiveness of treatment*** by expanding the use of MAT with counseling and other evidence-based approaches; expanding the use of post-treatment recovery services and support; and reducing barriers to these approaches in health, human services, criminal justice and other systems.
  - Goal 3. **Prevent addiction*** through prevention education.
  - Goal 4. **Increase the number of people in treatment and recovery*** by prioritizing use of the D&A treatment beds; and expanding the D&A system’s treatment capacity.

**Prevention for youth:** In 2018-2020 the Single County Authority completed a multi-year, multi-stage Prevention Needs Assessment. This Needs Assessment included the use of both quantitative (PAYS, BRFSS, NSDUH, court data, arrest data, education system data, demographic information) and qualitative (community surveys, focus groups) data. The Prevention Needs Assessment process revealed that the main areas of prevention focus in Allegheny County moving forward for the next few years will include youth vaping, youth marijuana use and adult marijuana use. In FY 19-20, the SCA also transitioned its prevention services to a fee-for-service payment structure to track prevention expenditures and quality more closely. The SCA also began a process to re-procure its prevention services as part of these quality improvement measures. DHS recognizes the need to not only connect with youth in need of treatment, but also to engage youth in prevention activities.

**Leveraging reinvestment:** DHS will utilize reinvestment dollars to support several behavioral health initiatives over the next year, including the Family Residential Treatment program referenced above.

##### 5. **Access to and Use of Narcan in County:**

DHS advised and provided subject matter expertise to the Allegheny County Health Department during the development of their 2015 Plan for a Healthier Allegheny,<sup>7</sup> a guide for health improvement for the next three to five years that involved multiple partners and strong commitment from residents. It was designed to complement and build upon plans, initiatives and coalitions already in place in the County. The intent of the plan is to identify major health priorities, overarching goals and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County. One of those goals relates to reducing mortality and morbidity related to mental illness and SUD, and the specific strategies listed to reduce the number of opiate-related overdose deaths. For example:

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<sup>7</sup> The plan is available at <http://www.achd.net/pha/index.html>

Objective 5.5: Decrease the number of opiate-related drug overdose deaths.

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

Working together, DHS and the Health Department distributed 8,626 kits in FY 19-20 to organizations that encounter those at the highest risk of overdose, including human service providers, first responders, pharmacies and libraries. DHS ensured that anyone leaving the jail that wants Narcan can obtain it and partnered with its child welfare office and staff at its 412 Youth Zone to make sure that staff have access to Narcan.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

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

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

Each COE collects data on the use of the Warm Handoff program and reports that data to the county by the 15<sup>th</sup> of each month. The county tracks that data for each provider and for all providers, as well as combining the data into one set of numbers. The county also provides technical assistance to the COE's as needed. The county turns in the completed data via ArcGIS as of April's data, previously it was submitted monthly into Survey Monkey.

**Warm Handoff Data:**

**Table 8: Warm Handoff Data**

<b># of Individuals Contacted</b>	<b>484</b>
<b># of Individuals who Entered Treatment</b>	178
<b># of individuals who have Completed Treatment</b>	Unknown

**Challenges with Warm Handoff Process Implementation:**

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

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

In FY 20-21, DHS will use Block Grant funds to support critically important Adult Services and Specialized Services.

**Adult Services:**

In FY 20-21, DHS will continue to fund two services through the Adult Service category - homemaker services that help to keep low-income adults with disabilities in their homes, as well as case management for at-risk and vulnerable population groups. Each of these programs is described below:

**1. Homemaker Services**

DHS provides homemaker and 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.

**2. Case Management**

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

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

**Aging Services:**

DHS did not use the Aging Services cost center in FY 19-20 and does not plan to use this cost center in FY 20-21.

**Children and Youth Services:**

DHS did not use the Children and Youth Services cost center in FY 19-20 and does not plan to use this cost center in FY 20-21.

**Generic Services:**

DHS did not use the Generic Services cost center in FY 19-20 and does not plan to use this cost center in FY 20-21.

**Specialized Services:**

HSDF Specialized Services are services designed to meet the unique needs of individuals that are unmet by categorical funding. The goal is to help adults maintain the highest degree of independence possible while avoiding higher intensity, more costly services. DHS plans to fund the following services in FY 20-21:

**1. Services for the Criminal Justice-involved Population**

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, including at Adult Probation’s Community Resource Centers (CRCs). Through serving individuals both in the jail and following release, including at Adult Probation’s Community Resource Centers (CRCs) the Jail Collaborative has been able to achieve the following during the first three quarters of FY 19-20:

- The Reentry Program served hundreds of individuals; nearly 100% were in the target group (people at moderate-high-risk of recidivating).
- In jail, 284 individuals participated in the program’s evidence-based cognitive behavioral therapy (CBT) curriculum, with completion rates exceeding targets.
- More than 200 individuals participated in a range of educational courses for different academic levels.
- 200 parents participated in the family support service, which includes parenting and relationships classes, coached family phone calls and structured contact visits with family members. They had a total of 861 family phone calls and family visits. This service far exceeds the target completion rate of 54%.

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

- **Service Coordination:** Service Coordinators work intensively with individuals prior to release and following release to develop service plans that build upon clients’ strengths and reduce their criminogenic risks, and to support them in achieving their housing, behavioral health, education and employment goals.
- **Family Support:** Family reunification plays a vital role in facilitating a successful return to the community and research has found that parents who have more visits with their children while incarcerated are less likely to recidivate. The Jail Collaborative offers parenting classes. using an evidence-based cognitive-behavioral curriculum called “Parenting Inside Out,” at least two coached phone calls with family members and allows for monthly structured family visits in the jail’s contact visiting room. Visits with children have been found to be most beneficial when parents and children can have physical contact in a child-friendly setting, and the contact visits are designed to

do just that. During 2018, the U.S. Department of Justice selected Allegheny County for a grant that is allowing us to enhance our family support services for children and family members of the incarcerated.

- **Vocational Training:** The Jail Collaborative offers training in various fields—including masonry, culinary arts and machining—free of charge to clients.

## 2. Batterers' Intervention Services

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

With the support of Block Grant funds, DHS will continue to fund the four certified BIP providers in FY 20-21. These BIP classes will continue to be offered in multiple locations and consist of 24 sequential sessions. The curriculum may vary by agency, but organizations use either the [Duluth Model](#) or [Emerge](#), the most commonly-recognized and promising BIP interventions in the U.S. BIP helps perpetrators to understand their behavior as a means of controlling their partners and facilitators incorporate Cognitive Behavioral Therapy, Motivational Interviewing and other psychotherapy techniques to shift perpetrators' attitudes, beliefs and behaviors. Language interpretation is available for individuals with limited English proficiency, on an as-needed basis. DHS monitors the programs and supports continuous quality improvement. The Jail Collaborative Application (computer system) supports data collection and reporting needs. While the majority of BIP sessions are available to men, there are groups for females and one agency that provides BIP specific to same-sex couples.

## 3. Individual Care Grants as part of an integrated service planning process for adults

A subset of adults served by DHS (and in certain cases, families) who are involved with multiple systems have complex service needs that cannot be met with categorically-funded services, and are involved in DHS's Child and Adult Integration and Teaming Meeting (ITM) process. The goal of integrated planning is to bring together all involved service systems (e.g., mental health, community services, intellectual disability, criminal and juvenile justice and drug and alcohol) to reduce overlapping and conflicting services, set priorities for areas of coordinated service delivery, and identify and address service gaps. As part of this process, DHS provides Individual Care Grants through one of its provider partners to pay for a specific service need that none of the existing funding streams can provide. Care grants are only approved as a last resort, when all other resources have been exhausted and an individual needs a service (that adheres to all HDSF policies, procedures and regulations) to move to the next level of care or meet their

goals. Sample services include, but are not limited to, assistance with moving the belongings of a client from a hospital to the community and paying for bus passes for a consumer to complete a workforce training program. Any unique service that would help the client move to self-sufficiency, so long as it is permissible within HSDF guidelines, could be funded via an individual care grant. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted). The Individual Care Grants are part of Specialized Services and are not used for rent subsidies. They are for individuals with complex and multiple needs; while some may be homeless, many are not. To design the initiative, DHS convened a committee and created a business process (from the point of referral to the awarding of an Individual Care Grant) that is based on the following criteria:

- Individual Care Grants must only be used to meet a need that cannot be funded through another source.
- The disbursement of funds must be related to achieving a specific goal included in the recipient's service plan.
- Funds distributed through Individual Care Grants will not exceed \$500 per request unless special circumstances are approved administratively.

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

#### **4. Legal Representation**

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