Mental Health/Intellectual Disability Advisory Board
Meeting Minutes
Microsoft Teams
Tuesday, September 9, 2025

Present:
Board Members: David Forsyth, Donnesha Slider (Chair), Deborah Jozwiak, Ken-Netta Fowlkes, Keirston Parham, Rachel Flinner, Vanessa Dodds

Members of the Public: Aubrey Stock-Bratina, Christine Michaels, Chante Faulk, Meera Martin

DHS Staff: Jewel Denne, Acting Director, OBH; Brenda Bulkoski, Director, ODS; Lynn Pugliano, Assistant Director, ODS; Regina Janov, Administrator, Adult Mental Health Services, OBH; Kathy Davis, Promising Practices Manager, ODS; Colleen Sokira, Special Projects Senior Manager, OBH; Sarah Bigelow, Special Projects Assistant, OBH; Robert Burack, Consultant, DHS

I. **Welcome and Deepening Connections**
   a. Dr. Slider called the meeting to order at 4:34 p.m.
   b. Opening activity – take a minute to briefly share something you're working on or have been thinking about/advocating for in the mental health and/or intellectual disability space.
      i. KF - Trying to transition into Performance-based Contracting. Performance-Based Contracting establishes performance standards for residential providers and Supports Coordination Organizations with the goals of service sustainability, quality improvement, improving clinical capacity to serve individuals and families with complex needs, and implementing strategies to support the workforce. Trying to prepare for the changes and make sure to maintain quality services
      ii. DF – part of a team that's assisting William Penn Human Services with a new model and assessing its effectiveness
      iii. DJ – member of Autism in the Courts and met with ACJ yesterday. 400 MH screenings/month in the county by diversion specialists – one diversion specialist position currently open if you know anyone who may be interested.
         1. ACJ is also focusing very hard on post-release MH services

            a. DJ personally wants to focus on the importance of natural supports in this work – assistance and training
        iv. VD – working with economic development organizations and nonprofits
            1. Focus on diversity in terms of intellectual disability and neurodiversity in the workforce
        v. DS – focus on neuroscience education *and* practical skills
            1. Not overextending – self-care and avoiding burnout
    c. Minute approval
        i. Motion passes – minutes from July will be sent to the engagement team so they can be posted publicly

II. Setting Context for ODS' Work

a. Brenda Bulkoski, Deputy Director, ODS, Allegheny County DHS

b. In our last meeting, we set context for DHS's work overall and walked through how our Office of Behavioral Health (OBH) works and the major funding streams. We'll finish our context setting by focusing on our Office of Developmental Supports (ODS)

c. Two sides of ODS
    i. Administrative Entity (AE) Agreement with the State to oversee specific state functions at the local level
    ii. Meeting local needs with both state and local resources

d. AE Operating Agreement
    i. Maintain Provider Network
        1. Capacity building – enough capacity between providers to provide families with choice
        2. Technical Assistance
        3. Qualifying Providers
        4. Monitoring
    ii. Manage the health and safety of individuals in service - Incident Management, Risk Management, Human Rights Committees
    iii. Manage waiver-funded services through approval/authorization of services, claims management, and fiscal monitoring
    iv. Managing the wait list, waiver enrollment, and waiver dollars

e. Waivers in more detail
    i. The waitlist is managed by planning for the most urgent needs: emergency (need services within 6 months), critical, and planning
        1. Depending on the urgency of needs, enrollment can be into one of three waivers
            a. Person/family directed support waiver (P/FDS)
            b. Community Living Waiver
            c. Consolidated Waiver

2. Individuals may flow across or among the waivers, depending on urgency and need
    a. ODS is charged with meeting the need at the right time with the right funding

ii. What is a waiver?
1. Provision in Medicaid law that allows the federal government to waive rules that usually apply to the Medicaid program
    a. For example – providing in-home care for people who otherwise would go into institutionalized care (particularly a few decades ago when these waivers emerged)
2. Different waiver programs in detail
    a. P/FDS
        i. No more than $47,000 annual budgeted services (excluding Supports Coordination)
        ii. May include supported employment, community participation, habilitation, etc.
        iii. Cannot cover licensed residential services
    b. Community Living Waiver Program
        i. No more than $97,000 annual budgeted services
        ii. May include supported living or life sharing services
            1. May be with a family member or someone they did not previously know
        iii. "Mid-level" need
        iv. Newest waiver type
    c. Consolidated waiver
        i. No annual cap on services
        ii. Certain services may have limits
        iii. May include residential services
    d. The state also has an adult autism waiver
        i. Capped at 200 individuals – not much turnover
        ii. Managed by the State, not the county

f. Question break
    i. DF – How are the State and county dealing with federal-level changes
        1. Brenda – a more ongoing process – we have not heard of any immediate cuts, but we also have not heard of any expansion
            a. Would be more confident giving an estimate about when changes may occur after the State passes its budget

g. Managing need
    i. Currently, 5992 individuals are enrolled with ODS

1. 1237 enrolled in P/FDS
2. 771 enrolled in CLW
3. 2301 enrolled in consolidated waiver
4. Total = 4309 (or 72%)

ii. Local funding
1. 420 base funded
2. 335 private intermediate care facilities

iii. Emergency status – 455 individuals at this status on the wait list
1. 171 (37%) Mild ID
2. 141 (31%) Moderate ID
3. 91 (20%) Autism

iv. Determining next most urgent need
1. Statistics
    a. 75% of those on the waitlist get some level of service within 1 year
    b. 18% get some level of service within 1-2 years
    c. Those on the waitlist for more than 2 years go to the top of the waitlist to understand why
2. Factors that help determine the next most urgent need
    a. Focus on those with Emergency status
    b. Status of available caregiver(s)
    c. Status of stable housing
    d. Contingency planning
    e. Short- and long-term needs

v. Who receives services?
1. Age
    a. 18-26 – 50%
    b. 27-59 – 33%
    c. 14-17 – 8%
2. Sex
    a. 60% male
    b. 40% female
3. Race
    a. 24% Black
    b. 73% White
    c. 2% another race
    d. Intake numbers are *also* disproportionate – have been focusing on outreach with Black communities in the county
        i. Not being seen as “coming into the home and passing judgment.”

4. Geography
    a. Across the county
        i. Penn Hills – 7%
        ii. Monroeville – 5%
        iii. Robinson – 4%
        iv. Bethel Park – 4%
        v. McKeesport – 3%
    b. Within Pittsburgh
        i. Brookline – 6%
        ii. Brighton Heights – 4%
        iii. Banksville – 4%
        iv. Carrick – 4%
        v. Squirrel Hill South – 4%

h. Managing the dollars
    i. Total allocated budget ~$650 million
        1. Currently using ~80% of the authorized budget
            a. What does this mean?
                i. A common reason: providers aren't ready to meet the need when an influx of new waivers are approved – e.g., staffing issues
                ii. But this can allow addressing emergency and crisis situations
    ii. AEs are required to submit requests to move capacity quarterly. AEs also have the option to request to **add or transfer waiver capacity** between the three types of waivers
        1. This ability is contingent on ODS's ability to project "consistent" utilization and comfort in going over the approved allocated budget
        2. AEs must demonstrate with data that they have reserved sufficient capacity to meet the needs of high school graduates and individuals aging out of EPSDT per the reserved capacity criteria in the approved waivers

i. Other county roles
    i. Intake/registration – evaluate individuals for eligibility for services
    ii. Outreach and education – ensuring that there is outreach and education offered to those who work with, or know of, individuals who may need services offered through ODS
    iii. Capacity building
        1. ~180 organizations providing services
            a. But only ~80 contract with both the state **and** the county

2. One current goal is to improve services for people with autism only – a growing population
3. Also to improve services for people with dual diagnoses, as well as those who need emergency shelter and/or emergency respite

j. How individuals and families go through the ODS system
   i. Intake
      1. Call 412-253-1250
      2. Or visit https://ods-intake.alleghenycounty.us
   ii. Learning and Planning
      1. Assign to the Supports Coordination Unit/SC
         a. Future planning begins
         b. Immediate needs are documented
         c. Services may be coordinated
         d. PUNS is completed
   iii. Tracking and Planning
      1. SC tracks needs for changes
      2. Locates services
      3. Requests waiver funding most appropriate to need, if MA-eligible
         a. If the individual is **not** MA-eligible (or loses eligibility) - secure local funding and explore future MA eligibility
   iv. Oversight and tracking
      1. SCs locate, coordinate, and monitor services and needs regularly
   v. Continued tracking
      1. Individuals and families can request a change in provider or SC at any time
   vi. Long-term
      1. Individuals can stay in any of the waiver programs so long as they maintain financial eligibility and are still determined to benefit from active treatment

k. Plans for a spring and summer outreach series, March through July 2026
      1. How ODS can help
      2. Conversation with Erin Dalton
      3. Roles and Responsibilities of Everyone
      4. Community Participation
      5. Area Agencies on Aging and Community Service Resources

l. Current capacity building initiatives
   i. Long-term structured residential facility (LTSR)
      1. Target group – adult (18+) men with serious mental illness and intellectual disability and/or Autism and at high-risk of or with current forensic involvement. Treatment focused

2. This is the first in our region to include a diagnosis of ID and/or autism
3. These facilities are not eligible to be funded with waiver dollars

ii. Residential Treatment Facility (RTF) for those with ID/A
1. RTFs typically target youth with a mental health diagnosis only
2. This is the first in our region to include a diagnosis of ID and/or autism
3. These facilities are also not eligible to be funded with waiver dollars

iii. Excited to be able to partner with OBH to find funding for these services

m. Questions
i. DJ – One problem my son has experienced as someone with autism is being lumped in with people who have ID. The LTSR wouldn't work for him for sensory reasons, so I'd be interested to hear more about it
1. Brenda – that's a key consideration, and we're just starting to think about implementation. It can be designed to meet multiple needs, but it's definitely something we need to think carefully about.
2. DJ – thank you, I'm glad to hear you're addressing that, and I'd love to hear more about it

ii. DS – I was wondering if there's a link in the geography of where service use is higher and where great providers are located—for example, Turtle Creek.
1. Some other "hidden" impacts of culture may include the "second" transition age as individuals' parents age, and the impact of birthing age rising and its correlation with ID/A

III. Key Opportunities for Feedback/Input and Co-Design

a. Key opportunities identified by DHS's Director, including critical questions facing the department, where the MH/ID Advisory Board can add valuable feedback/input and co-design system changes.

b. Input, support, and advocacy (with the state) as Allegheny County strives to be the county that keeps the most people enrolled in Medicaid
i. As enrollment declines (as it has when the public health emergency was ended in 2024), available funding (capitation dollars) also decline

ii. Recommendations to DHS focused on ensuring that all individuals who are eligible for Medicaid are enrolled and stay enrolled

iii. Potential advocacy with the State to ensure that there is appropriate funding
1. DHS can't do this as a government entity, but it can put forth facts and data that show that over the past 2 years, we're nearly $40

million short in having the Medicaid dollars needed to deliver services for this population

2. Medicaid is also required to have actuarially sound rates – DHS has provided data showing that the rates provided by the state have **not** been actuarially sound for the last two years
    a. This is because the individuals who dropped off MA in the last two years were those who had the fewest interactions with the medical system

c. Increasing ID screening rates and reducing the number of people with ID who aren't registered by age 18
    i. ODS is actively exploring how to, as early as possible, identify youth who might benefit from our services
        1. Often, students aren't referred to ODS until after graduation
        2. Looking at working with schools, doctors, churches, and other professionals who encounter families who may have someone eligible for services
    ii. Input, support, and advocacy
        1. Looking for recommendations regarding:
            a. Whether universal screening is appropriate
            b. How to get more families to self-identify (register)
            c. How to increase referrals from natural supports and community organizations
    iii. DS
        1. Universal screening might face an issue in missing whether someone with autism is "high functioning" or not, to use an outdated term
        2. Also ties in with development
            a. Tics, OCD, autism, and ADHD – often co-occur **and** symptoms increase during puberty
            b. "High functioning" individuals can often mask until later in life
        3. The current system is well-designed for youth who can be diagnosed in early childhood
        4. State requirement for ADOS and one additional functioning test means long wait times, especially for older kids and young adults
    iv. DJ
        1. Requirement to re-certify is also burdensome and humiliating for those with ID/A
    v. RF

1. Brenda, when you talk about universal screening, what are you describing? This varies across the school, county, and medical side
    a. I can talk about the school side from my perspective
2. Brenda – sure. Is there a tool you use?
3. RF – If a child is suspected of having a disability, yes, we screen them
    a. However, the IQ test is chosen by the school psychologist based on the needs of the child, not a state-recommended test
    b. Some parents refuse, but not a lot
        i. Or if families don't realize there's a need, they are unlikely to follow through
    c. There are also homeschooled children and those who bounce around a lot
        i. Schools do have a transition coordinator

vi. DS
1. Also concerned about high false negatives and false positives for girls and children of color on the ADOS

d. Thank you for all your feedback – Brenda will reach out to some of you individually because these are issues

IV. New Board Business

a. DS - Would love more dedicated time to talk about the issues identified by the county to specify board intentions in particular
b. DJ – could we add an optional half hour for those who want to stick around?
c. VD – Yes, I would like to recommend that we create subcommittees
d. Motion to create a subcommittee on the items proposed by Brenda and Jewel
    i. No discussion
    ii. Motion passes
    iii. Sarah will email all interested to organize a time to meet and share with Brenda and Jewel
        1. Dr. Slider
        2. Debbie
        3. Vanessa
        4. Rachel

V. Announcements and Public Comments

a. Public comment: Aubrey from Team PSBG
    i. Receives state funds and operates a low-barrier shelter in McKeesport
    ii. Sits on HAB and is looking for information on their behalf

iii. Looking for information on AOT – is this the right space to look for information on that?
    1. Do not have any specific information to share regarding AOT tonight
    2. Shared link to publicly available previous meeting minutes, where AOT has been discussed

VI. Adjournment

a. Key takeaways
    i. Started a new sub-group
        1. Sarah will reach out to schedule a meeting so they can meet and share out
    ii. Will get minutes and agenda to you before the next meeting – goal is two weeks ahead of time, but at least one week
b. The meeting was adjourned at 6:14

VII. Next Public Meeting

The next public MH/ID Advisory Board meeting will be on **Tuesday, November 18,** from 4:30 – 6:00 p.m. on Microsoft Teams.

Colleen Sokira will send out the Teams invite for this meeting the week before. There is also a link posted on the DHS advisory board webpage.