

DHS Goals and 2025 Initiatives

DHS's five Goals guide us in serving our community and helping overcome the consequences of generations of discrimination. Our annual Strategic Initiatives are big, bold efforts that help us achieve these goals more quickly—making human services work better for everyone.

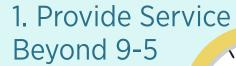
GOALS	STRATEGIC INITIATIVES: 2025
Increase Access to Care	 Service beyond 9-5 Access to housing + services Housing to those who need it most Access to key health programs
Prevent Harm	 Quick response teams for people with vulnerabilities New approaches to improving behavioral health
Reduce Use of Involuntary Services	 Crisis support for families in child welfare More services open to high-need families Tailored acute mental health services
Increase Economic Security	More caregiver support across human services
Ensure Quality	Faster, better contracting with DHSInnovation and alignment in pricing and payments

Increase Access

+300 +20%

supportive housing beds

LTSR beds



Make human services available for people whose work and family duties limit their availability during traditional hours.

DHS will alter its service schedules to extend beyond the core 9–5 hours, through in-person, phone/text/chat, and self-service options. We will add these options and replace low-volume times of day/week with higher-volume ones.

2.Increase Access to "Housing + Services"

Expand the supply of supported housing for individuals with very significant needs.

DHS provides housing + services to over 2,000 people, but many others need access to the healing and stability that this kind of housing provides. We aim to add 300 supportive housing beds for people in recovery and those who have been homeless or in the justice system. We also will issue a solicitation to increase our Long-Term Structured Residences (LTSR) beds by 20 percent. LTSR is a secure level of care that helps people with histories of trauma, behavioral health needs or forensic involvement and who also may have intellectual disabilities.



2025 GOAL Increase Access

3. Ensure Scarce Housing Goes to Those Who Need It Most

Integrate all DHS housing services, regardless of funding source. Whether a person comes to

need housing through an experience
of homelessness, a discharge from an
inpatient substance use treatment stay,
or a mental health crisis that led to a
911 call, DHS will use a consistent
process to assess them for eligibility
for any of our housing programs and
deliver these scarce resources based on
degree of need. This approach will open
more housing options to vulnerable people,
ensuring they are getting access to all the
housing resources we have available for them.

4. Improve Access to Key Health Programs for People with SMI

Assume responsibility for managing access to community-based treatment for individuals with serious mental illness (SMI). DHS will manage the wait lists for the programs that are crucial to their being able to live in the community but are oversubscribed:

Mobile Medication Management, Community Treatment Teams (CTTs), Integrated Dual Disorder Treatment (IDDT)

Program and Enhanced Clinical Service Coordination.

DHS will use consistent criteria and tools to manage access and identify vacancies and opportunities for clients to step-down in their level of care and receive additional human services.

Prevent Harm

5. Create Quick Response Teams for People with Special Vulnerabilities

Create teams that respond as soon as we find out that someone who has ID/Autism, a frail older adult or a similarly vulnerable person is staying in an emergency shelter, living unhoused, or in jail. Building upon existing models at DHS, we will create rapid response teams to jump in when our intake data alert us that a very vulnerable person is in the shelter or criminal justice system. The team will help those individuals by safeguarding them, enrolling in benefits and services (e.g., nursing home Medicaid eligibility), conducting screenings and assessments,

consulting with staff and partners, exploring resources, and ensuring individuals have appropriate plans of care. The teams also will identify root causes/ systems issues that need to be addressed to prevent these harmful situations.

6. Use New Approaches to Improving Behavioral Health

Improve engagement in behavioral health (BH) services through innovative approaches. People affected by mental illness or a substance use disorder may not choose to receive care for their mental illness because of stigma, the side effects of their medication, or symptoms of the illness. We owe it to them to incorporate approaches that can reduce the harm they experience and possibly save their lives. For people who struggle to stay on their daily anti-psychotic medications, we will launch a program to educate them on the benefits of injectable forms of medication and offer incentives for those who may benefit from and want to try an injectable form of the medication that lasts a month. This long-acting version of the medication aims to decrease the number of missed doses. which can lead to crises and hospitalizations. For individuals in crisis or stepping down from hospitalization with a history of serious illness and low treatment adherence, there will be an opportunity for loved ones, treatment teams, and other concerned parties to petition the court to order Assisted Outpatient Treatment

(AOT). This will mean they and their loved ones do not have to

wait to reach the brink of imminent harm before getting help.

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Reduce Use of Involuntary Services



Create crisis support teams to join caseworkers in supporting families. DHS will establish crisis teams to assist families facing BH crises, parent-child conflict, intimate partner violence (IPV), and other crises—responding in the moment and in the field. These speciaized teams will be on call to accompany

child welfare case workers to the locations where families are experiencing crises, and will stabilize the situation, identify next steps, connect family members to resources that will help that day, and then provide support through follow-up care. Other jurisdictions are implementing this model, and we will learn from what they have done successfully.



Open the doors to all family services for the most vulnerable families.

We will make family-serving programs available to these families whether we meet them through a child welfare referral, through our Early Learning Resource Center, a Family Center, or through Early Intervention. Just as child welfare can refer families to any of DHS's "Family Strengthening" services, high-need families who come through Family Strengthening will be able to access the "In-Home" services that have been available only to child welfare referrals. DHS will end 2025 with a detailed plan for implementing this change in 2026.





Reduce Use of Involuntary Services

9. Provide Tailored Acute Mental Health Services

Introduce a novel strategy designed to engage, stabilize, and treat individuals with serious mental illness who are experiencing unsheltered homelessness.

While our current community-based assertive services help those with high behavioral health needs remain in the community by providing treatment, medication management, and support (such as housing and employment assistance), some high-acuity individuals lack stable housing and may not be ready for these services. To address this challenge, we will implement a targeted, persistent engagement model focused on building therapeutic relationships and improving health outcomes.

Increase Economic Security

10. Increase Caregiver Support Across Human Services

Provide more DHS services through relatives/kin. DHS has relied on and paid relatives to care for older adults, their family members with intellectual disabilities or autism (ID/A), and their grandchildren. Since relatives are trusted, caring family members, they're welcomed into the home more readily than staff—and they can do the necessary work at least as well. DHS will expand its investment in these family caregivers to include the "home supports" program for families. Home supports (part of DHS' In-Home services) include driving children and families to appointments, providing respite care, and helping keep the house in order. By enlisting kin to do this work and compensating them for it, we will strengthen the network of family support while investing in the skills that exist within relatives and communities.



Ensure Quality

11. Make Contracting with DHS Faster and Better

Improve the speed and transparency of contracting with DHS. We will improve the logic of the contracting process, which spans provider onboarding through payment, and introduce technology that increases speed, accuracy and transparency. The 2025 improvements will include a new provider onboarding module and replacing MPER, the computer system we have been using to contract with and pay providers. These changes will reduce the administrative burden for providers and make it possible for community organizations to more easily contract with DHS — so that all providers may spend more time serving their community members.



12. Inject Innovation and Alignment in Pricing and Payments

Reduce the variation in payment for similar services and employ innovative pricing models. DHS will continue to evaluate pricing for all its contracted services so that it pays similar amounts for similar services. We also will adopt innovative pricing models to ensure that difficult-to-reach/serve clients are getting services. We also expect this project will allow DHS to identify and reinvest savings.