

## Appendix B County Human Services Plan Template

### **PART I: COUNTY PLANNING PROCESS** (Limit of 3 pages)

#### County Planning & Leadership Team and Stakeholder Engagement

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

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

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

AC DHS has participated in the Human Services Block Grant since the year it was initiated, and, in FY 24-25, will continue to leverage the Block Grant's flexibility to address the comprehensive needs of children, adults, and families through integrated services. Importantly, this includes critical investments in upstream services and supports that prevent crises and the overuse of restrictive settings and coercion, where at all possible. Through its Block Grant and other investments, AC DHS plans to:

**Improve access to care.** AC DHS aims to make it easier for people to know where to turn for help and then actually get the help they need. In 2023, Allegheny County made progress toward this goal by increasing our investment in PA 211 Southwest to ensure that 211 will be a comprehensive

source of accurate human services information in Allegheny County. With investments in additional staffing, 211 call wait times are down over 50%, even as 211 handles a greater number of calls, texts, and chats. Through the DHS and 211 partnership, the 211 resource directory has expanded, and 211 resource navigators have received additional training on key topics such as housing to improve the accuracy of referrals. 211 has also set up warm handoffs to critical services, including SNAP enrollment through the Greater Pittsburgh Community Food Bank, to ensure that callers can more quickly get to the help they need.

In FY 24-25, Allegheny County will assess what it would take to make evening and weekend hours possible at family support centers and for delivering typical outpatient behavioral health (BH) and other services to prevent situations from escalating into crises and be available for people who work during the day. AC DHS also aims to expand the ability for residents to self-initiate enrollment in services and schedule appointments (focusing, this year, on some behavioral health appointments for youth), as well as making it easier and faster to find services by centralizing resource information at United Way's PA 211 Southwest and having highly trained 211 resource navigators designated to answering calls from Allegheny County. AC DHS will reach more underserved seniors by implementing a new communication platform that shares real-time information about older adult services.

Finally, AC DHS is prioritizing additional initiatives intended to make behavioral health services more accessible, including through informal mental health supports and community-based opioid use prevention and remediation services as outlined on page 16.

**Prevent overuse of coercive services.** AC DHS (and government generally) has great responsibilities, including protecting children, youth and vulnerable adults from harm—and with that comes significant authority. Allegheny County seeks to use its authority as narrowly as possible and has been working to reduce the overuse of coercive services, such as incarceration, while still protecting individuals and the community.

In the past fiscal year, AC DHS and its partners prevented overuse of coercive services by expanding supports for people in crisis that include:

- An additional mobile crisis response team for Downtown Pittsburgh;
- Expanding the Law Enforcement Assisted Diversion (LEAD) program to 11 communities; and
- Launching a legal support, connection and intervention program to reduce recidivism for people with intellectual disabilities or autism who are at risk of arrest and jail.

In FY 24-25, AC DHS will implement additional community-led initiatives to reduce law enforcement encounters and jail entry through alternative 911 response teams for people experiencing a BH crisis; peer-operated overnight respite sites for people experiencing escalating mental health symptoms and emotional distress; evidence-based medications and peer support for every person who enters the Allegheny County Jail (ACJ) and has an opioid use disorder (OUD); and a redesigned reentry program that incorporates principles of Recovery-Oriented Cognitive Therapy (CT-R) into services. More information about AC DHS' priorities to reduce recidivism and divert people from incarceration can be found in the ROST section on page 31-36.

**Prevent harm.** AC DHS helped prevent harm and avert crises in FY 23-24 by adding respite care and informal mental health and crisis support services; and by expanding our mobile response. We also launched a community violence reduction initiative in communities with high rates of violence and reduced hospital readmissions by providing direct follow-up and services to adults being released from the hospital.

In FY 24-25 AC DHS is leading a Countywide effort to increase affordable housing options to help people move out of the emergency shelter system and into more permanent housing. The resulting flow will benefit individuals and families by allowing them to move more rapidly into housing while creating room in our shelters for people staying on the street. AC DHS will also support a variety of initiatives aimed at improving treatment and care for adults experiencing severe mental illness such as launching a new set of supports focused on increasing medication adherence rates for people with schizophrenia and bipolar disorder, finalizing and funding a plan for high-risk patients with dual-diagnoses to step down from involuntary hospitalization to clinical services, and continuing to right-size spending on room and board in the Mental Health Housing system while reinvesting savings. AC DHS, in partnership with the local courts system, is working to launch various pilot projects to reduce incidence of intimate partner violence (IPV) to both protect victims/survivors and deter people from continuing to use violence.

**Increase Economic Security.** In 2023, DHS was able to reduce the economic burden on low-income families by making it more affordable for low-income individuals to take the bus to work and appointments through a new discounted bus fare program. A study of the pilot program, including 14,000 participants, found it increased ridership and participants' access to employment, healthcare, education, training, and social services. In addition, AC DHS' program of cash assistance for young adults provided over 1,000 youth involved with child welfare or homeless services with a one-time payment of \$4,000 that they could use to pay rent and bills, purchase a vehicle, buy uniforms and clothes, and deposit money into a bank account. Participating youth did all of these, with some youth reporting that this cash assistance allowed them to pay rent a month in advance and gain greater financial security. AC DHS and its partners also prevented evictions through landlord-tenant mediations, legal representation and \$15 million in Emergency Rental Assistance Program funds.

In FY 24-25 AC DHS will make permanent the discounted fare program that offers half-off the cost of all Pittsburgh Regional Transit (PRT) rides for participants. The program will be available to over 100,000 working-age Supplemental Nutrition Assistance Program (SNAP) recipients and their children. In addition, DHS will increase the use of its existing programs for building economic security in low-income households, including Financial Empowerment Centers and support to families in maximizing their enrollment in entitlement programs.

**Ensure Quality.** Meeting the mission of AC DHS requires knowing if people are getting quality service and addressing issues if/when they are not. AC DHS added "ensuring quality" as a goal for 2024 and will aim to do so through improved community and client feedback methods such as increased utilization of [Allegheny Engage](#), Point of Service feedback, and advisory boards as well as through improving contracting and payment processes for its 300+ contracted providers. DHS will redesign its contracting and payment processes and incorporate updated technology—making the processes faster, removing duplication, and improving data quality. We will reduce the time to

execute initial contracts and amendments, reduce the time to pay providers, increase visibility of the status of any contract (for staff and providers), and improve the quality and usability of data.

More information about AC DHS' [FY 23-24 accomplishments](#) and [FY 24-25 priorities and goals](#) can be found on Allegheny Analytics.

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

Each year, AC DHS hosts two virtual public hearings in which the department Director presents information on the state of the local human services system, including information about the Human Services Block Grant, and discusses priorities and goals for the upcoming fiscal year in addition to fielding questions from attendees. Ahead of the public hearings, AC DHS, through its Office of Equity and Engagement (OEE) published a legal notice of the upcoming events and encouraged stakeholders to participate in either or both sessions. American Sign Language, Spanish, and Nepali interpretation were also made available to reduce barriers to participating in the event. The legal notice was submitted as an attachment to this plan.

The public hearings were held on Thursday, May 16 at 1 p.m. or Tuesday, May 28 at 9 a.m. with attendees invited to join via weblink or phone. Questions and comments were accepted orally, by email or through a Q&A chat box and were answered by the Director of AC DHS live. Nearly 500 individuals attended at least one of the hearings on Zoom, including community members, advocacy groups, service providers and AC DHS staff. In addition to the public hearings, the AC DHS Director hosted a special session with similar content with all DHS staff on May 14, 2024. Sign-in sheets from both public hearings were submitted as attachments to this plan.

More information, including recordings, about the 2024 State of Human Services can be found online at Allegheny Engage (<https://engage.alleghenycounty.us/en/projects/sohs-2024>). This platform is designed to serve as a central hub to share information about current projects, programs and initiatives and get invite the public to share their ideas with the County. Projects that are currently active are shown on the homepage and are accessible for anyone to browse. Each project may have a different mode of engagement, whether it's adding an idea, commenting on a proposal, voting on and prioritizing projects, or taking a survey.

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

#### **1. Employment:**

AC DHS is committed to promoting economic security for our clients and invests in programs and services that connect people to appropriate training and employment opportunities and support them in maintaining employment. AC DHS also partners with regional stakeholders, such as Partner4Work, to ensure clients have a clear pathway to training and employment resources and supports.

##### **Sustaining Summer Youth Employment Program**

Allegheny County, in partnership with the City of Pittsburgh and Partner4Work (P4W), continues to invest in and support Learn & Earn (L&E), a summer youth employment program, developed as a community effort to empower young adults in the region. Since inception in 2015, the program has served nearly 12,800 young people, ages 14-24, who have earned more than \$13 million in wages. For many participants, Learn & Earn is their first paid job experience and in such the program aims to provide a positive and safe work environment with tailored work-readiness training that focuses on soft-skills development, professional development, and financial education as well as exposure to potential careers, occupations, and critical occupational skills and the opportunity to build a professional and social network and mentorship.

In 2023, Learn & Earn established partnerships with eight application support centers, 22 providers and more than 255 worksites to employ 1,253 young adults in a combination of in-person and virtual work experiences. Youth engaged in a variety of work experiences including learning how to garden and using home grown ingredients to create recipes, learning the ins and outs of owning a business from young women entrepreneurs, aiding daycare staff in running summer camps, and learning how to successfully run social media campaigns. During the 2023 program year, participants earned a total of \$1,519,889.31 wages and worked 166,674.80 hours. L&E also introduced Summer Jobs Connect in 2023 which provided banking support and access for young adults in the program so that participants can learn to budget, develop an understanding of pay stubs, and taxes. Learn & Earn will publish its next annual report in September 2024, sharing program highlights and data for the outgoing Summer.

##### **Investing in Transitional Employment Services to Reduce Gun Violence**

In FY 2023-24 Allegheny County launched its Achieving Change Through Transitional Employment Services (ACTES) program with three community-based providers in the geographic regions of Stowe-Rox, Woodland Hills and South Pittsburgh. ACTES is based on the evidence-informed Rapid Employment and Development Initiative (READI) model of engaging participants in cognitive behavioral therapy (CBT), transitional jobs, and wrap-around support services. By targeting geographic regions and individuals at the highest risk, ACTES seeks to mitigate the risk factors of violence involvement, including socioeconomic factors, and reduce violence by creating alternative paths for those most susceptible to perpetrating or being victimized by gun violence.

Participants progress through four “levels” of the ACTES program, starting with outreach, followed by an introduction to the CBT and job-coaching elements, then engaging in transitional employment, and finally engaging in more robust career training that enables participants to receive job placement services upon completing the program. In each level, participants are

compensated at a flat rate for their participation in both the CBT and job-coaching components and hourly for their scheduled transitional work time. Paying young men to participate in the ACTES program incentivizes them to engage with CBT while also intervening with the socioeconomic influence of violence perpetration and victimization.

At full capacity, each of the three ACTES providers is expected to engage 20 participants in program Levels 2-4 at one time (60 total across all three sites) and 40 participants annually in Level 1 (with the understanding that not all Level 1 participants will adhere to the program).

#### Completing a New Workforce Training and Employment Initiative Pilot

In FY 2023-24, AC DHS launched a new workforce training and employment initiative with Fishers of Men Community Development Corporation. The pilot project seeks to connect unemployed or underemployed persons of color to infrastructure workforce training and employment in union laborer jobs that pay a living wage. To date, Fishers of Men CDC has completed training one cohort of 10 participants and has started training a second cohort of 10 participants.

## **2. Housing:**

AC DHS recognizes that homelessness is a complex problem often intertwined with unemployment, lack of affordable housing, substance use disorder (SUD), serious mental illness (SMI), 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 2023:

- 58% of people active in the homeless service system had also received a publicly funded mental health service in the past.
- 28% had received a publicly funded service for substance use disorder in the past
- 31% had had a previous booking with the Allegheny County Jail
- 30% had been active with County child welfare services

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

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

This service array is the result of ongoing strategic planning by AC DHS and the CoC's working board, the Homeless Advisory Board (HAB), to make homelessness in the County rare, brief, and non-recurring. A key component of administering a system that is responsive to the needs of

households experiencing homelessness is integrating services across systems. In FY23-24 this important cross-collaborative work included:

Enhancing integrated behavioral health supports

Recognizing a need to enhance our capacity to effectively use evidence-based practices to house and support the ongoing housing stability of households affected by mental illness and/or co-occurring SUD, AC DHS implemented:

- New PSH program that will provide housing and services for 70 additional households annually through Reinvestment Funds. The service provider selected to operate this program has long standing experience in meeting the behavioral health service and housing needs of individuals with SMI. The implementation of this new program within the homeless system continuum of care is a significant step toward more fully integrating mental and behavioral health expertise, while continuing to utilize our Coordinated Entry System to prioritize the most vulnerable households to evidenced-based PSH services.
- Expanded investment in street outreach teams with expertise in harm-reduction, trauma-informed care, and motivational interviewing. While Street Outreach has been a longstanding and vital component of Allegheny County's homelessness response system, in recent years there has been an increase in the number of individuals experiencing unsheltered homelessness and the acuity of their behavioral health needs. AC DHS's increased investment in Street Outreach expands the availability of street outreach and enhances the behavioral health expertise of our contracted Street Outreach providers. Over 250 individuals were served by the increased investment in FY23-24 over FY22-23.
- A modified Acute Service Coordination model, which utilizes Brief Critical Time Intervention to provide individuals experiencing homelessness with mental/behavioral health needs with intensive and individualized support to assist their needs and goals during their housing crisis, and to connect them to ongoing, formal mental health supports.

Expanded child welfare investments into homelessness and housing services

AC DHS significantly increased its child welfare investments in homeless resources to keep children, youth and families housed, and to provide effective and housing-focused shelter when housing crisis does occur. As we prepare for the end of pandemic-era funding dedicated to rental assistance (more than \$150M in "Emergency Rental Assistance Program" funds were spent in Allegheny County since 2021), AC DHS is working to continue providing rental assistance to prevent evictions as best as we can. In FY23-24, this included increased investment of our child welfare funding to provide rental assistance to over 300 unique households. When housing crisis cannot be prevented, AC DHS has been committed to ensuring children and their families have access to shelter. Emergency shelters play a critical role in a community's homelessness response system, providing a safe place to stay during crisis. Allegheny County has experienced a rise in homelessness over the past few years. Per the annual Point-In-Time, which measures the numbers of individuals experiencing homelessness on a single night of the year, Allegheny County had 1,164 individuals in 2024, up from 887 in 2020. AC DHS child welfare funding enabled our family shelters to serve over 300 families through shelter operations, including case management, staffing and basic client expenses such as food, toiletries and transportation.



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

### **MENTAL HEALTH SERVICES**

#### **a) Program Highlights:** *(Limit of 6 pages)*

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

During fiscal year (FY) 2023-24, AC DHS continued to work toward this vision and improve available behavioral health resources and supports through the following notable initiatives:

#### **Efforts to improve access to mental health services**

AC DHS, through OBH, continues to make system improvements that support clients in transitioning through levels of care as their needs allow making higher acuity levels of care available for the people who need them most. This approach recognizes that OBH clients experience accessibility challenges when 1. Clients are receiving services that are not appropriate for their level of need and/or 2. Contracted providers are unable to sustain a workforce that matches the number of clients being served.

In FY 23-24, OBH and CCBH focused on reviewing Community Treatment Teams (CTT) and Mobile Medication Teams to ensure that clients are receiving the appropriate dosage and type of services based on their needs. This review process intends to create a natural flow through the system in which clients are moved to less intensive forms of care as their needs allow to open capacity in more intensive levels of care and minimize waitlists.

To improve accessibility further, Allegheny County launched a fellowship program that provides incentives for more staff to work in behavioral health. This Behavioral Health Fellows program added nearly 100 new staff in service areas that had great difficulty in recruiting staff and has gained state and national recognition for increasing access to services for more than 1000 clients with mental health and substance use needs.

More information about the BH Fellows program can be found on page 28 of this plan and at <https://www.alleghenycounty.us/Government/Employment/Job-Opportunities-by-Department/Human-Services-Careers/Professional-Opportunities/BH-Fellows-Program>.

AC DHS also aims to make behavioral health supports more accessible by investing in behavioral health approaches that utilize credible messengers and/or are delivered by community-based organizations that have a deep understanding of the identities of the clients they serve. In addition to the crisis services outlined below, AC DHS has integrated certified peer specialists into crisis services into two key ways in FY23-24. First, Allegheny County fostered a collaboration between resolve Crisis services and Allegheny Family Network to include a Family Support Partner on mobile crisis teams to provide immediate crisis de-escalation services to children and their caregivers in the least restrictive environment possible, in this case meeting clients in the community. In addition, AC DHS has identified a provider to start-up and operate a respite program that is entirely peer operated. The peer respite program provides voluntary, short-term overnight crisis support in a home-like environment. More information about Allegheny County's plans to operationalize this program can be found on page 34-35.

AC DHS has also recognized that some people need additional entry points to behavioral health services due to a lower acuity of needs, stigma associated with utilizing "formal" mental health or substance use services and/or mistrusting these systems. In response, AC DHS has made available a number of community-led and operated mental health and substance use services that aim to increase the availability of preventative and proactive supports that individuals or families can use for mental health and wellbeing; smooth pathways to more formal services; broaden the ways in which people connect to care; and/or reduce both stigma and crises. In FY23-24 AC DHS selected 14 community-led and operated organizations in a competitive solicitation process to create or expand informal mental health supports serving communities – both geographic and demographic – that may mistrust or feel alienated by traditional mental health and crisis prevention and response services, especially Black, LGBTQIA+, immigrant and refugee communities, and community members with Limited English Proficiency (LEP). Allegheny County considers informal mental health supports to be a critical complement to its broader mental health continuum of care and has detailed the impact additional base funding would have to sustain these services on page 57-58.

Similar to the goals of Informal Mental Health Supports, AC DHS recognized a need for community-based services that utilize credible messengers and community-based providers to improve SUD treatment outcomes and enhance prevention and harm reduction services. To this end, AC DHS identified seven community-based providers through a competitive solicitation process to implement interventions that are led, designed and/or operated by highly impacted communities, including the Black community. While there is no singular definition for a community led, designed and/or operated approach, DHS prioritized funding for proposals that demonstrated 1) populations most affected by the epidemic are represented among key leadership, and 2) community representation is a key element of organizational planning and decision making. DHS also prioritized interventions that are predominantly led and/or staffed by Black individuals, reflecting experience, community feedback and research on how trusted messengers improve engagement and service delivery.

### **Improving the continuum of mental health supports for children and youth**

AC DHS's work to improve the continuum of mental health supports for youth includes efforts to ensure youth can access supports; and building the capacity of residential programs to meet the needs of high acuity youth.

#### New Approaches to and Models of Residential Services

**Crisis Intervention-Residential for Children & Adolescents:** AC DHS, with Pittsburgh Mercy as the service provider, is establishing a Crisis Intervention Residential program for Children and Adolescents (CIR-CA) to provide services to children who are experiencing mental health crisis. The CIR-CA program will be a 10 bed, 24-hour crisis intervention-residential program structured to provide trauma-informed, solution-focused, crisis intervention. The program will serve children ages 6-13 years old with an average length of stay 5-10 days and a maximum stay of 25 days or that determined by the treatment team. The CIR-CA will incorporate CASSP principles and other evidence-based therapeutic interventions to support children served and their families to achieve stabilization in a therapeutic environment and provide disposition planning that is individualized to meet the needs of each person served. AC DHS and Pittsburgh Mercy are preparing for the program site to open once proper licensure has been established through OMHSAS.

**Psychiatric Residential Services for Youth with Autism:** Through FY23-24 AC DHS through OBH and its Office of Developmental Services, and in partnership with CCBH, developed a plan to implement a new short term residential service for youth ages 6-21 with a primary diagnosis of autism spectrum disorder and/or an intellectual disability with concurrent serious behavioral concerns. This program is meant to support each client to become a productive, socially connected, and personally fulfilled member of their local community by utilizing evidence-based strategies to increase functional communication and ADL skills and reducing behavioral concerns. To date, AC DHS has selected Devereaux as the provider for this service and has identified a 10-bed facility that meets the safety and security standards to implement the program.

**RTF Flexible Pricing Pilot:** Youth referred to residential treatment facilities (RTF), at times, face challenges accessing services due to the complexity of their clinical presentation requiring intensive supports. To address this, AC DHS in partnership with CCBH, has implemented a pilot program to test the impact of using flexible reimbursement rates for youth with complex needs in Allegheny County. This pilot aims to make it easier for youth with high acuity mental health needs to access RTFs and for providers to accommodate complex cases while ensuring the sustainability and quality of services. Negotiated, enhanced rates are being implemented on the following timelines:

- Months 1-6: services provided at negotiated rate
- Months 6-9: services provided at a rate that is an average of the negotiated and base rates
- Months 9-12: service provided at traditional enhanced reimbursement rate
- Month 12 to discharge, service is provided at the base rate

**Short-term Psychiatric Residential Treatment Facility:** In FY23-24 AC DHS identified Southwood Hospital as the provider of a new Short-term Psychiatric Residential Treatment Facility (ST-PRTF) and gained approval on a reinvestment plan to start up the facility with a capacity to treat up to 18 youth at one time. This ST-PRTF will provide youth ages 12-17 a space for acute stabilization and diversion or step-down from inpatient mental health treatment before successfully

returning to the community. The average length of stay will range between 30-90 days, based on individual need. AC DHS is working with Southwood Hospital to make any needed renovations to the space and ensure proper licensure is granted so that services can begin by 2025. The ST-PRTF programming and services will be informed by Cognitive Behavioral Therapy (CBT) to reduce acute symptoms and avert youth from needing an inpatient mental health hospitalization or a long-term PRTF placement. The Penn Collaborative for CBT and Implementation Science and the Beck Community Initiative (BCI) program will support Southwood's implementation readiness and provide organizational supports based on the needs of the program to ensure cohesive, sustainable CBT implementation across the milieu.

#### Provider Incentive Plan to Improve Quality of Transition-Age Youth Services

In the past three fiscal years, AC DHS, in partnership with CCBH and through various focus groups and working groups, recognized a need to address the high-risk for mental health and substance use disorders among transition-age youth (TAY) ages 16 to 25 who face challenges in accessing the adult mental health system or are otherwise unlikely to seek help. In response, Allegheny County developed a Provider Incentive Plan, including a Learning Collaborative, that targets the following outcomes: 1) TAY retention in clinically appropriate services; 2) Providers' capacity to serve TAY as a special population; and 3) Preparation of clients for the transition from school-based outpatient to new adult services through collaborative, inclusive, and effective treatment planning process. In January 2024, AC DHS launched the TAY Learning Collaborative to support providers in making improvements related to these outcomes and intends to convene monthly, and overtime aims to educate 100% of provider therapists on best practices for working with TAY, youth and young adult developmental stages and local system resources. Providers involved with the Learning Collaborative will be incentivized for quality improvement.

#### Community and School-based Behavioral Health Teams

Allegheny County Community and School-based Behavioral Health (CSBBH) teams provide comprehensive supports to students with mental health needs by working within schools as well as with families in their homes and community settings. Each team is comprised of master's prepared licensed Mobile Therapists and a group of bachelor-level Behavioral Health Technicians who work together to serve a caseload of 16-20 students and their families. AC DHS accomplished its goal, as outlined in its FY23-24 County Human Services Plan, of expanding this service to support a total of 10 CSBBH Teams across multiple school districts in Allegheny County after successfully expanding to serve two new schools in FY22-23. In FY24-25, AC DHS is continuing to make school-based mental health resources a priority by introducing a new learning collaborative and payment structure to better support providers of CSBBH.

#### School-based Partial Hospitalization Program (PHP)

In an effort to support children in balancing their emotional wellbeing and the pressures of school, AC DHS launched a new school-based Partial Hospitalization Program (PHP) in West Mifflin. School-based PHP offers a unique step-down form of inpatient that integrates education and treatment within the school setting. Youth who require this level of care receive treatment and complete school in the same building, giving them the opportunity to remain integrated with their peers. In FY23-24 AC DHS identified Adelphi as the provider of this service with a capacity to serve 10-12 middle school-aged youth at one time. AC DHS will continue evaluating the successes

and challenges of this program in FY24-25 and consider expanding these services to school high school-aged youth as well.

#### Family Centered Services Coordination

Allegheny County has been a recipient of SAMHSA's Systems of Care (SoC) grant. With these funds, AC DHS developed a new service, Family Centered Service Coordination (FCSC), in select CYF regional offices. Prior to adding this service, the local mental health system did not have a family level of case management in which one professional can support the MH needs of an entire family unit/household with consideration to child welfare or other system involvement. In FY23-24, FCSC expanded to include two CYF Regional Offices and two service providers. Forty-one families were engaged with the program; thirty were subsequently enrolled. Family-Centered Service Coordinators excelled in their roles, making 3,481 total contacts with participating families, and completing 174 total referrals to external programs and resources. Most importantly, 13 families achieved at least one established service goal within their first six months in the program. Families have also reported that the FCSC program has made the child welfare system easier to navigate, has improved school attendance, and improved behaviors at home and at school.

AC DHS aims to sustain and expand this work through a new SoC grant and has proposed to add an additional provider of FCSC and expand the system to include five Family Centered Service Coordinators in schools. Youth and families experiencing or at risk for SED or SMI often experience disruptions to school attendance, family and social interactions, maintaining gainful employment, and participation in healthy activities. FCSCs utilize a strengths-based approach in assisting the family with the development of service plan goals and objectives, crisis and safety plans, and assisting individuals with developing the skills to operationalize those plans.

#### **Quickly connecting people with behavioral health needs to supportive services in times of crisis.**

##### Crisis & Diversion Services

Since the launch of 988 nationally, as the number people call when they need crisis services, AC DHS has worked to enhance the quality and operations of its core crisis services including a chat line and walk-in crisis services. In addition, AC DHS dedicated a crisis response team to downtown Pittsburgh due to a higher concentrated need in this area. AC DHS continues to attend case coordination meetings with police, resolve, and the downtown response team to address issues more proactively within this area and identify opportunities for quality improvement.

In FY23-24 AC DHS successfully expanded its Law Enforcement Assisted Diversion (LEAD) program to reach 16 municipalities outside the City of Pittsburgh enabling police officers to refer people who frequently encounter the criminal legal system to harm-reduction focused, long-term case management instead of charging them. AC DHS also created a new referral pathway for the program in FY23-24 and is continuing this work into the next fiscal year.

While AC DHS is working toward a system in which most people with behavioral health needs call 988 instead of 911, the goal is to have the right kind of responder available no matter where someone calls. In addition to LEAD, Allegheny County is prioritizing the implementation of its Alternative 911 Emergency Response pilot in FY24-25. The four participating police departments,

including Allegheny County Housing Authority police department and municipal departments from McKees Rocks, Monroeville and Penn Hills will be able to divert eligible 911 calls to a team of unarmed, trained behavioral health workers, who will support residents in the moment of their crisis and, if needed, in the months that follow.

More information about Allegheny County's priorities to reduce arrest, incarceration, and avoidable emergency department visits for people with behavioral health needs can be found in the ROST section on page 31-36.

#### Crisis Residential Intervention for Adults

Allegheny County's new Crisis Residential Intervention program for adults (CIRA), provided by Pittsburgh Mercy, aims to stabilize its clients' mental health and refer them to appropriate means of care. The CIRA program is a voluntary short-term crisis residential program for up to 12 adults, ages 18 years and over, who may be at risk for psychiatric hospitalization and/or an acute problem of disturbed thought, behavior, mood, or social relationship. In FY23-24 AC DHS worked with OMHSAS and successfully licensed the CIRA as a crisis residential program so that services are reimbursable by HealthChoices for clients who are Medicaid enrollees. This transition will support AC DHS in sustaining the CIRA into the future and potentially expanding the capacity of services offered onsite.

**b) Strengths and Needs by Populations:-***(Limit of 8 pages #1-11 below)*

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

Strengths in Allegheny County include:

- Behavioral Health Nursing Home Transition and Diversion Teams to improve coordination and access to behavioral health services for individuals living in nursing facilities, are at risk of being admitted to a nursing facility or are transitioning back to the community from a nursing facility.
- A robust network of highly regarded services to support residents as they age, such as Older Adult Protective Services and Caregiver Support, managed by AC DHS's Area Agency on Aging (AAA).
- A Behavioral Health Aging Resource Coordinator who works within AAA and connects individuals served in its Options Care Management and Older Adult Protective Services programs with appropriate behavioral health services.
- Participation in the Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) statewide initiative, a program that provides intensive, specialized interventions to identified older adults who have either signs of depression or a formal diagnosis.
- Geriatric mental health services offered to seniors in their homes or in a Long-term Structured Residence ensuring rapid access to high quality care.

Needs persisting in Allegheny County:

- With the second highest concentration of adults 65 and older in the U.S., our County needs more funding for Aging services in order to meet the growing need for service capacity. Services provided to older adults who are not dually eligible for Medicaid and Medicare are covered by base/block funds.
- Additional behavioral health services that focus on addressing SUD and suicide among older adults.
- Increased coordination is needed among the myriad partners within the Aging Services ecosystem to ensure continuity of care.

**2. Adults (ages 18 to 59)**

Strengths in Allegheny County include:

- A data-driven model to increase access to services for individuals with the highest need by improving waitlist management for residential services. By strategically prioritizing individuals on waitlists, OBH was able to reduce their waitlist from nearly 300 people on average to under 100.
- The Behavioral Health Fellows program which aims to increase workforce capacity through a paid training and leadership development experience that matches recent graduates with work opportunities in various service areas. This program benefits numerous populations in addition to adults, including TAY and people with co-occurring MH and SUD needs.

- The MBC Initiative – an evidence-based practice that helps to facilitate decision making in treatment and supports collaboration amongst clinical teams. MBC has produced positive outcomes in symptom improvement, response to treatment, shortened time to symptom improvement and improved member engagement.
- Contracting with providers to ensure an array of services is available to meet the needs of residents when in crisis, including telephone, mobile, walk-in and residential services.
- The Peer Support Advocacy Network (PSAN) telephone-based warmline is staffed by peers with lived experience who are trained to actively listen to their peers, empathize with their concerns and empower individuals to choose their path to wellness and recovery.
- The Allegheny County Coalition for Recovery (ACCR) serving as the County's Community Support Program (CSP), a longstanding organization of people with lived experience with behavioral health needs as well as their family members and friends, BH professionals, local government officials and CCBH. The ACCR takes a person-centered approach to helping adults with serious mental illnesses and co-occurring disorders live successfully in the community.
- An Integrated Community Wellness Center.
- Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability. Additional information regarding JRS can be found on page 25.
- A comprehensive five-day training program for newly hired Service Coordinators.

Needs persisting in Allegheny County:

- To review all mobile community-based services, ensuring that clients are receiving the appropriate dosage and type of services based on their need, reserving the most intensive levels of care for those with the greatest need.
- An expanded housing stock, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors.
- To ensure mental health housing and residential services are well matched to people's needs. Additional information about AC DHS' progress in transforming the mental health housing system can be found in the ROST section on pages 30-31.
- Resources and programs to assist individuals with hoarding and related disorders.

- 3. Transition age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

Strengths in Allegheny County include:

- The Transition-Age Youth Learning Collaborative and Provider Incentive Plan Additional information about these initiatives can be found on page 18.



- Independent living programs operated by AC DHS Offices of Community Supports (OCS) and Children, Youth and Families (CYF), such as the 412YouthZone, a safe and welcoming one-stop center designed for youth to gain stability, build positive relationships, learn life skills, meet basic needs, foster creative expressions and be guided on the right path towards a brighter future.
- Mobile Transition-age Youth Program (MTAY) – Two providers that engage youth with a specialized team of individuals that assist with independent living skills, mental health treatment, employment/education goals and housing.
- First Episode Psychosis (FEP) programs for youth and families offered by a team consisting of a psychiatrist, therapist, case manager, vocational specialist and a certified peer specialist working together to meet clients' needs with the goal of decreasing the duration of untreated psychosis for these individuals.
- Certified Peer Specialists that specialize in the support of transition-age youth
- Youth and Family Support Partners – young adult professionals who have personal experience with human services or justice systems supporting and advocating for youth with current system involvement.
- Participating on the advisory board of the 24-25 UPM STEAM SAMHSA grant focusing on peer supports for youth transitioning into adult services.
- Ongoing collaboration with system partners to increase coordinated efforts to provide a seamless transition to adult services.

Needs persisting in Allegheny County:

- Increased availability of diverse staff and peers so that TAY clients can be supported by individuals that understand their identity in all its components, including race, ethnicity, gender, and sexual orientation, in addition to having lived experience relevant to serving clients in this population.
- Improved coordination of evidence-based practices for older youth who have mental health concerns and have been screened out of the child welfare system. This population does not have access to mental health services through the child welfare system but indicate a need for support otherwise. In general services should be guided by what youth need and want.
- Age-appropriate housing and treatment including stable, permanent housing for TAY with integrated skill-building and housing tenancy supports.
- Supported job skills training and independent living skills training.
- Increased suicide prevention, intervention and treatment services for this age group, particularly for TAY who stop engaging in services.
- Technology-focused services and engagement strategies.

**4. Children (under age 18)-**

Strengths in Allegheny County include:

- Continued investment in a variety of school-based programming including staffing school-based liaisons in all 43 school districts. School Based Liaisons provide ongoing guidance to school districts to improve school-based services as resources allow.
- Integrated services for children with complex needs or multi-systems involvement:
  - RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) – an intensive residential program that uses a collaborative recovery model to integrate effective clinical treatment with principles of psychiatric rehabilitation and community support.
  - Joint Planning Team (JPT) – utilizes the high-fidelity wraparound model where services are highly collaborative and family-driven supporting the development of highly individualized plans that addresses children’s needs.
  - Juvenile Justice Related Services Program (JJRS) – service coordination and connections to the BH system for youth involved in the justice system, ensuring that services are client-driven and provided in the least restrictive settings.
  - Living in Family Environments (LIFE) Project – service coordination, primarily for children and adolescents who require intensive BH treatment.
  - Intensive Behavioral Health Services (IBHS) – in-home therapeutic and behavioral support services for 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.

Needs persisting in Allegheny County:

- Across human service settings workforce shortages have prevented AC DHS from offering a continuum of care as it envisions. Rebuilding and stabilizing the direct care workforce, particularly in community-based and residential programs is a high need and priority.
- Earlier identification of BH conditions in children (prevention).
- Improved and expanded D&A services for children and youth.
- Workforce development to provide services in infant and early childhood MH.
- Specialized psychiatric residential treatment facilities for cross system youth.

**5. Individuals transitioning from state hospitals**

Strengths in Allegheny County include:

- Specialized LTSR for individuals with a history of forensic involvement.
- Community support planning processes for individuals in state hospitals.
- Full continuum of care for individuals needing residential supports or other community supports upon discharge.
- Community Integration Teams ensuring continuity of care as individuals move from one level of care to another.

Needs persisting in Allegheny County:

- An increased number of people transitioning from state forensic units to state civil units in need of higher intensity treatment than is available at the LTSR level of care.

- 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.
- Increase in community-based alternatives to institutionalization for those with complex needs, including aggressive behaviors and sexual offenses as well as severe mental illness and other co-morbidities.
- Additional support and capacity for providers to serve individuals with histories of aggressive behavior or sexual offenses

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

### Strengths in Allegheny County include:

- An enhanced rate for outpatient MH and SUD providers demonstrating a benchmark level of COD services. This financial incentive recognizes the high fidelity that providers have achieved to the COD model of care, in assessing and treating individuals with co-occurring disorders.
- A strong array of justice related services, built through consistent collaboration among AC DHS, courts and jail.
- A broad peer support network including both Certified Peer Specialists and Certified Recovery Specialists
- An Integrated Dual Disorder Treatment Team (IDDT) and support from CCBH and Case Western Reserve University's Center for Evidence-Based Practices to expand the number of providers receiving integrated dual disorder treatment training and technical assistance.
- Crisis service directly related to SUD challenges, available by phone, mobile and/or a short-term residential stay if necessary.
- An Integrated Community Wellness Center.
- Assertive Community Treatment teams that include a D&A Specialist.

### Needs persisting in Allegheny County:

- Integrated, coordinated care for physical and BH needs
- Housing for individuals with co-occurring disorders, including supportive housing

## **7. Criminal justice-involved individuals-**

### Strengths in Allegheny County include:

- Involvement in the Allegheny County Jail Collaborative (ACJC), a 20+-year initiative of DHS, the Jail, Courts (probation and pre-trial services) and service providers that aims to reduce recidivism and improve the employment, health and housing outcomes of people with justice system involvement.
- Justice Related Services – 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 from pre-arraignment through sentencing with behavioral health evaluations and support in reaching treatment goals.

- Justice Related State Support services for people who have served their maximum sentence at a State Correctional Institution or who will be paroled and have an approved home plan
- Expanded services for individuals with substance use disorder in the jail, including significantly increased availability of Medication Assisted Treatment and peer support.
- Benefits Counselor available at the jail to assist individuals who are being released with enrollment in Medicaid, SSI or SSDI or through the Marketplace making hundreds of people eligible for Medicaid-funded treatment.
- Mental Health First Aid (MHFA) training for staff who work with justice-involved individuals to learn signs and symptoms of mental health and substance use concerns and how to offer help to someone in times of crisis.
- Alternative responder models that aim to connect people who encounter the justice system due to their behavioral health needs with supportive human services rather than arresting and/or charging them.
- Improved intake processes at the Allegheny County Jail including expanded medical and behavioral health screening and pre-arraignment diversion
- Workgroups focused on reducing detainers related to underlying behavioral health needs, discharge planning for complex and critical cases and establishing a mobile competency restoration team.

Needs persisting in Allegheny County:

- Housing, particularly for individuals with co-occurring disorders, MH, substance use disorders, and Intellectual Disabilities
- Integrated MH and substance use disorder services, both in the jail and in the community
- Greater availability of peer support
- Stronger connections to training opportunities in verbal de-escalation and Crisis Intervention for Corrections officers.
- Sustainable funding to increase the capacity of services in the ACJ to reach all individuals in need, including MAT administration

**8. Veterans-**

Strengths in Allegheny County include:

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

Needs persisting in Allegheny County:

- Increased providers of evidence-based treatment for PTSD and major depression

- Continued expansion of trauma-informed care
- Expansion of peer support services
- Services and supports for veterans with traumatic brain injury
- Housing

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

### Strengths in Allegheny County include:

- Development and implementation of Sexual Orientation, Gender Identity and Expression (SOGIE) related education, training and Standards of Practice that are available to AC DHS staff and the provider network.
- Case consultations provided by AC DHS Office of Equity and Engagement for staff, program providers and community members.
- LGBTQIA+ Champions Group – a Community of Practice that helps AC DHS to continue to address systemic barriers that impact its ability to competently serve LGBTQIA+ individuals with MH issues.
- DHS LGBTQ+ Advisory Board

### Needs persisting in Allegheny County:

- Case management services for LGBTQIA+ residents offered by a provider with specific knowledge of community-based treatment and services who deeply understand the needs of LGBTQIA+ identities
- Family counseling and support
- Self-harm and suicide prevention
- Culturally accessible and competent MH services
- Welcoming and affirming housing and placement options for LGBTQIA+ individuals

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

### Strengths in Allegheny County include:

- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers. These support groups help immigrants and refugees face obstacles to accessing existing services and navigate unique concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence.
- The AC DHS Immigrants and Internationals Advisory Council which engages members of the immigrant and international communities, and service providers that work with the immigrant and international communities to understand the human services needs of immigrant and international county residents.
- The Immigrant Services and Connections program (ISAC) which provides culturally and linguistically appropriate service coordination to immigrants and refugees and aims to 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 Our Health Access Initiative for Recovery (Our HAIR) – two Behavioral Health (BH) consultants/hair stylists developed an initiative aimed at better engagement of RELM members in BH services by creating partnerships between BH experts and local hair stylists and barbers to offer training on suicide and overdose prevention that can benefit clients in their shops and salons.
- Participation in the Minority Psychiatric Resident Recruitment and Retention Workgroup facilitated by the Pennsylvania Psychiatric Leadership Council to address the lack of psychiatrists from the BIPOC community.
- Commitment to diversity, equity and inclusion in all services, policies and processes, guided by the Office of Equity and Engagement, including racial equity training.

Needs:

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

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

Strengths: N/A

Needs: N/A

**c) Recovery-Oriented Systems Transformation (ROST): (Limit of 5 pages)**

Previous Year List:

**Fiscal Year 2023-24 ROST Priorities**

*Priority 1: Mental Health Housing*

AC DHS is continuing its work to improve the efficiency, effectiveness and quality of the local Mental Health (MH) Housing system. More information about the progress and next steps of this initiative can be found among the 'Coming Year' ROST priorities outlined below.

*Priority 2: Behavioral Health Fellows Program*

Due to the ongoing workforce shortage in combination with a high volume of service needs, OBH has prioritized efforts that aim to expand providers' capacity to serve clients at the appropriate level of care to prevent them from having to access more acute and restrictive levels of care. In FY 2022-23, AC DHS through OBH, in partnership with Community Care Behavioral Health and Jewish Healthcare Foundation, launched its Behavioral Health (BH) Fellows program, a paid training and leadership development experience that aims to match recent graduates with work opportunities in various service areas. In FY23-24, AC DHS onboarded 85 fellows working across 12 providers. Forty fellows worked in Family-based Mental Health Services, 28 in blended service coordination, six in crisis services, six in SUD case management services and six in IDDT.

*Priority 3: Children's Services*

In FY23-24 AC DHS identified three programs of particular importance to highlight as a ROST priority among the continuum of care available to children and youth:

**Resiliency Planning** – In FY23-24 AC DHS focused on creating resiliency plans for children with multi-system involvement in partnership with CCBH. A multi-disciplinary team guided resilience planning for all 26 cases that were identified. Each individualized plan includes background on the case, providers who have worked with the child in the past, and guidelines for supporting the child as they transition through various levels of care. Some clients chose not to continue with services after they aged out of children's services creating challenges in utilizing plans as intended. This challenge provided insight on best practices for managing complex cases moving forward and proactively planning for children to transition into adult services.

**Waitlist Prioritization** – In FY23-24 AC DHS developed a data-driven model to support prioritization of clients on the waitlist for family-based mental health (FBMH) services. The model used information from prior service utilization to predict future MH hospitalization and petitions for involuntary commitment. Causal analysis indicated that earlier treatment improves outcomes for both moderate- and high-need FBMH clients, so the process asked providers to prioritize scheduling higher-need families. Two providers piloted integrating the model into their referral and assessment processes and found it effective in assigning risk scores to clients on the waitlist for FBMH services, which validated existing triage practices. However, within pre-existing constraints like prescription expiry deadlines, intricate team-to-client matching criteria, and a requirement to give clients wait time estimates upon entering the list, providers were not able to consistently incorporate model recommendations into decision-making. The model does correctly identify higher-need clients, but the complexity of the service level, degree of practitioner attention

already dedicated to the effort, and a relatively high baseline risk for all waiters means FBMH offers less added value from risk-based modeling than other levels of service may. AC DHS has discontinued use of the model and is considering other strategies that reduce wait times in alignment with broader goals to improve access to services.

**Inpatient Step-down** – AC DHS realized a need for mental health services for children who are in crisis but do not meet a clinical need for inpatient services or are in need for step-down services between inpatient and community-based services. In response, AC DHS proposed to develop a new specialized inpatient step-down unit for children who need more comprehensive transitional supports. The procured provider of this service has since withdrawn its proposal due to multiple factors. As referenced on page 17-18, AC DHS is nearing the final stages of opening a new Short-term Psychiatric Residential Treatment Facility with an 18-bed capacity and will reevaluate the need for additional step-down and crisis services for youth once this program is operating at scale.

#### *Priority 4: Reentry Services*

AC DHS has a continued focus on ensuring that jail incarceration for people with BH needs is limited, brief and non-recurrent and has made a concerted effort to complement its in-jail services with community-based efforts to increase access to basic needs, improve behavioral health crisis prevention and response, and provide viable alternatives to arrest for people who frequently encounter the criminal legal system due to their behavioral health needs. More information about the progress and next steps of this initiative and priorities related to reentry, crisis and diversion services, can be found among the ‘*Coming Year*’ ROST priorities outlined below.

#### Coming Year List:

#### **Fiscal Year 2024-25 ROST Priorities**

##### **1. Mental Health Housing**

☒ Continuing from prior year ☐ New Priority

Allegheny County’s Mental Health (MH) Housing system provides eligible individuals with supervised housing and additional support to prepare them to live safely and stably in an independent community setting. AC DHS envisions a system for MH Housing that is well-matched to client needs and serves individuals with the highest risk, first. AC DHS took steps toward its vision state in FY 2022-23, by implementing a new data-driven tool<sup>1</sup> to improve prioritization of clients who receive MH Housing. Allegheny County has since submitted a plan to OMHSAS for review and approval that proposes working with the provider network to refine MH housing services, so they are more cost-effective by right-sizing spending on room and board, ensuring that Medicaid compensable services are being billed to Medicaid, and reinvesting savings to meet the needs of people with serious mental illness.

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<sup>1</sup> In 2020, AC DHS launched the Allegheny Housing Assessment (AHA) tool to improve its prioritization of clients who were eligible for and requesting homelessness and housing supports. The AHA assigns a risk score that is used as part of the housing prioritization process, and predicts the likelihood of three types of events, or indicators of harm, occurring in a person’s life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking and/or frequent use (four or more visits) of hospital emergency rooms. In 2022, AC DHS modified the AHA model to create a more equitable and transparent way to prioritize need and place individuals in the most appropriate MH Housing program.



AC DHS expects to review and refine the full MH housing continuum and started the process with Community Residential Rehabilitation (CRR) programs and 24/7 supportive housing programs in FY23-24. AC DHS is developing a standardized scope of work and budget for the CRR and 24/7 supportive housing programs to ensure that clients will receive room and board at a consistent and fair cost and have their mental health services met through public and private insurance. AC DHS acknowledges that there may be providers that do not want to continue contracting for these services going forward and will develop transition plans for clients to ensure continuity of care if this occurs. This work will continue to progress over the next year to 18-months as AC DHS moves from working with CRRs and 24/7 programs, to personal care homes and through the rest of the mental health housing system on the following timeline:

- 6-month transition period: Provider's contracted allocation/funds will remain unchanged for the transition period of July 1, 2024 – December 31, 2024. During this period, AC DHS will work with OMHSAS to close the impacted CRRs and will allocate contingency funds and overnight on-call assistance. In addition, AC DHS will establish enhanced monitoring metrics and provide monthly reports on client transitions
- With the new cost structure, DHS intends to increase capacity and serve more residents housing and behavioral health services. A solicitation for any needed expansion may be released in FY24-25 with a goal of fully implementing these programs by July 2025.
- AC DHS will further assess its other MH Housing levels of care with the same high-level goals as the current transition. By December 2024, AC DHS aims to have recommendations for further system transformation to begin implementing in 2025.

Resources: AC DHS currently spends approximately \$40M annually on its MH Housing System. Through this improvement effort, we expect to achieve significant cost savings. AC DHS used input from providers to model average costs of programs including, but not limited to rent (or rent equivalent if leased), utilities, cleaning and maintenance, staff expenses, food and meal services, security services, property-related insurances, administrative expenses (not to exceed 10% of total budget), furniture and household items. Room and board costs will be covered by Block Grant and does not include Medicaid and other insurance reimbursement for treatment and support services provided onsite.

## **2. Reentry and Diversion Services**

☒ Continuing from prior year ☒ New Priority

In recent years, Allegheny County has focused on developing strategies to divert people from arrest and incarceration as early and as often as possible while safely reducing the length of incarceration for those in the Allegheny County Jail (ACJ). Through these efforts, the incarcerated population has decreased from an average of 2,708 individuals in September 2019 to 1,790 individuals in February 2024. While reducing avoidable arrests and incarceration remains a chief priority, ensuring appropriate access to in-jail programs, activities and post release connections to care is also an essential element of reentry programming. To this end, AC DHS is investing in a number of in-jail and community-based services that aim to reduce recidivism and improve quality of life, educational attainment and employment outcomes.

### Development of an Enhanced Comprehensive Reentry System

In April 2024, AC DHS published an [RFP](#) to identify multiple qualified proposers to contribute to the vision of an expanded and comprehensive Reentry System for people in and leaving the ACJ. Services sought through this RFP include: 1) the development and facilitation of a Recovery-Oriented Cognitive Therapy (CT-R) Course in collaboration with Beck Institute; 2) the design and facilitation of Curriculum-Based Programming for mental and physical health, substance use treatment-related supports, job training and development, and relationship building and maintenance; and 3) Resource Coordination and organization/coordination of Activity-Based Programming.

Programming procured through this RFP is intended to expand the scale of services offered in the ACJ and re-establish a sustainable, coordinated and comprehensive Reentry System that meets the needs of more incarcerated individuals and invests in organizations with a demonstrated commitment to equity and improved justice system outcomes. By the start of FY24-25, AC DHS closed the RFP and received proposals from 21 providers. AC DHS is now working toward the following milestones to bring the envisioned System to fruition:

- July-September 2024: AC DHS formed two evaluation committees to read and score each of the proposals received.
- August 2024: Beck Institute will train multiple groups of ACJ staff in the principles and practice of CT-R. This training will support staff, such as service coordinators, in incorporating strengths-based approaches into their daily interactions with incarcerated individuals. By having a consistent framework, language and values embedded into the Reentry System, staff will empower participants to engage with programming and help them envision and take action to develop a meaningful life in the community beyond their justice involvement.
- September-December 2024: AC DHS will formalize two-year contracts with successful proposers identified through the RFP evaluation process.
- January-March 2025: Successful proposers will participate in training with Beck Institute to intentionally incorporate principles of CT-R in their proposed programming. Providers will also work closely with ACJ staff to get needed clearances to work in the facility and establish a regular cadence for programming.
- Ongoing: Successful proposers and ACJ staff will engage in ongoing consultation with Beck Institute to refine their use of CT-R and discuss and complex cases for which more support may be needed

Resources: \$2.1M in combined funding from block grant and HealthChoices Administration for selected provider(s) programmatic expenses as well as training and technical assistance provided by Beck Institute.

#### Establishing a Mobile Competency Restoration Support Team

Individuals found incompetent to stand trial due to significant symptoms or behaviors that interfere with their ability to participate in legal proceedings must receive specialized services designed to restore competency so their case can proceed. ‘Competency Restoration’ is a court-ordered process in which an individual receives mental health assessments, treatment, interventions and education about court processes, with a goal of increasing their understanding and effective participation in court proceedings.

To address this, AC DHS and its partners in the ACJ and local Courts system are preparing to implement a Mobile Competency Restoration and Support Team (MCRST). The proposed team structure is adapted from the Assertive Community Treatment (ACT) Team Model in which a multidisciplinary team provides individualized services, wherever the participant is residing. The MCRST will also provide 24/7 on-call crisis support and continuity of care for participating individuals throughout the course of their court proceedings and until longer-term community services are in place. AC DHS identified Centurion of Pennsylvania as the provider for this service through an RFP published in May 2023 and is now working toward the following milestones:

- August 2024: AC DHS is formalizing the contract with Centurion of PA to be the provider of MCRST
- August-September 2024: AC DHS is working with the ACJ and Centurion of PA to develop necessary policies for this service to be provided in the ACJ as needed.
- August-September 2024: Centurion of PA is finalizing the job descriptions for each position and is actively recruiting for staff to form the MCRST. Upon hiring, Centurion of PA staff will establish clearance to provide services in the ACJ and complete security training
- November-December 2024: MCRST will launch in various settings throughout Allegheny County
- January 2025: AC DHS will work with Centurion of PA to resolve any issues preventing the program from being full operational and functional at the intended scale

Resources: \$1.9M in CHIPP Forensic Funding for MCRST services that are not considered treatment and therefore not reimbursable by HealthChoices.

#### Formalizing Processes for Pre-Arrest Diversion

Increasing evidence suggests that any amount of detention leads to worse outcomes in court cases and wellbeing for those individuals when compared to similar cases that were released pretrial. In response, Allegheny County is working to make substantial improvements to how individuals are assessed and cared for during intake to the ACJ. Through the pre-arrest diversion program, partners will be able to develop and provide a compelling release plan to the arrest judge, so that more defendants can be released from custody at their first appearance, rather than being detained until their preliminary hearing, which typically does not occur until 14 days later.

Allegheny County is working to establish capacity and processes for pre-arrest care coordination inside the ACJ's intake department by hiring five full time diversion coordinators whose focus will be pre-arrest screening and diversion planning, including the necessary cross-system collaboration and information gathering. Diversion at this stage aims to decrease the rate of pre-trial detention and avoid the exacerbation of behavioral health concerns that led them to criminal justice involvement in the first place. Guided by various stakeholder groups, AC DHS is are working toward the following milestones:

- June-September 2024: AC DHS is working with partners to map the intake process and identify opportunities to screen for pre-arrest diversion as well as establish pathways to community-based behavioral health services that can support diverted clients in avoiding re-arrest or incarceration.
- July-September 2024: The ACJ will make improvements to the intake department ensuring that screening and assessments can be completed privately and efficiently.

- August-September 2024: AC DHS will establish a pre-arraignment diversion assessment tool to utilize at intake, identify data points to be tracked throughout implementation and compile baseline data where available.
- July-October: AC DHS and the ACJ will develop job descriptions for the diversion coordinator position and onboard five new diversion coordinators.
- October 2024: AC DHS and the ACJ will launch the pre-arraignment diversion program as described
- Ongoing: AC DHS, will review collected data, monitor outcomes and establish protocols for sharing information with system partners.

Resources: \$750,000 in competitively awarded grant funds from the Department of Justice, Bureau of Justice Initiatives through the 'Improving Adult and Youth Crisis Stabilization and Community Reentry Programs' opportunity.

### 3. Crisis Services

☐ Continuing from prior year ☒ New Priority

AC DHS continues to prioritize efforts that support residents, their families and first responders during crises by building a robust crisis response system that reduces the overuse of the criminal justice system or emergency services for people with human service needs. "Crisis" is a term commonly applied to any situation in which an individual experiences an event or situation as an intolerable difficulty, beyond their capacity to handle or endure. Even with the best access and prevention services, people still need help through emergencies like homelessness or behavioral health crises. Crisis intervention aims to reduce the intensity of an individual's reaction in a crisis, return them to a more functional state, and help them develop new coping skills to forestall another crisis in the future. AC DHS is working with its partners to build a system that provides quick help from human services and the community instead of expecting law enforcement or other first responders to do the work alone.

#### Peer-Run Respite

In FY23-24, AC DHS developed a model for the first peer-run respite program in the region offering an alternative approach, focused on peer-to-peer supports, that helps people avoid hospitalization and gives them an opportunity to lead their own recovery. Peer-run respite addresses instances when someone is presenting with circumstances that require an immediate outside response, such as an acute behavioral health episode or any instance in which an individual demonstrates urgent human service needs. Peer-Run Respite is a voluntary, short-term overnight program that provides community-based, non-clinical crisis support in a home-like environment staffed and operated by people with lived experience with crisis situations or hospitalization due to behavioral health needs. AC DHS has contracted with Unity Recovery to be the provider of peer respite and is working toward the following milestones in order to launch the program:

- Unity Recovery is working toward achieving Crisis Residential Services licensure to provide this service as well as becoming a HealthChoices enrolled provider
- AC DHS will work with OMHSAS and CCBH to determine the best path forward for achieving sustainability through Medicaid billing for this service
- Unity Recovery is working to identify and purchase two home-like spaces to operate as peer-run respite locations. Upon purchase, AC DHS will work with Unity Recovery to identify any needed capital improvements to the space

- Unity Recovery will work to hire qualified staff to operate the program. Unity Recovery developed a 24/7 staffing plan that includes two peers who can respond to emergencies or other incidents onsite, two peers available to provide one-on-one and group support, and at one program supervisor who also has lived experience and oversees program operations.
- Upon hiring, all staff will become Certified Peer Specialists or Certified Recovery Specialists per State licensing requirements, if they do not already have this designation

Resources: AC DHS expects peer respite to cost between \$1.25 million and \$1.6 million per year. AC DHS has been approved to use Reinvestment funds for start-up and capital costs in addition to supporting Unity Recovery to bill HealthChoices for eligible services. AC DHS has secured OMHSAS grant funding to cover costs and services for expenses that cannot be compensable to HealthChoices, particularly for people who are un- or under-insured.

#### Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion (LEAD) creates a pathway for law enforcement to divert individuals who are struggling with substance use or mental health needs and are accused of low-level crimes away from arrest and toward case management. LEAD Case managers offer long-term support to individuals in any and every aspect of their lives including, but not limited to, finding housing, applying for employment, getting education, acquiring government documents, enrolling in treatment, finding a doctor, finding clothing resources or mediating conflicts.

Allegheny County launched its LEAD program in September 2022 with a cohort of three municipalities and is now operating in 16 municipalities. In FY23-24 AC DHS also created an additional pathway for law enforcement and community members to refer similar individuals to long-term case management before a possible arrest. To date, 166 individuals have been referred to LEAD. AC DHS is now working to expand LEAD to reach another 19 communities by the end of 2027 through the following steps:

- In 2024, LEAD will be expanded to serve Braddock, a small municipality in Allegheny County with one of the highest poverty rates. The LEAD Project Manager will guide the expansion; no additional case management staff are needed in 2024.
- In 2025, AC DHS plans to target McKeesport, Duquesne, McKees Rocks, Wilkinsburg, Monroeville, and West Mifflin to implement LEAD. Five of these municipalities (all but Wilkinsburg) have over a hundred potentially divertible arrests a year, with McKeesport and West Mifflin having 400+ potentially divertible arrests a year. Four additional community-based organizations will be onboarded to submit referrals to LEAD. The LEAD Project Manager will guide this expansion and support existing communities along with the LEAD Community Liaison. One case manager will be hired in April 2025, and another will be hired in October 2025.
- In 2026, Allegheny County LEAD will expand into West Homestead, Stowe, North Versailles, Ross, Bethel Park, and Robinson. Four more community-based organizations will be onboarded to submit referrals to LEAD. An additional case manager will be hired in April 2025, and another will be hired in October 2026.
- In 2027, Allegheny County LEAD will expand into Mt. Oliver, Munhall, Turtle Creek, Wilmerding, Penn Hills, and Pitcairn. One additional case manager will be hired to support this expansion in April 2027.

- Ongoing: LEAD Project Managers provide comprehensive training events for new case managers, as needed, to review the history of LEAD, the philosophy of Harm Reduction, the scope of Allegheny County LEAD, and role of AC DHS and other partners.
- Ongoing: AC DHS hosts regular Operational Work Group (OWG) meetings to ensure that law enforcement is aware of challenges and successes of the program at large, that they have a forum to air and respond to concerns, and that they hear of and share about the challenges faced by and successes achieved by referrals and participants.
- Ongoing: The LEAD Project Manager meets with new Police Chiefs several times before the onboarding of a new Police Department to ensure thorough understanding of the LEAD program. Police Departments participate in multiple training sessions upon joining LEAD.

Resources: AC DHS expects LEAD to cost \$1.4-\$1.6 million per year over the next three years for case management and project management. AC DHS is utilizing ARP and Medical Excess funds to sustain LEAD through June 2025 and is exploring options for sustaining this program further.

#### Alternative 911 Response

While AC DHS is working toward a system in which most people with behavioral health needs call 988 instead of 911, the goal is to have the right kind of responder available no matter where someone calls. Allegheny County is preparing to launch an Alternative 911 Emergency Response pilot with at least four police departments, including Allegheny County Housing Authority police department and municipal departments from McKees Rocks, Monroeville and Penn Hills. Police officers in these departments will be able to divert eligible 911 calls to a team of unarmed, trained behavioral health workers, who will support residents in the moment of their crisis and, if needed, in the months that follow. In this Alternative Response Program pilot, trauma-informed, client-directed and compassionate Alternative Response Teams will respond to non-violent 9-1-1 calls related to quality of life, wellbeing, or a mental health or substance use crisis, either instead of law enforcement, with law enforcement or after law enforcement.

AC DHS and its partners in this project aim to launch the alternative response program in September 2024 and is working to accomplish the following milestones to ensure a timely and effective implementation:

- To date, 16 behavioral health (BH) first responders have been hired among 51 applicants. AC DHS is working to hire an additional 12 full-time and 10 part-time BH first responders.
- To date, two clinical supervisors have been hired among five applicants.
- July-August 2024: Command staff and Officer training for all participating program sites.
- August 2024: Wrapping three vehicles to be easily identified as BH first responders and related to the Alternative Response program
- August 2024: Certificate of Occupancy and all licensing requirements to be submitted and approved

Resources: AC DHS estimates that, after expanding to additional municipalities, the alternative response program will cost \$3.4M annually and intends to utilize HealthChoices Medical Excess and ARP funding to implement the program. Allegheny County has identified the need for additional base funding to sustain this, and other crisis services, as it is unlikely that these services could be compensable by HealthChoices.

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

**1. Describe telehealth services in your county:**

As an urban county with a breadth of behavioral health services and investment in ensuring access to and the quality of those services, Allegheny County has been thoughtful about its approach to implementing telehealth. Before the COVID public health emergency (PHE) occurred, AC DHS through its Office of Behavioral Health (OBH), and CCBH increased access to telepsychiatry to address an emerging shortage of psychiatrists. With the onset of the PHE, previously strict federal and state regulations regarding telehealth were relaxed, and public mental health and substance abuse treatment and support service providers were able to maintain and expand clients' access to services via telehealth.

Prior to the PHE, public behavioral health reimbursement for telehealth was limited to telepsychiatry, allowing the psychiatrist to work remotely while requiring the client to travel to a facility to join a two-way video conference from a provider agency location. With the PHE telehealth expansion, Pennsylvania-licensed in-state and out-of-state practitioners and agencies have been able to be reimbursed to deliver audio/video and limited audio-only behavioral health services if either or both the client and staff are remote. This allows more providers to deliver and more clients to access behavioral health services than before, by:

- Minimizing or eliminating well-known barriers to clients' and families' engagement in services, including travel/transportation, childcare, and concerns about health safety during the pandemic, subsequently improving frequency and length of engagement and decreasing no-show/cancellation rates.
- Improving access to essential medications for mental health and substance use conditions, including but not limited to buprenorphine and methadone, via telehealth evaluations, medication management sessions, and prescribing coupled with expanded medication take-home and curb-side protocols.
- Supporting provider staff retention given the flexibilities associated with remote work.

AC DHS, in partnership with CCBH and providers, has engaged in the following strategies to support access to services via telehealth and hybrid methods:

- Provider network expansion of a wide variety of behavioral health services among individual practitioners and agencies located in- and out-of-county.
- Provider technology and workforce development payments in 2022 and 2024 totaling more than \$10 million to 41 Medicaid behavioral health providers in Allegheny County. The purpose of the investment is to support technology that enhances members' access to and experience with services by strengthening telehealth and hybrid service models.
- Client and family satisfaction interviews with the Consumer Action Response Team (CART) across behavioral health services to inform provider and system-wide access and quality improvement regarding telehealth and services in general.
- Promotion of telehealth educational materials, notices, and guidance, including in partnership with the Allegheny County Coalition for Recovery (ACCR).

Telehealth expansion among the Medicaid population was particularly notable. When comparing a 3-year pre-PHE period (2017-2019) to a 3-year PHE period (2020-2022), use of telehealth for behavioral health services among the Medicaid population, per claims data, increased dramatically from less than 0.1% of all Allegheny County Medicaid behavioral health services delivered prior

to the PHE to 18.1% during the PHE. Among Medicaid clients who used at least one behavioral health service during the PHE, most used at least some telehealth services, with 45.3% using a combination of in-person and telehealth services, 17.7% using only telehealth services during the period, and 37.0% using only in-person services. Inpatient and residential mental health and substance use services were delivered almost exclusively in-person, with occasional psychiatry, counseling/therapy, and support services delivered via telehealth when staff or clients had an impending physical illness or immunological sensitivity. However, most community-based services delivered some telehealth with their clients at some point during the PHE. The greatest delivery of telehealth, per units of paid Medicaid services, occurred in 2020 and among the following services: Centers of Excellence (COE), Outpatient & Intensive Outpatient Substance Use (Individual and Group Therapy), Outpatient & Intensive Outpatient Mental Health (including independent therapists, psychologists, and psychiatrists as well as clinics, especially Evaluations and Individual Therapy), Behavioral Health Rehabilitation Services (BHRS)/Intensive Behavioral Health Services (IBHS), Buprenorphine (Suboxone) Services, Family-Based Mental Health Services (FBMHS), and Targeted Case Management/Service Coordination. However, beginning in 2021, many community-based services have returned to delivering primarily in-person services.

There were no significant differences in client and family member satisfaction with the hours of operation, appointment frequency, respect shown by staff, quality of life, or overall satisfaction with Medicaid behavioral health services comparing the 3-year PHE period and 3-year period prior, per consumer and family satisfaction (C/FST) interviews conducted by CART. With regards to telehealth specifically, clients and family members' responses aligned with similar reports from other state-wide satisfaction surveys<sup>2</sup> (e.g., Community Care, 2020, OMHSAS, 2021). Of the clients and family members that used Allegheny County Medicaid behavioral telehealth services during the PHE, most reported that it was easier (78.7%) or about the same (12.8%) as in-person behavioral health services, and they were generally satisfied with the services. They largely liked its convenience, flexibility, and ability to keep them safe and well during the PHE. Those who were dissatisfied or had mixed feelings with telehealth preferred to receive their services in-person, found that telehealth was not as effective for their behavioral health conditions or personal circumstances, or noted frustrations with the technology, connectivity/reliable internet or cell service, or their comfort or digital literacy with using telehealth to receive services.

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

☒ Yes   ☐ No

Upon publishing Solicitations for new services, AC DHS requests that staff be trained and have experience in delivering trauma informed services. Specifically for services related to children, AC DHS strongly recommends that providers be trained on using the Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network and that families also

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<sup>2</sup> Community Care Behavioral Health Organization (2020). *Telehealth: Early lessons learned during COVID-19*. Commonwealth of Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS; 2021). *Telehealth Service Delivery for the Pennsylvania Behavioral Health System: Stakeholder Survey Input during COVID-19*. Retrieved from <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/OMHSAS-Behavioral-Health-Telehealth.aspx>



receive trauma education and support to develop skills to identify secondary traumatic stress they may experience and effective coping strategies.

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

☒ Yes   ☐ No

AC DHS utilizes two CLC-related trainings. First, the County has contracted with MMG EARTH to offer a training called Advancing Racial Equity, which covers topics such as: identifying the role of government in systemic racial inequities, understanding the differences between racism and anti-racism, and implicit and explicit biases. Second, Allegheny County has contracted with Hugh Lane Wellness Foundation to offer a training called Introduction to Sexual Orientation, Gender Identity, and Gender Expression, which covers topics such as terminology and spectrums, health disparities, talking to youth, and case work best practices. Both training courses are offered multiple times per month, virtually and in person. In addition to these instructor-led trainings, the County also offers other CLC-related learning opportunities including a quarterly Speaker Series that aims to help normalize conversations about race by introducing racial equity concepts to staff and providers.

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

☒ Yes   ☐ No

At AC DHS, each office has their own Core Team, which is a group of eight to ten staff who are responsible for driving their office's racial equity work. Core Teams are actively working to educate staff about inequities, identify racial disparities, and work towards possible interventions.

In addition, in FY 23-24 DHS also implemented several education and awareness campaigns to reduce health inequities, including *Connect, Protect, Recover*, a campaign which aims to engage and inform communities and populations in Allegheny County that have been disproportionately impacted by the opioid epidemic. It addresses a range of disparities related to this "third wave" of the epidemic. For example, data show that the County's Black residents had a rate of overdose deaths twice as high as the rate among whites in 2022. In addition, Black residents are significantly under-represented in treatment services for opioid use disorders, including MOUD prescriptions. To start changing these numbers, the campaign will be working to engage historically marginalized and underserved families within lower-income BIPOC populations, with a focus on African Americans. The campaign seeks to involve all targeted families and individuals disproportionately impacted by an SUD, regardless of race/ethnicity or socioeconomic status, rather than relying on a one-size-fits-all approach.

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

☒ Yes   ☐ No

AC DHS through its Office of Behavioral Health (OBH) funds the Suicide Awareness for Everyone (SAFE) task force of Allegheny County through the National Alliance for Mental Illness (NAMI). The task force has various subcommittees of members with knowledge of specific populations impacted by suicide, including committees focused on Youth, Veterans and Older Adults, with committee members bringing a variety of perspectives such as Faith-based

approaches to grieving and loss, people with lived experience and survivors of suicide loss. The SAFE task force hosts an annual conference, participates in outreach efforts by tabling at community events, and conducts informational events in communities with high rates of suicide. In addition, SAFE has a website containing information about various suicide awareness and prevention trainings that are available, other conferences being offered locally and nationwide, and a data dashboard. In the upcoming year, the SAFE Task Force will work to identify bridges throughout Allegheny County that are most often the locations of suicide attempts and completed suicides and, in partnership with PennDOT, will begin placing signs with crisis services information and other supportive resources on those bridges.

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

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

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

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

| Previous Year: FY 23-24 County Supported Employment Data for <b>ONLY</b> Individuals with Serious Mental Illness                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|
| <ul style="list-style-type: none"> <li>• Please complete all rows and columns below</li> <li>• If data is available, but no individuals were served in a category, list as <b>zero (0)</b></li> <li>• Only if no data available for a category, list as <b>N/A</b></li> </ul> <p><i>Include additional information for each population served in the <b>Notes</b> section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p> |                           |       |
| Data Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County MH Office Response | Notes |
| i. Total Number Served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 284                       |       |
| ii. # served ages 14 up to 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14                        |       |
| iii. # served ages 21 up to 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 270                       |       |
| iv. # of male individuals served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 145                       |       |
| v. # of female individuals served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 139                       |       |
| vi. # of non-binary individuals served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                         |       |
| vii. # of Non-Hispanic White served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 139                       |       |
| viii. # of Hispanic and Latino served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                         |       |
| ix. # of Black or African American served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 137                       |       |
| x. # of Asian served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                         |       |
| xi. # of Native Americans and Alaska Natives served                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                         |       |

|                                                                                                                    |     |  |
|--------------------------------------------------------------------------------------------------------------------|-----|--|
| xii. # of Native Hawaiians and Pacific Islanders served                                                            | 0   |  |
| xiii. # of multiracial (two or more races) individuals served                                                      | 5   |  |
| xiv. # of individuals served who have more than one disability                                                     | 0   |  |
| xv. # of individuals served working part-time (30 hrs. or less per wk.)                                            | 63  |  |
| xvi. # of individuals served working full-time (over 30 hrs. per wk.)                                              | 60  |  |
| xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)                                         | N/A |  |
| xviii. # of individuals served with highest hourly wage                                                            | N/A |  |
| xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave) | N/A |  |

## 7. Supportive Housing:

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

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

- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Permanent Supportive Housing Evidence-Based Practices](#) toolkit:

☒ Yes ☐ No

- c. **Supportive Housing Activity to include:**

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

- i. Please identify the following for all housing projects operationalized in SFY 23-24 and 24-25 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 23-24), as well as projected amounts for SFY 24-25. If this data isn't available because it's a new program implemented in SFY 24-25, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 24-25 will be collected in next year's planning documents.

| <b>1. Capital Projects for Behavioral Health</b>                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  |                                                                      | Check box <input type="checkbox"/> 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> |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
| 1. Project Name                                                                                                                                                                                                                                                                                                                                                     | 2. Year of Implementation | 3. Funding Sources by Type<br>(Including grants, federal, state & local sources) | 4. Total Amount for SFY 23-24<br>(only County MH/ID dedicated funds) | 5. Projected Amount for SFY 24-25 (only County MH/ID dedicated funds)                   | 6. Actual or Estimated Number Served in SFY 23-24 | 7. Projected Number to be Served in SFY 24-25 | 8. Number of Targeted BH United | 9. Term of Targeted BH Units (e.g., 30 years) |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
| Totals                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |
| Notes:                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                  |                                                                      |                                                                                         |                                                   |                                               |                                 |                                               |

| <b>2. Bridge Rental Subsidy Program for Behavioral Health</b>                                                                                 |                           |                                                                             |                                  |                                      | Check box <input checked="" type="checkbox"/> 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> |                           |                                                                             |                                  |                                      |                                                                                                    |                                               |                                      |                                                |                                                                        |
| 1. Project Name                                                                                                                               | 2. Year of Implementation | 3. Funding Sources by Type (include grants, federal, state & local sources) | 4. Total \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25 | 6. Actual or Estimated Number Served in SFY 23-24                                                  | 7. Projected Number to be Served in SFY 24-25 | 8. Number of Bridge Subsidies in SFY | 9. Average Monthly Subsidy Amount in SFY 23-24 | 10. Number of Individuals Transitioned to another Subsidy in SFY 23-24 |
| TSI - PSH Adult                                                                                                                               | 2006                      | Heath Choices Reinvestment                                                  | \$260,004                        | \$350,000                            | 37                                                                                                 | 87                                            | 87                                   | \$826.65                                       | <b>4</b>                                                               |
| TSI - PSH TAY                                                                                                                                 | 2015                      | Heath Choices Reinvestment                                                  | \$32,767                         | \$50,000                             | 8                                                                                                  | 12                                            | 12                                   | \$701.88                                       | <b>3</b>                                                               |
|                                                                                                                                               |                           |                                                                             |                                  |                                      |                                                                                                    |                                               |                                      |                                                |                                                                        |
| Totals                                                                                                                                        |                           |                                                                             | \$292,771                        | \$400,000                            | 45                                                                                                 | 99                                            | 99                                   | \$1,528.53                                     | 7                                                                      |
| Notes:                                                                                                                                        |                           |                                                                             |                                  |                                      |                                                                                                    |                                               |                                      |                                                |                                                                        |

| <b>3. Master Leasing (ML) Program for Behavioral Health</b>                                            |                           |                                                                               |                                         | Check box <input checked="" type="checkbox"/> 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> |                           |                                                                               |                                         |                                                                                                    |                                                   |                                               |                                                 |                                                              |                                         |
| 1. Project Name                                                                                        | 2. Year of Implementation | 3. Funding Source by Type<br>(include grants, federal, state & local sources) | 4. <i>Total</i> \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25                                                               | 6. Actual or Estimated Number Served in SFY 23-24 | 7. Projected Number to be Served in SFY 24-25 | 8. Number of Owners/ Projects Currently Leasing | 9. Number of Units Assisted with Master Leasing in SFY 23-24 | 10. Average Subsidy Amount in SFY 23-24 |
| TSI - PSH                                                                                              | 2006                      | Heath Choices Reinvestment                                                    | \$321,068                               | \$450,000                                                                                          | 43                                                | 55                                            | 32                                              | 44                                                           | \$1,129.16                              |
|                                                                                                        |                           |                                                                               |                                         |                                                                                                    |                                                   |                                               |                                                 |                                                              |                                         |
|                                                                                                        |                           |                                                                               |                                         |                                                                                                    |                                                   |                                               |                                                 |                                                              |                                         |
| Totals                                                                                                 |                           |                                                                               | \$321,068                               | \$450,000                                                                                          | 43                                                | 55                                            | 32                                              | 44                                                           | \$1,129.16                              |
| Notes:                                                                                                 |                           |                                                                               |                                         |                                                                                                    |                                                   |                                               |                                                 |                                                              |                                         |

|                                                                                           |                           |                                                                               |                                         |                                                                                                    |                                                   |  |                                               |                                      |
|-------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------|--|-----------------------------------------------|--------------------------------------|
| <b>4. Housing Clearinghouse for Behavioral Health</b>                                     |                           |                                                                               |                                         | Check box <input checked="" type="checkbox"/> if available in the county and complete the section. |                                                   |  |                                               |                                      |
| <b>An agency that coordinates and manages permanent supportive housing opportunities.</b> |                           |                                                                               |                                         |                                                                                                    |                                                   |  |                                               |                                      |
| 1. Project Name                                                                           | 2. Year of Implementation | 3. Funding Source by Type<br>(include grants, federal, state & local sources) | 4. <i>Total</i> \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25                                                               | 6. Actual or Estimated Number Served in SFY 23-24 |  | 7. Projected Number to be Served in SFY 24-25 | 8. Number of Staff FTEs in SFY 23-24 |
| TSI - PSH                                                                                 | 2006                      | Heath Choices Reinvestment                                                    |                                         | \$35,000.00                                                                                        |                                                   |  |                                               |                                      |
| TSI - PSH TAY                                                                             | 2015                      | Heath Choices Reinvestment                                                    |                                         | \$10,000.00                                                                                        |                                                   |  |                                               |                                      |
| TSI - PSH                                                                                 | 2022-2024                 | HealthChoices Community-Based Case Management                                 | \$53,420                                | \$20,290.00                                                                                        | 110 referrals                                     |  | 130                                           | 0.75                                 |
| TSI-PSH TAY                                                                               | 2022-2024                 | HealthChoices Community-Based Case Management                                 | \$17,807                                | \$8,430.00                                                                                         | 15 referrals                                      |  | 30                                            | 0.25                                 |
| Totals                                                                                    |                           |                                                                               | \$71,277                                | \$73,720                                                                                           | 125 referrals                                     |  | 160                                           | 1                                    |
| Notes:                                                                                    |                           |                                                                               |                                         |                                                                                                    |                                                   |  |                                               |                                      |

| <b>5. Housing Support Services (HSS) for Behavioral Health</b>                                                                                                   |                           |                                                                                |                                         | Check box <input checked="" type="checkbox"/> 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> |                           |                                                                                |                                         |                                                                                                    |                                                   |  |  |                                               |                                      |
| 1. Project Name                                                                                                                                                  | 2. Year of Implementation | 3. Funding Sources by Type<br>(include grants, federal, state & local sources) | 4. <i>Total</i> \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25                                                               | 6. Actual or Estimated Number Served in SFY 23-24 |  |  | 7. Projected Number to be Served in SFY 24-25 | 8. Number of Staff FTEs in SFY 23-24 |
| TSI - PSH                                                                                                                                                        | 2006                      | Heath Choices Reinvestment                                                     |                                         | \$760,000.00                                                                                       |                                                   |  |  |                                               |                                      |
| TSI - PSH TAY                                                                                                                                                    | 2015                      | Heath Choices Reinvestment                                                     |                                         | \$400,000.00                                                                                       |                                                   |  |  |                                               |                                      |
| TSI - PSH                                                                                                                                                        | 2022-2024                 | HealthChoices Community-Based Case Management                                  | \$1,306,015                             | \$500,000.00                                                                                       | 131                                               |  |  | 180                                           | 10                                   |
| TSI-PSH TAY                                                                                                                                                      | 2022-2024                 | HealthChoices Community-Based Case Management                                  |                                         |                                                                                                    | 32                                                |  |  | 55                                            | 9                                    |
| Bethlehem Haven                                                                                                                                                  | 1992                      | State                                                                          | \$307,658                               |                                                                                                    | Bethlehem Haven                                   |  |  |                                               |                                      |



|                             |            |       |             |             |                             |  |  |  |  |
|-----------------------------|------------|-------|-------------|-------------|-----------------------------|--|--|--|--|
| Chartiers                   | 1968       | State | \$235,595   | \$511,000   | Chartiers                   |  |  |  |  |
| CHS                         | 1998       | State | \$1,196,980 | \$740,018   | CHS                         |  |  |  |  |
| Fayette Resources           | 2007       | State | 2,000,000   | \$2,000,000 | Fayette Resources           |  |  |  |  |
| Jewish Residential Services | 1992       | State | \$227,000   | \$227,000   | Jewish Residential Services |  |  |  |  |
| L2                          | 2003       | State | \$110,000   | \$110,000   | L2                          |  |  |  |  |
| Mercy                       | 2003, 2007 | State | \$3,915,000 | \$3,282,500 | Mercy                       |  |  |  |  |

|                     |      |       |              |              |           |  |     |    |  |
|---------------------|------|-------|--------------|--------------|-----------|--|-----|----|--|
| Milestone           | 1992 | State | \$110,000    | \$110,000    | Milestone |  |     |    |  |
| Mon Yough           | 2013 | State | \$111,402    | \$184,000    |           |  |     |    |  |
| Passavant           |      | State | \$121,824    | \$6,000      |           |  |     |    |  |
| Residential<br>Care | 1992 | State | \$1,163,000  | \$1,163,000  |           |  |     |    |  |
| RHD                 | 2008 | State | \$1,017,638  | \$1,405,000  |           |  |     |    |  |
| Totals              |      |       | \$20,352,630 | \$11,398,518 | 163       |  | 235 | 19 |  |
| Notes:              |      |       |              |              |           |  |     |    |  |

| <b>6. Housing Contingency Funds for Behavioral Health</b>                                                                                                                  |                           |                                                                                |                                         | Check box <input checked="" type="checkbox"/> 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> |                           |                                                                                |                                         |                                                                                                    |                                                   |  |  |                                               |                                          |
| 1. Project Name                                                                                                                                                            | 2. Year of Implementation | 3. Funding Sources by Type<br>(include grants, federal, state & local sources) | 4. <i>Total</i> \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25                                                               | 6. Actual or Estimated Number Served in SFY 23-24 |  |  | 7. Projected Number to be Served in SFY 24-25 | 8. Average Contingency Amount per person |
| TSI - PSH                                                                                                                                                                  | 2006                      | Heath Choices Reinvestment                                                     | \$71,946                                | \$100,000.00                                                                                       | 61                                                |  |  | 81                                            | \$1,500.00                               |
| TSI - PSH TAY                                                                                                                                                              | 2015                      | Heath Choices Reinvestment                                                     | \$10,867                                | \$20,000.00                                                                                        | 12                                                |  |  | 30                                            | \$1,500.00                               |
| Totals                                                                                                                                                                     |                           |                                                                                | \$82,813                                | \$120,000                                                                                          | 73                                                |  |  | 111                                           | \$3,000                                  |
| Notes:                                                                                                                                                                     |                           |                                                                                |                                         |                                                                                                    |                                                   |  |  |                                               |                                          |

|                                                             |                                                                                         |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>7. Other: Identify the Program for Behavioral Health</b> | Check box <input type="checkbox"/> 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> |                           |                                                                                |                                         |                                      |                                                   |  |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|---------------------------------------------------|--|-----------------------------------------------|
| 1. Project Name<br>(include type of project such as PBOA, FWL, CRR Conversion, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Year of Implementation | 3. Funding Sources by Type<br>(include grants, federal, state & local sources) | 4. <i>Total</i> \$ Amount for SFY 23-24 | 5. Projected \$ Amount for SFY 24-25 | 6. Actual or Estimated Number Served in SFY 23-24 |  | 7. Projected Number to be Served in SFY 24-25 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                |                                         |                                      |                                                   |  |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                |                                         |                                      |                                                   |  |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                |                                         |                                      |                                                   |  |                                               |
| Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                |                                         |                                      |                                                   |  |                                               |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                |                                         |                                      |                                                   |  |                                               |

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

Certified Peer Specialist” (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

**In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:**

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

|                                                                                 |                                                                                               |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>County MH Office CPS Single Point of Contact (SPOC)</b>                      | Name: Lacey Agresta                                                                           |
|                                                                                 | Email: <a href="mailto:lacey.agresta@alleghenycounty.us">lacey.agresta@alleghenycounty.us</a> |
|                                                                                 | Phone number: 412-350-7332                                                                    |
| <b>Total Number of CPSs Employed</b>                                            | <b>65</b>                                                                                     |
| <b>Average number of individuals served (ex: 15 persons per peer, per week)</b> | <b>Approximately 100</b>                                                                      |
| <b>Number of CPS working full-time (30 hours or more)</b>                       | <b>27</b>                                                                                     |
| <b>Number of CPS working part-time (under 30 hours)</b>                         | <b>14</b>                                                                                     |
| <b>Hourly Wage (low and high), seek data from providers as needed</b>           | <b>\$11/ hour- \$27.95/hour</b>                                                               |
| <b>Benefits, such as health insurance, leave days, etc. (Yes or No)</b>         | <b>Yes, for full time</b>                                                                     |
| <b>Number of New Peers Trained in CY 2023</b>                                   | <b>50</b>                                                                                     |

**f) Existing County Mental Health Services**

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

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

|                                                    |                                     |                                                                                                                         |
|----------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Methadone Maintenance                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Clozapine Support Services                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Additional Services (Specify – add rows as needed) | <input type="checkbox"/>            | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |

Note: HC= HealthChoice

**g) Evidence-Based Practices (EBP) Survey**

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to **#1. Service available**, please answer questions #2-7)

| Evidenced-Based Practice                                            | 1. Is the service available in the County/Joinder? (Y/N) | 2. Current number served in the County/Joinder (Approx.) | 3. What fidelity measure is used? | 4. Who measures fidelity? (agency, county, MCO, or state) | 5. How often is fidelity measured? | 6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N) | 7. Is staff specifically trained to implement the EBP? (Y/N) | 8. Additional Information and Comments |
|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| Assertive Community Treatment                                       | Y                                                        | 517                                                      | TMACT                             | CCBH, ACDHS                                               | Annually                           | Y                                                               | Y                                                            |                                        |
| Supportive Housing                                                  | Y                                                        | 470                                                      | Fidelity Scale                    | Agency                                                    | Annually                           | Y                                                               | Y                                                            |                                        |
| Supported Employment                                                | Y                                                        | 284                                                      | SAMHSA EBP                        | ACDHS                                                     | Every 1-2 years                    | Y                                                               | Y                                                            | Include # Employed 123                 |
| Integrated Treatment for Co-occurring Disorders (Mental Health/SUD) | Y                                                        | 57                                                       | IDDT Fidelity Scale               | CCBH, ACDHS                                               | Annually                           | Y                                                               | Y                                                            |                                        |
| Illness Management/Recovery                                         | N                                                        | N/A                                                      | N/A                               | N/A                                                       | N/A                                | N/A                                                             | N/A                                                          |                                        |
| Medication Management (MedTEAM)                                     | Y                                                        | 100                                                      |                                   |                                                           |                                    | Y                                                               |                                                              | Clinical Model developed by CCBH       |
| Therapeutic Foster Care                                             | N                                                        | N/A                                                      | N/A                               | N/A                                                       | N/A                                | N/A                                                             | N/A                                                          |                                        |
| Multisystemic Therapy                                               | Y                                                        | 15                                                       |                                   |                                                           |                                    |                                                                 |                                                              |                                        |
| Functional Family Therapy                                           | N                                                        | N/A                                                      | N/A                               | N/A                                                       | N/A                                | N/A                                                             | N/A                                                          |                                        |
| Family Psycho-Education                                             | Y                                                        | 350                                                      |                                   |                                                           |                                    | Y                                                               |                                                              | Delivered by NAMI                      |

SAMHSA's EBP toolkits: <https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

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



- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

| Recovery-Oriented and Promising Practices                 | 1. Service Provided (Yes/No) | 2. Current Number Served (Approximate) | 3. Additional Information and Comments |
|-----------------------------------------------------------|------------------------------|----------------------------------------|----------------------------------------|
| Consumer/Family Satisfaction Team                         | Yes                          | 2,300                                  |                                        |
| Compeer                                                   | No                           | N/A                                    |                                        |
| Fairweather Lodge                                         | Yes                          | 10                                     |                                        |
| MA Funded Certified Peer Specialist (CPS)- Total**        | Yes                          | 70                                     |                                        |
| CPS Services for Transition Age Youth (TAY)               | Yes                          | 10                                     | 18 to 26                               |
| CPS Services for Older Adults (OAs)                       | Yes                          | 20                                     | >65                                    |
| Other Funded CPS- Total**                                 | No                           | N/A                                    |                                        |
| CPS Services for TAY                                      | Yes                          | N/A                                    | Not disaggregated in billing           |
| CPS Services for OAs                                      | Yes                          | N/A                                    | Not disaggregated in billing           |
| Dialectical Behavioral Therapy                            | Yes                          | 30                                     |                                        |
| Mobile Medication                                         | Yes                          | 100                                    |                                        |
| Wellness Recovery Action Plan (WRAP)                      | Yes                          | 1,500                                  |                                        |
| High Fidelity Wrap Around                                 | Yes                          | 250                                    |                                        |
| Shared Decision Making                                    | Yes                          | N/A                                    | Not disaggregated in billing           |
| Psychiatric Rehabilitation Services (including clubhouse) | Yes                          | 400                                    |                                        |
| Self-Directed Care                                        | Yes                          | N/A                                    | Not disaggregated in billing           |
| Supported Education                                       | Yes                          | 200-2,000                              |                                        |
| Treatment of Depression in OAs                            | Yes                          | N/A                                    | Not disaggregated in billing           |
| Consumer-Operated Services                                | Yes                          | 40                                     |                                        |
| Parent Child Interaction Therapy                          | Yes                          | N/A                                    | Part of Outpatient Treatment           |
| Sanctuary                                                 | Yes                          | N/A                                    | Part of Outpatient Treatment           |
| Trauma-Focused Cognitive Behavioral Therapy               | Yes                          | 5                                      |                                        |
| Eye Movement Desensitization and Reprocessing (EMDR)      | Yes                          | N/A                                    | Not disaggregated in billing           |
| First Episode Psychosis Coordinated Specialty Care        | Yes                          | 25                                     |                                        |
| Other (Specify)                                           | No                           | N/A                                    |                                        |

**Reference:** Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

**i) Involuntary Mental Health Treatment**

1. During CY 2023, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
  - ☒ No, chose to opt-out for all of CY 2023
  - ☐ Yes, AOT services were provided from: \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement
  - ☐ Yes, AOT services were available for all of CY 2023
  
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2023 (check all that apply):
  - ☐ Community psychiatric supportive treatment
  - ☐ ACT
  - ☐ Medications
  - ☐ Individual or group therapy
  - ☐ Peer support services
  - ☐ Financial services
  - ☐ Housing or supervised living arrangements
    - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
  - ☐ Other, please specify: \_\_\_\_\_
  
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2023:
  - a. Provide the number of written petitions for AOT services received during the opt-out period.   0
  - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)).   0
  
4. Please complete the following chart as follows:
  - a. Rows I through IV fill in the number
    - i. **AOT services column:**
      - 1) Available in your county, BUT if no one has been served in the year, enter 0.
      - 2) Not available in your county, enter N/A.
    - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
  - b. Row V fill in the administrative costs of AOT and IOT

|                                                                                          | AOT | IOT |
|------------------------------------------------------------------------------------------|-----|-----|
| I. Number of individuals subject to involuntary treatment in CY 2023                     | N/A | N/A |
| II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2023 | N/A | N/A |
| III. Number of AOT modification hearings in CY 2023                                      | N/A |     |

|                                                                                                                                                                              |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                              |     |     |
| IV. Number of 180-day extended orders in CY 2023                                                                                                                             | N/A | N/A |
| V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2023 | N/A | N/A |

**j) Consolidated Community Reporting Initiative Data reporting**

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

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

- ❖ Have all available claims paid by the county/joinder during CY 2023 been reported to the state as an encounter? ☒ Yes ☐ No

**k) Categorical State Base Funding (to be completed by all counties)**

**Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding in FY 24-25:**

Across behavioral health services, Allegheny County has realized a high number of clients who were previously HealthChoices enrolled have lost coverage due to the end of the Public Health Emergency (PHE) and are facing barriers in the process to reenroll. AC DHS is committed to providing behavioral health services to clients in need who are uninsured and underinsured clients and as a result, has incurred more costs to its MH Base Funding/Block Grant since the PHE ended.

In addition, increased base funding would enable AC DHS to sustain and expand key initiatives, many of which were outlined in the ROST section on page 30-36. These programs and services represent investments in Allegheny County's priorities to increase access to behavioral health services, prevent harms that may occur in crisis situations, and prevent the overuse of coercive services, particularly the criminal justice system.

Crisis prevention and response

To date, AC DHS has relied upon time-limited American Rescue Plan Act funds and competitively awarded grants to start up many of the crisis prevention and response services described in this narrative including Law Enforcement Assisted Diversion (LEAD), Alternative Response, and Peer Respite. Reliance on time-limited funding streams means that programs are at risk of being delayed or discontinued when current funding expires. Having access to additional base funding would ensure that AC DHS can make sustainable investments to these programs without sacrificing their fidelity or limiting their reach. More information about these crucial crisis and diversion services can be found on page 34-36.

Reentry services to reduce recidivism

As stated throughout this narrative, AC DHS works to prevent incarceration and other coercive system involvement due to unmet behavioral health and human service needs. This includes the provision of services to people re-entering the community after incarceration, both in the jail and throughout their transition back to the community. Similar to its crisis prevention and response services, AC DHS largely depends on time-limited and competitively awarded grant funding to offer needed behavioral health services to reentrants. Due to funding limitations, AC DHS and the ACJ are currently unable to offer behavioral health and human services to this population at the scale needed. With additional base funding, more people can be engaged in the improved reentry and pre-arraignment diversion services outlined on page 31-33 to support progress on reducing recidivism, improving wellbeing for those incarcerated and enhancing public safety. Additional base funding in this area can also help Allegheny County to demonstrate readiness to participate in the State's proposed Medicaid 1115 Waiver demonstration and further sustain services targeted at incarcerated individuals.

Community-led and operated mental health and substance use services

In Allegheny County, and throughout the Country, certain communities – both geographically and demographic – mistrust or feel alienated by traditional mental health, substance use and crisis intervention services. In particular, Black neighborhoods and municipalities have experienced

significantly higher rates and numbers of overdose deaths; in 2021, for example, the rate of overdose deaths among Black individuals in Allegheny County was more than two times higher than the rate among White individuals. Similarly, mainstream behavioral health services often fail to engage Black residents at rates proportionate to their share of the population. Nationally, usage of treatment for adults with mental health diagnoses was only 46% in 2020, and only 37% for Black adults. Mental health support also is harder to access for LGBTQIA+ individuals, even though they are at a higher risk for mental health disorders compared to their heterosexual and cisgender peers.

Despite this disproportionate impact, however, far too little funding has been directed to interventions that are led, designed and/or operated by individuals and organizations in the most highly impacted communities. AC DHS has made an intentional effort to reverse these trends and is investing a number of resources into delivering non-medical supports through community-led partners that broaden the ways in which people connect to care. Through two competitive solicitation processes, both further described on page 16, AC DHS contracted with 14 providers to deliver Informal Mental Health Supports and seven providers to deliver opioid and other substance use disorder interventions that are led, designed and operated within and by highly impacted communities. With additional base funding, AC DHS would be better able to sustain these services and continue to drive toward racial equity in the county by increasing the availability of preventative and proactive supports that individuals or families can use for mental health and substance use disorders; smoothing pathways to more formal services; broadening the ways in which people connect to care; and reducing both stigma and crises.

**m) Federal Grant Funding (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.**

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds.**

Allegheny County did not receive funding in this category.

- **CMHSBG – General Training (70167): If an allocation is expected in FY 24-25, please describe the services to be rendered with these funds and plans to use any carryover funds from FY 23-24.**

Allegheny County utilizes CMHSBG General Training funds to provide training and consultation services associated with the evidence-based practice “Alternatives for Families: A Cognitive Behavioral Therapy” (AF-CBT) through provider Western Psychiatric Institute and Clinic (WPIC) of UPMC. AF-CBT is a trauma-informed practice designed to improve the relationships between children and their caregivers, particularly in child welfare cases that document instances of frequent conflict, physical force, physical abuse or behavioral concerns. WPIC provides training to AC DHS staff and contracted providers in a multi-day introductory training and offers advanced training to participants who would benefit from ongoing, intensive consultation on the AF-CBT approach. Consultation allows participants to discuss complex cases with WPIC and identify opportunities to utilize AF-CBT among participants’ caseloads.

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds.**

Allegheny County did not receive funding in this category.

- **Systems of Care (70976): Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

Allegheny County did not receive funding in this category.

- **PRYCCSST (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

Allegheny County did not receive funding in this category.

**SUBSTANCE USE DISORDER SERVICES** (Limit of 10 pages for entire section)

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

**Notable initiatives in FY 2023-24:**

New Service – Youth Case Management

In FY23-24 AC DHS through its Bureau of Drug and Alcohol Services (BDAS) recognized a need for additional youth-centered services and in response contracted with Human Services Administrative Organization (HSAO) to offer case management specifically for youth. HSAO's youth case management program served 92 individuals in its first year in operation.

Wound Care Services

In recent years, Allegheny County has experienced an increased need for wound care services given the prevalence of the Opioid epidemic and ongoing crisis of Fentanyl, and now Xylazine, tainting the illicit drug supply. In response, AC DHS contracted with Prevention Point Pittsburgh (PPP) to provide outreach-based wound care and referrals when hands on medical attention is necessary. PPP also links individuals with other SUD services, both treatment and non-treatment. This service began in the latter half of the FY2022-23 and served approximately 700 individuals in FY23-24.

The Engagement Center and A Safe Place to Stay

Beginning in 2020, AC DHS has utilized an Engagement Center and a Safe Place to Stay model to provide residents aged 14 and older with SUD and/or co-occurring disorders, along with their family and friends, access to treatment, substance use education, resources, screenings, assessments and recovery support in one space.

The Engagement Center, also called Pathway to Care and Recovery, operated by Renewal Inc., is a space open 24/7/365 for Allegheny County resident seeking substance use support. In the past year, Pathway to Care and Recovery served approximately 1,396 individuals, offering screenings, assessments, peer support, evaluations, referrals, treatment transition support, MAT education,



harm reduction education and other recovery resources to both people who use substances and their family members.

#### Peer Support

Since FY 2021-22, Passages to Recovery has provided Certified Peer Specialist services to residents of Allegheny County through a contract with AC DHS. Peer and Family Recovery Support is available to individuals in treatment, but treatment is not a required prerequisite to receiving these services. Services are available at any of Passages to Recovery's four facilities, via Telehealth, and out in the community. In FY23-24, this program served approximately 584 individuals, nearly doubling the number of people served in FY22-23.

#### Rental Assistance, Housing Supports and Case Management for people with Opioid and Stimulant Use Disorders

AC DHS through its Bureau of Drug and Alcohol Services aims to prevent homelessness and ensure housing stability for people with opioid or stimulant use disorders through rental assistance and housing supports, along with intensive case management and supportive services. Case managers in this system act as the single point of contact for coordination of care across multiple health and social service systems, helping with transitions between levels of care, making referrals for professional medical services and connecting individuals to public resources (i.e., Medicaid and TANF). The program served 87 people in FY23-24.

While AC DHS is still committed to meeting this need, the program will no longer receive housing vouchers through the Housing Authority. This will affect the screening process for eligible clients for the program due to the need for individuals to reach housing stability in a relatively short period of time (usually 6-9 months) in a difficult housing climate. Due to the loss of housing vouchers associated with this program, AC DHS will implement a new screening process for the program in FY 24-25.

#### Family Healing Center

The Family Healing Center (FHC), operated by Auberle, maintains its purpose to serve as a trauma-informed residential drug treatment program (ASAM Level 3.5) for families involved with the local child welfare system (AC DHS' Office of Children, Youth and Families (CYF)) who have a parent in critical need of treatment for unhealthy substance use. Following necessary renovations at the selected community site and delays related to the impacts of COVID-19, the Family Healing Center opened in June 2023 with a capacity to serve 12 families. In its first year of operation, the Family Healing Center served 29 identified clients and 25 children. Auberle is working to overcome staffing shortages at the facility and in FY24-25, AC DHS, through CYF and BDAS, will provide ongoing technical assistance to ensure that FHC services are adequately meeting the needs of families involved in both SUD and CYF systems.

#### Restore

Since its establishment in June 2022, Restore has served as a residential treatment and withdrawal management program for women in Allegheny County offering ASAM Level 3.7WM and 3.5 programs. This program, operated by Pennsylvania Organization for Women in Early Recovery (POWER) helps women seamlessly transition from managing withdrawal symptoms to receiving treatment services in a gender-responsive treatment environment, with an understanding of how

women's issues and trauma affect the progression of addiction and the recovery process. In FY 23-24 POWER Restore served 134 women in the 3.5 program and 74 women in the 3.7WM program.

In May 2024 leadership at POWER contacted DHS and CCBH regarding an issue with the landlord at their current facility site, including the shutting off of the hot water at the building. Due to ongoing issues with this landlord, POWER Restore will be temporarily closed until the program can reopen at the newly constructed POWER campus in Swissvale, PA. The tentative opening date of the campus is January 2025.

#### MAT Access in the Allegheny County Jail

AC DHS continues to support the Allegheny County Jail in their efforts to expand access to medication assisted treatment during incarceration. In FY23-24, all forms of FDA approved MAT were available for continuation in the jail for those individuals who had an active prescription in the community at the time of booking. In December 2023, the jail began to provide induction to buprenorphine, offering both oral and injectable forms. In FY23-24 MAT programs in the ACJ served 227 individuals with methadone continuation, 1065 individuals with oral buprenorphine and 255 individuals with Injectable buprenorphine (sublocade).

In February 2024, AC DHS released an RFP to procure comprehensive methadone services in the Allegheny County Jail. The RFP evaluation committee selected a provider in May 2024 and the contracting process is currently underway. DHS anticipates that methadone induction services in the jail with the new provider will begin in October 2024.

#### Recovery Housing

AC DHS continues to make progress in expanding the availability of recovery housing for individuals recovering from SUD that provides a safe and supportive substance-free environment. In FY23-24 Jade Wellness Center was added to Allegheny County's system of recovery housing and opened the John Ryan House with a capacity to serve 16 men at one time. Pending renovations, the John Ryan House will increase its capacity to 20 beds. This brings the total capacity of SCA-contracted recovery house beds to 74 (78 once the additional Jade beds are online). Across all SCA-contracted recovery houses, AC DHS served 254 individuals in FY23-24, 170 men and 84 women.

#### Certified Assessments Centers

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

#### Community Engagement and Training

BDAS recognized a need for a member of its team to be community-facing and focused on community and interdepartmental engagement. In FY22-23, BDAS hired a Program Manager of D&A services with the responsibilities of fostering relationships and partnerships among AC DHS,

contracted service providers and the surrounding community as well as enhancing community involvement and addressing the needs and concerns of community members. BDAS participated in the following events and community-based engagements in FY23-24:

- 33 Community Engagement Pop-Up events were held in collaboration with the Allegheny County Health Department in communities around Allegheny County with approximately 1150 individuals attending
- 21 Community Resource Days held at Carnegie Libraries of Pittsburgh with approximately 170 individuals attending
- 5 Community and Coffee Happy Hour events held at the downtown Carnegie Library of Pittsburgh with approximately 200 people attending

The purpose of these events was to facilitate connections to drug and alcohol support services, educate and distribute harm reduction items and materials, and collaborate with community partners to provide valuable information and resources to the community. The program manager attended other resource events and community fairs with approximately 600 individuals attending, as well as offering support to International Overdose Awareness Day and the Pittsburgh Recovery Walk in Allegheny County. The program manager distributed approximately 140 Narcan kits in FY 23-24, as well as offering 4 trainings in Narcan to the following participants: AmeriCorps members in the Human Services Building; Guard staff at the HSB, Probation officers in Allegheny County, and contracted providers for staff and residents at inpatient facilities.

The Program Manager, in partnership with a D&A Program Representative, also implemented a “Don’t Panic” training program targeting DHS employees, especially those working in downtown Pittsburgh (a high drug traffic area), to increase compassion for people struggling with SUD and better understand how stigma affects quality of care; increase the ability to spot crisis and alert the appropriate responders; expand awareness of available resources; and promote community safety, respect, and teamwork. In FY23-24 BDAS supported two ‘Don’t Panic’ presentations in a virtual Lunch and Learn structure on 1/16/24 and 5/6/24. These events welcomed a combined audience of approximately 75 participants. BDAS is planning for an in-person training at the Human Services Building in September 2024. Presentations were also made at the July quarterly meeting of the PA Association of County Drug and Alcohol Administrators (PACDAA) and to the OMHSAS Deputy Secretary and her Special Assistant in July 2024.

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

**Funding Sources for publicly funded D&A Services in Allegheny County**

| <i><b>D&amp;A Service</b></i> | <i><b>Description</b></i>                                                                                                                                                                                                                                         | <i><b>Populations served</b></i>  | <i><b>Funding sources</b></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<br>Adolescents<br>Children | D&A Base<br>Compulsive & Problem Gambling<br>Prevention Base<br>Prevention W/C<br>Prevention SAP<br>SOR |
| <b>Intervention services</b>  | Services that discourage people who are experimenting or substance-abusing from                                                                                                                                                                                   | Adults<br>Adolescents             | D&A Base<br>SAP Base                                                                                    |

|                              |                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | further involvement by suggesting alternative ways to cope with problems                                                                                                                                                                                                                                                                                                         |                        | Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C<br>County Match<br>Drug Court<br>SOR                    |
| <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,<br>Adolescents | D&A Base<br>Act 2010-01<br>Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C<br>Drug Court<br>SOR         |
| <b>Outpatient services</b>   | Screening, Outpatient, Intensive Outpatient, Partial Hospitalization                                                                                                                                                                                                                                                                                                             | Adults,<br>Adolescents | D&A Base<br>Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C<br>Drug Court<br>SOR                        |
| <b>Recovery housing</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                 | D&A Base<br>Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C                                             |
| <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,<br>Adolescents | D&A Base<br>SAP Base<br>Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C<br>Drug Court<br>SOR Housing/OD |
| <b>Recovery supports</b>     | Non-clinical services, such as mentoring, education and telephone support, that assist individuals in their recovery from SUD                                                                                                                                                                                                                                                    | Adults,<br>Adolescents | D&A Base<br>Alcohol Treatment Base<br>Alcohol Treatment W/C<br>Drug Treatment Base<br>Drug Treatment W/C<br>SOR<br>SOR Housing/OD                    |

## 1. Waiting List Information:

| Services                                                | # of Individuals* | Wait Time (days)** |
|---------------------------------------------------------|-------------------|--------------------|
| Withdrawal Management                                   | 0                 | 0                  |
| Medically-Managed Intensive Inpatient Services          | 0                 | 0                  |
| Opioid Treatment Services (OTS)                         | 0                 | 0                  |
| Clinically-Managed, High-Intensity Residential Services | 0                 | 0                  |
| Partial Hospitalization Program (PHP) Services          | 0                 | 0                  |
| Outpatient Services                                     | 0                 | 0                  |
| Other (specify) – Court Mandated 3.5                    | 15                | 31                 |

\*Average weekly number of individuals

\*\*Average weekly wait time per person

2. **Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 23-24.

| # of Overdose Survivors | # Referred to Treatment | Referral method(s) | # Refused Treatment |
|-------------------------|-------------------------|--------------------|---------------------|
| 550                     | N/A                     | COE                | N/A                 |

Allegheny County continues to utilize Centers of Excellence (COE) to assist individuals with an SUD who present at emergency departments using warm hand off procedures. COEs were introduced across Pennsylvania beginning in 2016 and have expanded beyond their original focus of Opioid Use Disorders to also include Stimulant Use Disorders. Allegheny County currently hosts over 30 COEs through providers such as Gateway Rehab Center, UPMC Magee Pregnancy and Women's Recovery Center, UPMC Internal Medicine Recovery Engagement Program, UPMC Western Psychiatric Hospital, Tadiso Incorporated, and Allegheny Health Network West Penn Medical Associates; however, AC DHS does not hold these contracts and therefore does not have oversight of their operations.

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

| LOC American Society of Addiction Medicine (ASAM) Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|------------------------------------------------------------|----------------|----------------------------------|-------------------------------------|
| 4 WM                                                       | 2              | 2                                | 0                                   |
| 4                                                          | 1              | 1                                | 0                                   |
| 3.7 WM                                                     | 5              | 2                                | 0                                   |
| 3.7                                                        | 2              | 1                                | 2                                   |
| 3.5                                                        | 14             | 9                                | 3                                   |
| 3.1                                                        | 5              | 1                                | 0                                   |

|     |    |    |   |
|-----|----|----|---|
| 2.5 | 3  | 2  | 0 |
| 2.1 | 11 | 11 | 0 |
| 1   | 14 | 14 | 0 |

4. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

The need for services for people with SUD across the continuum of treatment in continues to outweigh the supply. In addition to expanding treatment capacity to meet the growing need, AC 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, AC DHS worked to make accessing treatment easier for people who need it and utilize the resources available in the County most effectively.

As a new services and enhancement to the SUD services system, in fiscal year 24-25 Jade Wellness Center will be offering partial hospitalization services through their contract with AC DHS. Jade Wellness Center, as noted above, has also expanded the number of Recovery Housing beds available through opening the John Ryan House with a capacity to serve 20 men. This expansion demonstrates an intentional response to the need for additional recovery housing beds as outlined in previous Allegheny County Human Services plans.

AC DHS is also working to address a need for youth-centered inpatient services that have a focus on complex cases and addressing co-occurring disorders by procuring a provider(s) of a Youth ASAM level 3.5 program. The target adolescent population is 14-18 years old and anticipated to have a history of trauma and co-occurring mental health needs and engaged in multiple systems (e.g., juvenile justice, child welfare). To date, AC DHS has developed a project charter to guide the development of this program and anticipates utilizing reinvestment funds to start up the service once a provider has been identified.

5. **Access to and Use of Narcan in County:** Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

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

In previous years' plans, ACHD in collaboration with AC DHS published specific objectives for increasing distribution of and access to Narcan complemented by educational resources. AC DHS continues to prioritize efforts that put Narcan in the hands of people who may need it most including community-based organizations and first responders as well as increasing access through distribution to pharmacies and libraries. In addition, AC DHS ensures that anyone leaving the jail

can obtain Narcan and partnered with CYF staff at its 412 Youth Zone to make sure that staff have access to Narcan. Through these efforts, 17,157 Narcan kits were distributed in the past year.

Allegheny County, through its Health Department, recently made seven Narcan vending machines operational in the region through grant funding from the Centers for Disease Control and Prevention. Grant funds will cover expenses associated with the machines and naloxone supplies. Community members can access free naloxone from the machines 24/7.

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

While AC DHS supports in coordinating data collection and reporting to the State, as well as providing technical assistance as is needed, it does not directly contract with providers for their COE services or hold any oversight regarding those services. By the 15<sup>th</sup> of each month COEs submit data to AC DHS on warm handoffs that occurred from emergency departments during the previous month. AC DHS tracks data for all COEs and combines the data into one dataset for DDAP.

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

a. **Warm Handoff Data:**

|                                               |            |
|-----------------------------------------------|------------|
| # of Individuals Contacted                    | <b>350</b> |
| # of Individuals who Entered Treatment        | 264        |
| # of individuals who have Completed Treatment | N/A        |

## **INTELLECTUAL DISABILITY SERVICES**

### **Background:**

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

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

ODS accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly 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 require specialized supports for complex needs.
- 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. AC DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA Health Care Quality Unit (HCQU) through Acentra Health While Allegheny County does not hold the direct contract with the Southwestern PA HCQU, it utilizes available 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.

ODS has implemented system changes and expanded choice and will continue to do so, whenever possible, with the resources available. AC DHS will continue to participate in projects that support



Pennsylvania's statewide transition process to improve the efficiency and availability of direct services in ID services.

***Continuum of services***

AC DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. AC DHS estimates that it will serve 1,821 individuals in FY 24-25

**Individuals Served**

|                                          | <i>Estimated<br/>Number of<br/>Individuals<br/>served in<br/>FY 23-24</i> | <i>Percent of<br/>total<br/>Number of<br/>Individuals<br/>Served</i> | <i>Projected<br/>Number of<br/>Individuals to<br/>be Served in<br/>FY 24-25</i> | <i>Percent of<br/>total Number<br/>of Individuals<br/>Served</i> |
|------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|
| Supported Employment                     | 58                                                                        | 3.2%                                                                 | 58                                                                              | 3.2%                                                             |
| Pre-Vocational                           | N/A                                                                       | N/A                                                                  | N/A                                                                             | N/A                                                              |
| Community participation                  | 16                                                                        | 0.9%                                                                 | 16                                                                              | 0.9%                                                             |
| Base-Funded Supports<br>Coordination     | 1,524                                                                     | 83.7%                                                                | 1,524                                                                           | 83.7%                                                            |
| Residential (6400)/unlicensed            | 23                                                                        | 1.3%                                                                 | 23                                                                              | 1.3%                                                             |
| Lifesharing (6500)/unlicensed            | 2                                                                         | 0.1%                                                                 | 2                                                                               | 0.1%                                                             |
| PDS/AWC                                  | 0                                                                         | 0%                                                                   | 0                                                                               | 0%                                                               |
| PDS/VF                                   | 0                                                                         | 0%                                                                   | 0                                                                               | 0%                                                               |
| Family Driven Family<br>Support Services | 0                                                                         | 0%                                                                   | 0                                                                               | 0%                                                               |
| Assistive Technology                     | 0                                                                         | 0%                                                                   | 0                                                                               | 0%                                                               |
| Remote Supports                          | 0                                                                         | 0%                                                                   | 0                                                                               | 0%                                                               |
| Other Base Services                      | 197                                                                       | 10.8%                                                                | 197                                                                             | 10.8%                                                            |
| <b>TOTALS</b>                            | 1,821                                                                     | 100.0%                                                               | 1,821                                                                           | 100.0%                                                           |

**Supported Employment:**

AC DHS will continue to use Block Grant funds to provide employment supports to approximately 100 individuals in FY 24-25. Examples of the types of supported employment that AC DHS will provide include:

*ODS Base Employment Project (BEP).* Base-funded employment supports are available for adults through a targeted funding allocation originating from the 05-06 ODP Base Employment Pilot, providing support to individuals with minimal needs (see below table) through integrated, community-based employment. AC DHS distributes BEP 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). ODS has removed the age restrictions of the original ODP Base Employment Pilot to include any workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. As of June 2024, the Base Employment Project supported 98 unduplicated individuals in maintaining competitive and integrated employment at an average allocation of just over \$2,200/person.

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

ODS also partners with OVR on periodic provider meetings to share system information and updates. Additionally, ODS is active in the Connecting 4 Employment regional workgroups, which also include OVR, School staff, and Supports Coordination. Finally, we have staff that are representing ODS on quarterly meetings of OVR's Citizen's Advisory Committee.

### **Supports Coordination (SC):**

AC DHS estimates that it will serve approximately 1,821 individuals with base-funded supports coordination in FY 24-25. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation, and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (Approval ODP waiver renewals Appendix C) establishes the supports available to individuals' receiving services through ODS.

A total of 5,901 individuals with ID/A in Allegheny County receive Waiver, Base and/or Supports Coordination services; this includes those residing in ICF-ID settings (private and state center). Currently, 67 of the 5,901 reside in a state center. One of the various ways we collaborate with the Supports Coordination Organizations is through our work transitioning individuals out of state centers and state hospitals.

- *Closure of Polk and White Haven State Centers.* In the fall of 2022, in an effort to increase opportunities for individuals in state centers/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. The closure of these two sites did occur in the spring of 2023. This leaves two state centers open in PA: Ebensburg and Selinsgrove State Centers. As individuals and families and substitute decision makers discuss community options and resources available to them, we will continue to participate in transition activities. An ELP will be developed for each of those individuals. In addition, SIS Assessments and HRST reports will be completed for these individuals, and they will be invited to participate in IM4Q interviews. The AE has participated in the ELP meetings when possible.
- *Community-Based Services and Residential Services.* In FY 24-25, AC DHS estimates that 272 individuals will receive community-based services and 25 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:**

#### FISA Grant Work with The Imagine Different Coalition

The Promising Practice Team, in partnership with The Imagine Different Coalition, applied and was approved for an \$12,000 grant in fiscal year 22-23 to seek stakeholder feedback through education and dialogue about how Life Sharing services can be best utilized as an alternative to congregate care for youth who have ID/A. Stakeholder groups who were invited to participate included: family members, Life Sharing Providers, Supports Coordinators and Managed Care Organizations. A final report was provided to FISA with recommendations that included:

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

As the entirety of the grant funding was not utilized initially, FISA allowed for the remaining funds to be carried over into FY 23-24 to continue to provide stipends to participating family/caregiver participants. Three family/caregivers have collaborated with the Community of Practice (CoP) initiated as a recommendation of the project (3<sup>rd</sup> bullet, above).

#### Promising Practice Team representative participation on the ODP workgroup

At ODP's request, a representative of the Promising Practice Team continues to participate, in a leadership role, in their Life Sharing Work Group. This work group continues to lead the activity in creating the Life Sharing Tip Sheet for SCOs.

Continued involvement with WRO Life Sharing group.

An Allegheny AE Promising Practice Representative regularly participates in WRO's monthly Life Sharing Provider meetings, providing feedback and input from stakeholder experiences in Allegheny County, as well as initiatives the AE is undertaking to increase knowledge about the Life Sharing service and increase utilization of the service.

**Supported Living Options:**

AC 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.

AC DHS continues to explore the use of the Supported Living model as an option for individuals who are being released or diverted from carceral settings. Courts are often looking to our system for some type of 24-hour-oversight residential setting in a few situations: (1) as an alternative to jails or prisons; (2) as a requirement before dismissing charges against someone; or (3) as a step-down from incarceration (whether state or county) to ease the transition into the community. Many of the individuals in this situation, however, do not require 24-hour supervision, and so provision of that service in the typical licensed setting would distort the values of Everyday Lives, akin to further incarceration, and turning our residential services into carceral settings in and of themselves.

We plan to seek ODP's assistance in increasing capacity, whether through the creation of new or modification of existing models of service, for individuals who do not require 24-hour supervision. We could offer an alternative to satisfy a District Attorney or Judge who is looking for a "program," while still respecting an individual's capacity to learn, grow, and lead an Everyday Life.

**Cross-Systems Communications and Training:**

AC 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 AC DHS's cross-system communication and training opportunities include:

Promoting service integration and development of resources for services, employment opportunities and mentoring opportunities for people who are Deaf and have Intellectual Disability  
AC DHS ODS participates in the Behavioral Health/ID Task Force for Deaf/Deaf-Blind/Hard of Hearing of Allegheny County. 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. ODS also participates in the ODP Bureau of Supports for Autism and Special Populations Deaf, Deaf-Blind, and Hard of Hearing Advisory Committee which meets quarterly to develop capacity for supporting people with intellectual disability who are deaf, deaf-blind, or hard of hearing.

#### Collaborating with Support Coordination Organizations (SCOs)

AC DHS regularly collaborates with SCOs to encourage consistent implementation of ODP policy and practice. AC DHS and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff meet virtually or in person regularly to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The ODS Promising Practice team hosted an Open House event on April 30, 2024, for the SCOs as a way to build rapport and relationship with the SCs, share resources and education materials, and offer insight into the values and mission of the Promising Practice Team and ODS. Twenty-nine (29) SCs/SCO Management staff participated in the event. The Promising Practice Team continues to implement a monthly Complex Case Review process as a means of offering technical assistance to the SCOs and teams supporting people with complex needs. The review is focused on identifying resources and 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, AC 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, AC DHS is partnering with UPMC and local provider organizations on an Integrated Service Delivery and Care Management model. The model's objectives include improving member health, improving satisfaction with services, and coordinating resources for physical and behavioral healthcare for persons with ID.

#### Integrating services for children and youth with complex needs

AC DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by three providers (Fayette Resources, Family Links, Community Options) 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 RESPOND group homes 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.

#### Engaging families and individuals through school districts

AC DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education 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. ODS staff also visit schools throughout the year, informing families, individuals, and school district personnel on the importance of planning and registration and participating in outreach activities in schools. ODS staff also use these opportunities to share community supports and other human services.

In the fall of 2020, ODS Planning staff began discussions with 3 local schools. We launched and completed 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. ODS helped students and their caregivers to navigate the tools and explore options that will help them achieve their vision of a good life. As the pilot activities concluded, ODS staff transitioned these activities to a new focus: A Bridge to the Future.

- *A Bridge to the Future* initiative launched in FY 23-24. This community partnership will establish connections, contacts and promote early registration with ODS. Through this activity we will introduce LifeCourse tools and framework as a means of developing community and natural supports that enhance an individual's vision for their good life. Individually tailored, seamless and holistic planning will be emphasized, not relying on paid services as the only means of achieving life goals.

#### Integrating services for adults with complex needs

Since its inception in the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) has served over 100 individuals in Allegheny County as well as individuals in neighboring counties. This collaborative effort between OBH/ODS, Community Care Behavioral Health (CCBH) and Merakey uses a recovery-oriented approach to support individuals with co-occurring behavioral 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. AC DHS continues to collaborate regularly with the DDTT, OBH, and CCBH to monitor progress as well as discuss and recommend appropriate referrals for the services/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.

#### Integrating Services for youth with ID/A and complex support needs – Capacity Building with Turtle Creek Valley/Devereux

- ASD Consulting – ODS is engaging with Devereux to bring assessment and strategies to our local school districts and youth crisis centers. A proposal was completed by Devereux for AC DHS and stakeholder feedback. A launch of the pilot activity was completed in the spring of 2024. A secondary project supporting individual consultation is in process, effective 6/2024.
- Psychiatric Residential Services for Youth with Autism – In collaboration with the AC DHS Office of Behavioral Health, ODS is working to implement a new short term residential service for youth ages 6-21 with a primary diagnosis of autism spectrum disorder and/or an intellectual disability with concurrent serious behavioral concerns. This program is meant to support clients in becoming a productive, socially connected, and personally fulfilled member of their local community by utilizing evidence-based strategies to increase functional communication and ADL skills and reducing behavioral concerns. To date, AC DHS has selected Devereux as the provider for this service and has identified a 10-bed facility that meets the safety and security standards to implement the program.

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

AC DHS is involved in collaborative activities with ODP and other counties:

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

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.

Since 2019 ODS and UPMC CONNECT have engaged in collaborative activities to help individuals manage their overall health including meeting monthly in order to review the referrals that have been submitted from the SC Organizations.

#### Virtual Office Hours (VOH)

Virtual Office Hours was implemented in September 2023 and continues on a monthly basis. The topics and coordination of the educational offering are managed by the Promising Practice Team. In addition to SCO participation, internal AE staff join regularly as well as other stakeholders

invited in relation to topic relevance. External subject matter experts are often coordinated to lead the Virtual Office Hours topic. Office Hours covers topics such as: MCC, Recertification Process, Resources for Families, Lifesharing, PA START Allegheny, Restrictive Procedures, UPMC Connect and Social Stories in ISPs. This curriculum of topics developed from SC survey results and technical assistance trends.

The goal in hosting office hours is to better connect with providers/SCOs to prevent crises through information sharing and best practices, collaboration among partners, establishing a standard of practice and be alert before situations become critical. In addition this monthly meeting space is use to provide tools to the SCs and teams to facilitate meetings and address situations, create or share templates for best practice and collaborative approaches, learn from one another on what works and what does not work and work toward goals of improving ISPs and consistency across SCOs

### **Collaboration with the Justice/Court System**

Guardianship - AC DHS has historically and continues to collaborate with our AAA and MH system partners on protecting the rights of the individuals we support to make their own decisions, prioritizing supported over substitute decision making. We have begun tracking data regarding the frequency of guardianship appointment, removal, and succession, as well as demographics of the individuals for whom guardians have been appointed, of the situations leading to guardianship, and of those serving as guardians. We will be able to use this data to better plan for individuals who may have outgrown the need for substituted decision making and for those who are outliving family members appointed as guardians.

Approximately 650-700 individuals are identified as having court-appointed guardians, although part of our project is to verify whether these are, in fact, legal guardians.

The data re: ages of those who have family members appointed as guardian is below. We are tracking to confirm that those who are aging, assuming their family member/guardians are also aging, will have appropriate succession plans in place.

- 254 are ages 31 and over
- 138 are 40+
- 97 are 50+
- 61 are 60+
- 20 are 70+

Furthermore, we have developed a closer relationship with the County Orphans' Court to allow earlier communication and possible intervention when someone has reported the potential need for guardianship directly to the court. This has enabled us to work with the team to divert the conversation from substituted to supported decision making where appropriate.

In instances where someone has notified us of a contested or problematic guardianship, a representative of the Legal & Regulatory Compliance Team participates in team meetings and attends hearings to ensure effective and accurate team communication and understanding of the guardianship status.



Collaboration with Legal System through the LeCSI Program.

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

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

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

LeCSI is currently tracking 872 individuals who have current or historical legal system involvement. While this number is ever-growing as we identify more people, a snapshot of a typical month of LeCSI's involvement in the criminal divisions of the courts in which we work includes approximately 150 active cases, from investigation through unresolved fines and fees. At least 90 of these individuals work directly with a LeCSI Program Coordinator, with approximately 35-40 identified as a high priority wait list. (Priority is based on severity of an individual's situation—incarceration, active case, open summary, unresolved fines, etc.)

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

**Emergency Supports:**

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

- Enacting ODP's Unanticipated Emergency Request Process when an individual's health and safety is at immediate risk.

- Exploring alternative waivers and services to meet the individual's needs, such as Community Health Choices, OBRA, Autism Waiver, Dom Care, or Personal Care Boarding Homes.
- Partnering with Aging Services to review service delivery to meet the needs of aging caregivers and individuals.
- Working in conjunction with OBH, Resolve 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, Resolve, Allegheny Link, Community Care and system options meetings.
- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

AC DHS ODS has a 24-hour on-call protocol in the event of an emergency. 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. ODS does not reserve any base dollars for emergencies. Any crisis situations would involve Resolve as appropriate.

### **Administrative Funding:**

#### PA Family Network

AC DHS ODS will continue to have a working relationship with the PA Family Network. AC 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. AC DHS ODS will continue ongoing collaboration in training activities, family forums and events.

AC 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. AC DHS will continue to use this mechanism to educate about the activities related to PA Family Network.

#### Charting the LifeCourse

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

AC DHS ODS 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. There are currently 4 LifeCourse Ambassadors and 1 staff in training. The LifeCourse Ambassadors have trained all ODS staff.

Allegheny Collaborative: Coordinate and facilitate work group activities across various roles and areas of PA. Networking, sharing success and problem solving are the focus of these work groups. ODS staff attend educational opportunities, both national and in PA. ODS ambassadors present LifeCourse Framework information to stakeholders, both nationally, statewide and local, as a means of enhancing future planning activities. The LifeCourse tools are used to emphasize strengths, positive assets, and community supports for individuals seeking a new home setting: New Home Transition Checklist and One Page Profile.

#### HCQU

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

#### IM4Q

AC 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 ODS Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County AC DHS Website. Two separate reports are developed for each program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

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 AC DHS Office of Developmental Supports/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.

IM4Q surveys are in the early stages of being used to assess the satisfaction of those participating in the START pilot mentioned earlier. Trends from these reports have been incorporated into our

Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. AC DHS actively uses IM4Q data and Considerations to enhance opportunities for employment and this objective will continue in the QM Plan for FY 24-25.

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, ODS has already mentioned the DDTT, collaboration with our AC DHS partners (JRS, OBH, CYF), the RESPOND program and our capacity building efforts with Devereux Advanced Behavioral Health/TCV, initiating the START pilot program, and The Imagine Different Coalition. 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.

***Risk management***

In August 2005, ODS 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 ODS Risk Management committee uses a distinct set of criteria to identify individuals who may be at-risk and completes an extensive case review process. Findings are shared in writing with the individual's Supports Coordinator, who then 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 ODS Risk Management Coordinator with any required follow-up, including an Action Plan, if warranted. The collective findings of the Risk Management process are analyzed and documented in an annual report. Findings are used to inform ODS Quality Improvement objectives, and several QM Action Plans have been implemented over the years to address these areas.

AC 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.

ODS added to risk management efforts by instituting processes to assess and mitigate provider risk. ODS formed a work group for Provider Risk Management which is comprised of managers and supervisors representing each of the ODS teams. 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.

#### PRE-T

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

#### County housing coordinator

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

#### Providers' emergency preparedness plan

AC DHS continues to enforce the bulletins and regulations that require providers to have Contingency Plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes and day and vocational programs. AC DHS 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, ODS functions as the local AE and AC DHS/ODS personnel deliver all components of the AE Operating Agreement with AC DHS, including:

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

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

#### **Participant Directed Services (PDS):**

AC DHS has been involved in 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.

Here in the western part of the region, PDS continues to grow. For FY 23-24, we had 485 individuals and families participating in the Agency with Choice model and 75 active with Vendor Fiscal. There are three Support Broker Providers with authorizations and 42 participants currently using this service.

ODP can assist Allegheny County in continuing the growth of PDS and Supports Broker Services by including ODS 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. ODS continues to provide the technical assistance that SCOs and families need.

### **Community for All:**

Based on the data on individuals in congregate and carceral settings, ODS will continue to be actively engaged in planning for their return to the community through its available initiatives. ODS 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. ODS will implement its current transition activities with the SCOs to assure choice for individuals returning to the community.

### **Racial Equity and Diversity:**

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

Throughout this last year, ODS re-wrote our Mission and Vision statements to be inclusive of race along with disability. We also began the development of Value Statements that will guide our work moving forward.

Towards the end of FY 23-24, Allegheny Department of Human Services conducted a Universal Assessment of Racial Equity. Once completed, our department will be able to see whether or not

improvement has been made regarding general understanding of issues of race as well as comfort in discussing such issues as they relate to our work.

In FY 24-25, we hope to accomplish the following:

- Offering Discussion topics such as Ism's and Phobias, Labels, and a video series of culture and race relations.
- We are going to talk through some of the barriers that keep our office and families from connecting. How can we look less like government and more like a resource? Can partnering with families known to us help?
- Develop Accountability Measures in our department through measurable outcome statements.

**Technology:**

Since 2022, Allegheny County has hosted monthly technology touch base meetings with SCOs that focus on current remote support and assistive technology options. The meeting's purpose is to inform the SCOs of what is new and available and to support them with any questions or concerns. It is an open forum format that allows for learning and discussion between all attendees. It is mainly attended by a core group of leads from each SCO but any SC is welcome to attend if they are working on a technology plan for someone or have anything they would like to discuss. There is currently one qualified remote support agency and the county works very closely with them. Upon their inception in 2021 The county organized and hosted virtual information sessions for the SCs to learn about the provider and the service. The county has also assisted in developing partnerships between two residential providers and this agency including walking both providers through all steps of authorization. The county also works closely with a newly qualified Assistive Technology provider and hosted virtual information sessions for SCs in the summer of 2023. Their service offerings include an assessment, procurement of equipment, and technical assistance for as long as the person may need. As always, an individual can independently request equipment via the vendor fiscal model as well and the county works closely with SCs to assist in ensuring they acquire all required documentation to have a request approved.

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

*The efforts described in this section are funded by a variety of sources including but not limited to state Homeless Assistance Program funding (e.g., Human Services Block Grant), HUD Continuum of Care Program funding, HUD Emergency Solutions Grant Funding, HealthChoices Reinvestment funds, and Foundation grants.*

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

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

### **Achievements and Improvements**

In FY23-24, AC DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First, and increase the flow of positive exits from homelessness services, while also adapting processes and responding to the growing demand on homeless response services due to the tightening housing market and continued economic strain on county residents since the COVID pandemic.

#### **Strengthening housing-focused services across shelter system**

Building off the significant achievement of opening Second Avenue Commons (2AC) in FY22-23, in FY23-24 AC DHS has worked across shelter providers to enhance the availability of housing-focused support services for individuals experiencing homelessness. Initiatives that have been implemented or expanded in FY23-24 to support additional and quicker pathways out of shelter include, but are not limited to: expanding the Housing Solutions Specialist (HSS) unit, which provides dedicated, specialized housing navigation, to support shelter stayers in identifying and stabilizing in housing that they can sustain; implementing a shallow rent program to ease the initial rental costs for participants as they move into housing; and implementing the Home Again Kingship Navigation Program, a 90-day intensive kinship family intervention process to offer support, resources, and tangible personal items during one's transition from shelter to housing with their own kinship family.

#### **Coordinated targeted rental assistance and supportive services to reduce homelessness**

AC DHS has provided rental assistance in Allegheny County through various funding sources for many years and took the lessons learned from those experiences, as well as from our recent



administration of the U.S. Department of Treasury's Emergency Rental Assistance Program (ERAP), to develop an improved rental assistance program for Allegheny County. The Rental Assistance Program was implemented in April 2023 and combines four funding sources to provide short- and medium-term rental and utility assistance to households at risk of eviction, while also coordinating linkages to the array of resources making up the comprehensive response to eviction and homelessness prevention, including:

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

#### Launched '500 in 500' affordable housing initiative

Allegheny County, which includes the City of Pittsburgh, is experiencing a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. According to data from the National Low Income Housing Coalition, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available. A Realtor Rental Report indicated that in June 2024, the median asking rent in Pittsburgh was \$1,484, \$404 (37.4%) higher than the pre-pandemic level, and that Pittsburgh outpaced New York, NY, becoming the top Northeast market for rent growth over the past five years. As the affordable housing crisis deepens, low-income households become increasingly vulnerable to eviction/foreclosure and homelessness. Further this rent burden has racial equity repercussions. Renters of color are more likely to face unaffordable rents, with 51% of Black renters paying more than 30% of income on rent<sup>3</sup>.

Recognizing that we could either continuously work to build more shelter or invest to get people out of shelter and into permanent housing, Allegheny County launched '500 in 500,' an initiative to help people out of homelessness by making 500 affordable housing units available in Allegheny County in 500 days. The initiative is focusing on three strategies in partnership with both housing authorities (public housing) and developers (private housing): (1) Prioritizing existing rental units for people exiting shelter as current tenants leave; (2) accelerating efforts to repair empty rental so

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<sup>3</sup> Housing Alliance of Pennsylvania, Allegheny County Housing Needs Snapshot. [https://housingalliancepa.org/wp-content/uploads/County-Fact-Sheet\\_2022\\_Allegheny.pdf](https://housingalliancepa.org/wp-content/uploads/County-Fact-Sheet_2022_Allegheny.pdf)

they can become available to new tenants; and (3) converting facilities that do not require extensive modifications, such as nursing homes or motels, to residential use for those exiting shelter.

### Enhancing integrated behavioral health supports

AC DHS Data Warehouse data shows that the percentage of individuals with a substance use disorder (SUD) at entry into PSH increased by 8% in the 5-year period from 2017 to 2022 (from 36% to 44%). Additionally, participants' behavioral health needs often complicate engagement with services and retention in housing. As evidence of this challenge, 27% of unhoused individuals engaged by Allegheny County's Street Outreach teams in October 2022 (n=156) were enrolled in a housing program (Permanent Supportive Housing or Rapid Re-housing) in the prior 12 months. Recognizing a need to enhance our capacity to effectively use assertive outreach, motivational interviewing, and other evidence-based practices to house and support the ongoing housing stability of households affected by mental illness and/or co-occurring SUD, ACDHS implemented multiple system enhancements in FY23-24. We started a new PSH program that will provide housing and services for over 60 additional households through Reinvestment Funds. We expanded our investment in street outreach teams with expertise in harm-reduction, trauma-informed care, and motivational interviewing. And we implemented a modified Acute Service Coordination model, which utilizes Brief Critical Time Intervention to provide individuals experiencing homelessness with mental/behavioral health needs with intensive and individualized support to assist their needs and goals during their housing crisis, and to connect them to ongoing, formal mental health supports.

### **Services, efficacy, and proposed changes**

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

| Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | How AC DHS evaluates efficacy                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Measure: Share of people served by Bridge Housing who exit to permanent housing.<br><br>In FY 23-24: <b>70% of households</b> who exited bridge housing exited to permanent housing. |
| <b>Case Management</b> assists individuals and 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. Case Management is provided across several community-based service providers to households at risk or experiencing homelessness, as well as to individuals and families in shelter. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services, help families secure and maintain, conduct very targeted housing search assistance to move families into affordable housing within the community without having to continue through the homeless system, and follow the family into | Measure: Number of households assisted by case management.<br><br>In FY 23-24: <b>2,423 households</b> were provided with case management services.                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| the community once housed to ensure it is a supported transition. Housing Solution Specialists provide dedicated, specialized housing navigation, to support individuals in shelter in identifying and stabilizing in housing that they can sustain. HSS help households navigate the affordable housing system by assisting them to compile the documents necessary to apply for such housing, assisting them in identifying subsidized and other affordable housing units, working through any appeals to get into such units, and ensuring a smooth transition into the units once they are accepted                |                                                                                                                                                                                                                    |
| <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.</p> <p><i>Note: In addition to the rental assistance administered through State and local funds, Allegheny County provided assistance to approximately 4,563 households in FY 23-24 through ERAP.</i></p>                                                                                                                                                                                             | <p>Measure: Number of households for whom eviction is prevented, through rental assistance</p> <p>In FY 23-24, <b>871 households</b> received rental assistance.</p>                                               |
| <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. In FY22-23, the new year-round, low-barrier shelter, Second Avenue Commons, was opened. In addition, the Winter Shelter (formerly the SWES) also opened in November 2022 and remained open through June, and providing an additional low-barrier facility to encourage chronic street homeless to move off the streets and to access long-term supports and housing referrals.</p> | <p>Measure: Number of people served by emergency shelter programs (including shelter for people who are victims of IPV)</p> <p>In FY 22-23, <b>4,285 individuals</b> were served by emergency shelter programs</p> |
| <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>                                                                                | <p>Measure: Number of homeless individuals assisted</p> <p>In FY 23-24: AC DHS provided approximately <b>109 clients</b> with other housing supports</p>                                                           |

### Proposed changes in FY 24-25:

AC DHS, as the lead agency of the CoC, will be working with a highly experienced consultant team to lead a community planning process that will result in an updated strategic plan to guide the CoC in its efforts to prevent and end homelessness through prioritized activities and the most effective use of available resources. The strategic plan will focus on prioritizing objectives, action steps and resources, and should answer the following questions: (1) What evidence-based interventions, best practices and/or validated quality improvement measures are applicable to Allegheny County to further our goals of making homelessness rare, brief and non-recurring? (2) How can we make the best use of existing CoC resources to realize our objectives? (3) What resources and programs should we prioritize for future system growth?

Bridge housing has long been part of the Allegheny County homeless continuum but at a relatively small capacity for the past five years. Given recent increases in the number of individuals

experiencing homelessness, the combination of housing and supports services offered through a bridge model has been raised as an effective approach for communities facing growing homelessness numbers. An expansion of Bridge Housing will enable the County to safely house more individuals, while preparing them to live independently. In FY24-25, we are opening the Bridge, Employment and Training (BET) Program, which will accommodate approximately 50 individuals at any given time. Bridge Housing staff will help participants identify housing options (including home sharing with roommates, family or friends; subsidized housing options; and/or private rental market options). Participants will receive education in housing-related skills and ways to obtain employment or increase their income (resume building and job search skills, applying for available benefits, training programs, etc.). Financial and concrete supports will assist participants in achieving their housing and employment goals.

Over the last six years, AC DHS has collaborated with a broad coalition of local stakeholders to increase year-round, low-barrier shelter options in the community. The most notable of these efforts is Second Avenue Commons (2AC), which opened in Downtown Pittsburgh in late 2022. When designed, 2AC was anticipated to bring the system's shelter capacity to a level that would remove that need to implement additional shelter capacity during the winter months. However, the significant tightening of the housing market and increased need for supports has resulted in additional shelter capacity being added each of the winters since 2AC's opening. For winter 24-25, AC DHS is seeking to establish additional shelter capacity in the winter through a system of community-based shelters that will serve as a safety net during the coldest months of the year.

### **Homeless Management Information System**

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

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

### **Adult Services**

#### **Homemaker Services**

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

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

#### **Discounted Fares Pilot**

In November 2022, AC DHS, in partnership with Pittsburgh Regional Transit (PRT), piloted a Discounted Fares program, offering free and reduced-price PRT rides for county residents ages 18 to 64 who receive Supplemental Nutrition Assistance Program (SNAP) benefits, along with their children. Each household in the pilot was randomly assigned to one of three groups – one group received unlimited free PRT trips, a second group received a 50% discount on all PRT trips, and a third group received no discount. Over 14,000 residents enrolled in the Pilot during the three-month open enrollment period. Free fares led to a 26% decrease and half-priced fares led to a 10% decrease in the self-reported likelihood of missing work or other appointments in the past four weeks due to transportation issues. After seeing the positive impacts discounted fares has on low-income residents, Allegheny County publicly announced in June 2024 that Pilot program will be made permanent formally opening applications for residents ages 18-65 who receive SNAP benefits and their children to receive 50% of all PRT fares. Moving forward, the County is planning to sustain this program using local revenues.

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

#### **Workforce Initiative**

In FY 2023-24, AC DHS launched a new workforce training and employment initiative with Fishers of Men Community Development Corporation. The pilot project seeks to connect unemployed or underemployed persons of color to infrastructure workforce training and employment in union laborer jobs that pay a living wage.

Service Category: Employment - Activities to enable persons with special needs, including the mentally disabled, who are not adequately served by existing programs, to gain or retain either paid employment or training leading to paid employment.

### **Aging Services**

AC DHS did not use the Aging Services cost center in fiscal year 2023-24.

### **Children and Youth Services**

#### Legal Representation

AC 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.

Service Category: Service Planning - County agency staff activities provided to determine what services are needed, to develop a service plan and to arrange for provision of needed services.

### **Generic Services**

AC DHS did not use the Generic Services cost center in fiscal year 2023-24.

### **Specialized Services**

#### Individual Care Grants

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

training program. The payments are not made to individuals but to providers who administer them (again, only when all other financial resources have been exhausted).

### **Interagency Coordination:**

#### Reentry Services

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

#### Batterer's Intervention Programs

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