

Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Allegheny

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	RICH FITZGERALD	Date: 6/5/13
		Date:
		Date:

**Allegheny County Department of Human Services
FY 13/14 Human Services Block Grant Plan**

PUBLIC HEARING NOTICE

The Human Services Block Grant Public Hearing announcement was distributed to Allegheny County Department of Human Service (DHS) staff, contracted providers, consumers, family members of consumers and the general public. The announcement was posted on the front of the DHS website, promoted via social media (i.e., Twitter and Facebook), announced in all the major Pittsburgh newspapers, and distributed via flyers to several groups:

- 382 Provider Contacts
- 73 Libraries
- 721 Spiritual Community Members
- Newspapers: Pittsburgh Courier, Tribune Review and the Pittsburgh Post-Gazette
- Legislators
- MH/ID Board
- D&A Council
- MH Deaf and Hard of Hearing Task Force
- D&A Providers Group
- Allegheny Family Network
- Local NAMI Chapter (distributed at October NAMI walk)
- Children, Youth and Families Advisory Board
- MH Service Coordination Unit Directors
- BH and Justice Subcommittee of the County Jail Advisory Board

Both hearings took place at the Human Services Building in downtown Pittsburgh. DHS has found that this location is the most accessible to the general public. The site is located directly on multiple bus lines and does not require a bus transfer downtown to another community.

The dates, times and attendance of the meetings were as follows:

- May 6, 2013 at 5:30 p.m., 31 attendees
- May 15, 2013 at 1 p.m., 60 attendees

Over 90 individuals attended the public hearings including family members of consumers, consumers, advocacy groups, contracted providers, and staff from the county and DHS. The Director of DHS and staff members presented a PowerPoint that included the following information:

- Overview of block grant parameters, including the FY 12/13 plan and the FY 13/14 plan guidelines
- Overview of Block Grant Case Reviews and findings
- Review the Call for Concept proposal process and next steps
- Overview of the FY 13/14 Block Grant Plan
- Discussion/testimony

DHS also presented the plan to the Block Grant Advisory Board on May 2, 2013.

A draft of the Block Grant Plan was posted on DHS's website on May 28, 2013. An announcement was distributed to DHS staff, contracted providers, consumers, family members of consumers and the general public when the plan was posted. Individuals had the opportunity to review and comment on the plan until June 14, 2013.

Comments expressed during the public hearings are summarized as follows:

- An individual spoke in favor of continued support of the Allegheny Link to Aging and Disability Resources. The speaker noted that the Link provides a vital resource to the county by helping individuals in need complete applications and navigate systems so they can find appropriate services and supports.
- An individual expressed concern that disability services are missing from the draft FY 13/14 block grant plan.
- An individual expressed concern about using block grant funds to serve individuals immigrant and refugee populations in the suburbs when significant mental health issues exist in urban environments.
- Several individuals had questions regarding Conferencing and Teaming and how it will affect Family Group Decision Making providers and the families utilizing the service. One individual also had concerns that families would not have a neutral party present in the Conferencing and Teaming model.
- A few individuals asked whether the Block Grant would expand to include additional categorical fund types.
- An individual asked whether there was a lawsuit to remove CHIPP funding from the Block Grant.
- An individual applauded DHS's plan to fund case management for children and families in emergency shelters using block grant funds
- A few individuals had questions regarding giving providers' access to client level data and how it would be used. An individual mentioned giving clients' access to their own data.
- An individual had clarifying questions regarding how Universal Crisis Services was defined.
- An individual asked the process for giving DHS feedback on the plan.

WAIVER

DHS will not be seeking a waiver in the FY 13/14 Human Services Block Grant plan.

COUNTY PLANNING TEAM

DHS believes that it is important to create opportunities to receive public input on our planning processes and initiatives; it's critical to meeting our publicly-crafted DHS vision and key to delivering our services according to our articulated guiding principles.

To plan for the FY 13/14 Human Services Block Grant plan, the County engaged in the following activities—

- Created the Human Services Block Grant Advisory Board
- Issued a Call for Concepts to identify new approaches to service delivery
- Conducted case reviews to develop a better understanding of Human Services Block Grant consumers

To augment the DHS's commitment to engaging the public in the planning process, DHS has also begun to standardize a process for cross-office goal setting and planning. Part of this change is the development of the Planning Manager position to coordinate all DHS plans and planning processes. In addition to drafting plans required by federal, state and other entities, the Planning Manager is charged with integrating plans across DHS program offices and developing a planning process and culture at DHS.

Human Services Block Grant Advisory Board

In preparation for DHS's response to the annual PA Human Services Block Grant Plan, Allegheny County established a Human Services Block Grant Advisory Board with broad-based representation from consumers and families of block grant funded services, providers, advocates, community representatives, DHS staff, and representation from existing and statutorily required boards. Board members were selected to reflect the diversity of the populations served by DHS and our commitment to creating an accessible, culturally competent, integrated and comprehensive service system. Applicants were considered on a variety of factors, including system representation or service expertise, demographics, community involvement and a short essay in which they described how their involvement on the Board would help DHS move closer to its vision, and how they would add a unique perspective/diversity to the group.

From the beginning, DHS was committed to a majority of board members being consumers, family members, or appointees. DHS received 122 applications that included a broad representation of consumers and families of Human Services Block Grant funded services, providers, advocates, community representatives as well as representation from existing and statutorily required boards. The final selection includes 49 board members with 26 individuals having consumer/family member involvement. The remaining board members are professionals from provider and community organizations with cross system representation, the foundation community, advocates, and boards required by legislation. Three of the selected board members have both consumer/family involvement and professional experience.

The board has met twice, and provided input on the Human Services Block Grant planning process. A sub-group of this board was convened to inform and prioritize the selection of submitted concepts to pilot through the Human Services Block Grant process.

Call for Concepts: New Approaches to Human Service Delivery

As part of the broader strategy for implementing the Human Services Block Grant, DHS issued a Call for Concepts to engage our provider network and other partners in strategizing on how best to use the flexibility of the block grant to serve our community. The goal was to solicit ideas and approaches to more creatively, effectively and efficiently deliver human services by transferring some of the flexibility afforded by the Human Services Block Grant to our provider network. By engaging providers to develop concepts that utilize the flexibility of the Human Services Block Grant, DHS sought to advance creative solutions and potentially inform policy at the local and state level.

DHS issued the Call for Concepts in late January 2013, with a due date of March 4th, so that concepts that were appropriate for inclusion in the 2013-14 Human Services Block Grant could be finalized in time for submission to the State. The solicitation asked for concepts limited to 5 pages, and asked proposers to identify target population, concept description, outcomes measurement and funding implications. DHS received 47 concepts from more than 30 different organizations – primarily service providers but also university partners and a school district.

Following a multi-part internal and external review process, the external component of which included representatives of the County's Human Services Block Grant Advisory Committee, the field of concept proposals was narrowed to those items which showed the best combination of urgency, feasibility and impact to be included in this year's Human Services Block Grant plan. Other concepts may be pursued in future years, may be pursued outside the Human Services Block Grant framework, or will be used to inform broader determinations of community needs and strategies for addressing them.

Combined with concepts gathered internally by DHS and those submitted by other local partners, these selected concepts make up the eight areas where DHS plans to study, pilot or fully implement new initiatives as part of the Human Services Block Grant in FY 13-14.

Case Reviews: Develop a better understanding of Human Services Block Grant consumers

When writing the FY 12/13 Human Services Block Grant Plan, DHS decided to conduct case reviews as part of its FY 13/14 plan to achieve the following three goals:

1. Develop a better understanding of how systems interact and particular needs;
2. Identify opportunities to improve services; and/or,
3. Identify system issues that could be addressed to improve outcomes for DHS consumers.

Four case reviews on adult consumers, involved in multiple systems funded by the Human Services Block Grant, were completed in January and March of 2013. A core team of DHS staff representing all DHS system partners and support offices, representatives from Community Care Behavioral Health and representatives from providers who served each individual consumer were invited to attend.

To meet the goals articulated above, the DHS office of Data Analysis, Research and Evaluation (DARE) compiled historical service data for each consumer into a comprehensive timeline to depict service overlap and trends. Consumer strengths and needs through their service history were also reviewed and discussed. After examining the individual case, the group identified specific system-level issues and challenges.

Several challenges and needs emerged from the case review process. These include:

- Communicating and coordinating challenges including collaboration among systems, multiple and conflicting service goals among service providers, the inability to share and access data about the consumer due to confidentiality laws, and the time it takes to build trust with consumers;
- Balancing voluntary and involuntary system involvement when consumers are involved with both;
- Managing conflicting policies among systems and service providers;
- Managing the sequencing of service delivery among systems and providers and facilitating smoother transitions between services and systems;
- Making a clearer distinction between crisis management and long-term treatment needs;
- Continuing to ensure that the consumer and family are active participants in their treatment and that their goals are first whenever possible;
- Helping consumers develop natural supports; and
- Identifying housing options for consumers.

While these findings are not unique to any complex, human service system, the case reviews were instrumental in helping DHS decide which new services to fund as well as identify areas for further consideration. DHS plans to conduct additional case reviews during the FY 13/14 Human Services Block Grant year focused on adults, transition aged youth and families with young children.

NEEDS ASSESSMENT

The flexibility of the Human Services Block Grant compels DHS to rethink how it funds services and identifies need. DHS utilized the proposals from the Call for Concepts and findings from the Human Services Block Grant Case Reviews to identify areas for further exploration as well as services to pilot or fully implement in FY 13/14.

An overview of these areas is provided below.

Examining homeless services

- The University of Pittsburgh, Office of Child Development submitted 5 concepts to improve the process and quality of care for families in the County's homeless systems.
- To address the needs highlighted in OCD's proposals, in FY 13/14, DHS will--
 - Incorporate case management for families with children in emergency shelters to help connect families to services.
 - Examine the entire homeless system from intake, to process of care, to system integration and transition.

Supporting community based mental health and natural support groups

- Elizabeth Forward School District, in collaboration with Mon Yough Community Services (MYCS), submitted a proposal that creates an afterschool community based counseling program for students in the district grades 6 through 12. A lack of public and private

transportation in the district makes it difficult for parents to take children to MYCHS for counseling sessions.

- To address the needs highlighted in the proposal, DHS will fund the pilot for one-year as well as examine mental health programs in County schools to determine the process of care and availability of services
- Jewish Family & Children's Service (JF&CS) and its partners' submitted a proposal that creates neighborhood-based psycho-social groups in Allegheny County's growing refugee and immigrant communities.
 - To address the behavioral health needs among non-English speaking refugees and other vulnerable immigrants, DHS will fund the proposal to train and mentor community facilitators, who will lead support groups in refugee and immigrant neighborhoods in the members' language.
 - The groups will address common concerns, build each community's capacity to reach out to struggling individuals and families, and increase natural supports and self-reliance.

Creating individual care grants and an integrated service planning process for adults

- Family Services of Western Pennsylvania submitted a proposal to provide individual care grants for people with high service needs that cannot be met with categorically funded services. This concept will take time to work through; however, DHS will explore the concept in FY 13/14.
- In conjunction with these grants, DHS identified the need for an integrated service planning process for adult consumers during the Human Service Block Grant Case Reviews.
- This process would work with each involved system (e.g. mental health, community services, drug and alcohol) to achieve goals at the individual or family level, e.g. reduction in overlapping and conflicting services, prioritization of areas for coordinated service delivery, and identification of service gaps.
- The grants would be used as a "last resort" or "contingency" funding source and deployed when the Integrated Service Planning team has identified a need for a specific service that cannot be provided through any existing funding stream.

Improving provider access to client data

- Requested by a member of the Human Services Block Grant Advisory Board and supported by the findings from the Case Reviews, DHS will give providers' access to Datavue in FY 13/14 to improve the process and quality of care for clients.
- Lack of data integration not only affects the person seeking assistance; it also makes it difficult for service providers to coordinate services and integrate treatment.

Improving reentry services

- DHS, through the Jail Collaborative, is committed to supporting diversion/reentry efforts. Needs assessments of the clients served through the Reentry Program and its family support services show that these clients are at medium to high risk of reoffending. Data from Allegheny Correctional Health Services indicates that 70 percent of individuals coming into the jail have substance use disorders.

- With the support of Human Services Block Grant funds, the Jail Collaborative will continue to serve:
 - Men and women in the County Jail who are medium/high risk and within a year of being released, both in the jail and in the community, through case management and purchased services located throughout Allegheny County and in Probation Day Reporting Centers
 - The children and family members of individuals who are incarcerated.
- DHS will also assign a resource specialist to assist and understand human services gaps at the lower court, MDJ level.

Exploring transition age youth services

- DHS received eight concept papers that addressed the transition age youth population.
- Many of the proposals addressed transition age youth populations with mental health issues that need greater supports as they transition out of the child welfare? system.
- DHS will take the next year to explore our service inventory, including accessing service gaps and the quality of care available, to determine how best to serve the transition age youth population.

Examining universal crisis

- Proposed by Allegheny County HealthChoices, Inc. (AHCI) and supported by findings from the Human Services Block Grant Case Reviews, there continues to be populations other than children and adults with mental illness, who could benefit from crisis services where few exist, e.g. *the aging population, people with intellectual disabilities, the homeless, people with substance abuse disorders, etc.*
- Providing mobile staff that is competent in working with various populations, particularly when they are in crisis, could de-escalate situations so that people do not need to be hospitalized or lose their residential placement or housing.
- DHS is not funding this concept at this time; however, DHS will explore the need for the service over the next year.

In addition to the Call for Concepts and Block Grant Case Reviews, DHS also examined specific program level data to help develop the plan for the expenditure of Block Grant funds. As specified in the guidelines, categorically, DHS utilized—

Mental Health

1. Housing referral information
2. JRS data
3. CART
4. Incident Data Base
5. State Hospital Utilization and Diversions
6. Disposition meetings at Community Inpatient
7. 302's
8. Number of Mental Health trainings and participants.

Intellectual Disability

The Department of Human Services Office of Intellectual Disability (DHS OID) maintains an Operating Agreement with the DPW Office of Developmental Programs (ODP) to perform operational and administrative functions delegated by the Department. Assuring quality of service is an essential component of administrative management. Allegheny County's Fiscal Year 2013-2014 AE Quality Management Plan includes seven action plan goals/objectives that reflect ODP's focus areas:

- 1) Increase capacity for Lifesharing;
- 2) Increase opportunities for employment;
- 3) Reduce incidents of restraint;
- 4) Reduce incidents of individual to individual abuse;
- 5) Reduce reoccurring incidents of Psychiatric Hospitalizations;
- 6) Increase choice of and ability to plan day activities;
- 7) Improve documentation of mitigation in the ISP

The actions DHS will take to track the goals is described thoroughly in the Intellectual Disability section of the plan.

Drug and Alcohol Services

- Service utilization
- Waiting list data

Homeless Assistance

- Number of unique individuals (adults and children) served by Homeless Assistance Programs
- Length of time individuals utilized a homeless assistance program
- Number and types of cross-system programs and services utilized by homeless consumers

Children and Youth

For Homeless Assistance programs, the County examined—

- Number of unique individuals (adults and children) served
- Length of time individuals utilized a homeless assistance program
- Number and types of cross-system programs and services utilized by homeless consumers

For Truancy Programs, the County will examine—

- Number of Children Served
- Number of Days Absent per Child
- Number of Days Tardy per Child
- Changes in absenteeism and grades
- Number of Children Promoted to the next Grade Level
- Number of Children Placed Due to Truancy
- Number of Successful Referrals

For CYF Special Grant Evidence Based programs, the County examined—

- Number of children served
- Number of successful referrals
- Number of children that completed program

HUMAN SERVICES NARRATIVE

Since the first Human Services Block Grant plan was due several months into the 12/13 fiscal year, DHS did not utilize the 20 percent flexibility afforded by the pilot program. Instead, DHS pursued a status quo plan, so that it could develop a thoughtful and informed approach to identify and develop goals, strategies and outcomes that support the implementation of the Human Services Block Grant. This work included developing the Human Services Block Grant Advisory Board, issuing a Call for Concepts to identify new approaches to service delivery as well as conducting case reviews to better understand block grant consumers.

This year—the second year of the Human Services Block Grant —DHS is utilizing approximately 2 percent (\$2.4 million) of the flexibility in the block grant compared to the County’s FY 12/13 allocation. While the change is small, many new concepts represent bigger changes to come in future plans. This year, DHS will be—

- Examining homeless services
- Supporting community based mental health and natural support groups
- Creating individual care grants and an interagency process for adults
- Improving provider access to client data
- Improving justice related services
- Investing in reentry services
- Exploring transition age youth services
- Examining universal crisis

All eight of the areas DHS plans to study, pilot or fully implement new initiatives in FY 13/14 were inspired by the Call for Concept initiative and the Human Services Block Grant Case Reviews. All of these services are discussed in the plan and have been presented to DHS staff, the Human Services Block Grant Advisory Board, and the public prior to its submission.

While Human Services Block Grant funds will support new services in FY 13/14, DHS is not supplanting funds for existing block grant funded services. Rather, DHS has identified efficiencies and engaged in initiatives outside of the Human Services Block Grant that improve the department’s planning processes.

Client Count Limitations

DHS values the use of data to better understand service delivery and to inform decision making. Part of this work requires understanding what is well documented in administrative data, what is not, and what changes in these numbers over time represent. Unfortunately, client data are not perfect, and changes to counts over time often reflect changes in data quality, the quantity of information that is collected, or the method by which people are counted. These caveats apply to the data about people served through

the Human Services Block Grant, so this section outlines some of the important factors to consider when interpreting the client counts.

- It is the nature of some services to allow for people to be served anonymously so that information collection does not deter them from seeking assistance or delay the provision of important assistance (e.g. telephone crisis). When this occurs, the service is often program funded, and data about the unduplicated number of people served by that service are unavailable. Yet, an important service is being provided to many people, so estimates may be made to demonstrate that people are served using the allocated funds, even if we can't count exactly how many. This happens in many program areas, but among Human Services Block Grant-funded services, this occurs most frequently in Mental Health services.
- Some data are not collected in a central information system, so DHS aggregates reports from providers about the number of clients served. This process prevents the ability to accurately report the number of unduplicated clients, so if this information later moves into a data system, the number of people served may drop as a result of better data, not because fewer people are actually served. This occurs in many program areas, including HSDF, HAP, Mental Health, and Drug & Alcohol services.
- Sometimes a service previously funded in one cost center will shift to a different cost center, or a new service is created. In this case, changes to client counts reflect changes in the service offerings in that category, but may not reflect a change in the number of people served overall.

The challenge of arriving at an estimate of unduplicated people served in a whole program area is compounded by each of the limitations outlined above, so changes in total clients served are even more difficult to interpret than changes within a specific cost center. If client counts presented in this plan change drastically between two years, there will be notations provided to explain the rationale, which may reflect one of the limitations of the data listed above, or may reflect a true change in services provided to the community.

Mental Health Services

Services funded by Mental Health (MH) line items, including MH BHSI, are essential to a consumer's ability to function in their familial and societal roles. In response to a 9 percent reduction in state funding in FY 12/13, services most critical to an individual's health and safety were prioritized for funding over services that enhance general well-being, but are not directly related to an individual's immediate health and safety needs. Moving forward in FY 13/14, DHS will slightly increase mental health base funding level from its FY 12/13 allocation by one percent.

While mental health base funding will remain stable, DHS is making investments in services that will benefit County residents with behavioral health needs. Several of the new services will be funded with HSDF funds and described in the HSDF section of the 13/14 plan narrative. Nevertheless, many of the consumers that stand to benefit the most from these investments are involved in the behavioral health system. This includes using Human Services Block Grant funds to—

- Support the Jail Collaborative in order to continue to serve men and women in the County Jail who are medium/high risk and within a year of being released, both in the jail and in the community, through case management and purchased services located throughout Allegheny County, and in Probation Day Reporting Centers
- Invest in an afterschool community based counseling program for students in the Elizabeth Forward School District in collaboration with Mon Yough Community Services (MYCS)
- Develop an interagency process for adults to help identify, coordinate and connect consumers in need
- Provide individual care grants for people with high service needs that cannot be met with categorically funded services
- Support neighborhood-based psycho-social groups in refugee and immigrant communities

Over the next year, DHS will also be exploring the needs of transition age youth. In the Call for Concept process, DHS received eight concept papers that addressed the transition age youth population. Many of the proposals addressed transition age youth populations with mental health issues that need greater supports as they transition out of the child system. DHS will take the next year to explore our service inventory, including accessing service gaps and the quality of care available to determine how best to serve the transition age youth population.

In addition to this work, DHS will prioritize services critical to an individual's health and safety needs while continuing to shift the mental health service delivery system away from reliance on large institutions and other inpatient settings and towards an array of community services and supports to address the needs of the residents of Allegheny County. DHS will also continue to work closely with the behavioral health management care organization (BH-MCO), Community Care Behavioral Health (CCBH) to integrate Medicaid and non-Medicaid services. CCBH is involved in all aspects of behavioral health care in Allegheny County including assessment of need, implementation, planning, and administration.

DHS estimates that it will serve 62,151 individuals (duplicated)¹ with MH Human Services Block Grant funds in FY 13-14. This plan will address DHS's strategy by target population and the County's Recovery-

¹ See section on "Client Count Limitations."

Oriented Systems Transformation as specified in the FY 13/14 Human Services Block Grant Plan Guidelines.

- Adults (ages 18 and above)
- Older Adults (ages 60 and above)
- Transition-Age Youth (ages 18 through 26)
- Children (under 18)
- Special/Underserved Populations
 - Individuals transitioning out of state hospitals
 - Co-occurring
 - Justice-involved individuals
 - Veterans
 - Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers
 - Racial/Ethnic/Linguistic minorities
- Recovery-Oriented Systems Transformation

Adults (18 and above)

Mental Health Human Services Block Grant dollars are used for a variety of individuals, including adults who are 18 and above, who need MH services. This includes covering mental health services for adults and older adults who are uninsured or underinsured, and for “non-covered” services for people who have MA or other insurance. These unrestricted funds provide the ability to fund traditional, foundational outpatient services as well as innovative, evidence-based services to “package” services to aid in people’s ongoing recovery. Although “medical” services are clearly important for people with mental illness, they work best when coordinated with services designed to address all aspects of people’s lives, such as social, vocational and spiritual. Treatment Services for adults are to ensure that individuals receive holistic treatment coordinated with recovery services to aid in their integration into the community and prevent hospitalization, incarceration, homelessness, and psychiatric emergencies. These services include:

- *Outpatient Community Treatment Services* are known as Outpatient, Partial Hospital, Mobile Therapy, evidence based Assertive Community Treatment (ACT), Mobile Medications, and AOP (Alternative Outpatient Program which are provided in some local LTSRs).
- The *Behavioral Health Pharmacy Benefit Program* (a payer of last report option for BH medications only) provides limited psychiatric medications at no cost to eligible individuals. To be eligible individuals must reside in Allegheny County; lack the income to pay for psychiatric medications, and not have prescription coverage through Medical Assistance or third party prescription coverage(e.g., Blue Cross/Blue Shield, PACE, or other private insurance).
- *Rehabilitation Services* are designed to help people in recovery by providing vocational, social, and psychiatric rehabilitation options. Vocational Services include Facility Based Vocational Rehab and Community Employment and Employment Related Services.
- The *Supported Employment Initiative* (a SAMHSA evidence-based program) in Allegheny County has demonstrated that people with mental illness can work successfully and be productive members of society given the right supports. Supported employment services are based upon

individual choice, are integrated with comprehensive mental health treatment, have competitive employment as the goal, provide personalized benefits counseling, start the job search soon after a person expresses an interest in working, provide continuous follow-along supports for as long as the person wishes, and respect individual preferences in assisting a person to pursue his/her vocational goals.

- *Psychiatric Rehabilitation (PR)* includes: site-based PR, mobile PR and Club Houses.
- *Residential and Housing Support Services* provide an array of options ranging from 24-hour intensive treatment and support to less intensive support based upon individualized need. These services include Community Residential Rehabilitation (CRR), MH Comprehensive Personal Care Homes, small specialized group homes and bridge housing, domiciliary care, permanent supportive housing, and housing support services. More clinically intensive treatment and residential support services include: Residential Treatment Facility for Adults (RTFA), Long-term Structured Residences (LTSRs) and Community Based Extended Acute Care. The goal of these services is to ensure that individuals with mental illness and co-occurring disorders are able to live in the least restrictive community setting possible and prevent homelessness, hospitalization, incarceration and other psychiatric emergencies.
- *Service Coordination Services* (formerly Case Management) help to ensure that a multitude of supports available to individuals with mental illness are coordinated in the best interest of the consumer. This includes the Single Point of Accountability or “SPA” initiative which builds upon the current service coordination system in order to create a new, more recovery-focused system.
- *Consumer Driven Services and Peer Support Services* include peer mentors, warm line services as well as Drop-in Services and Certified Peer Specialists. The goal of these services is to improve recovery outcomes and foster community integration for individuals with mental illness and co-occurring disorders by peers supporting other peers in the service system. These services are available at drop-in centers and in the community in programs or by phone. Through the Peer Support and Advocacy Network (PSAN) and other advocacy organizations, Allegheny County residents with mental illness have access to a consumer-operated system of support, socialization and advocacy. Peer Support Services are augmented by HealthChoices funded Certified Peer Support Services.
- *The Helping Families Raise Healthy Children Program* focuses holistic assessments with care of families. This program identifies families who may be experiencing both caregiver depression and early childhood developmental delays, enhances access to supports for families, cross-trains providers to deliver family-centered services that address caregiver depression in the context of parenting and the parent-child relationship, and aims to achieve positive outcomes for families.
- *Justice Related Services* are also available for adults with mental health problems who are involved in the justice system. Please see discussion below under Special/Underserved Populations.

Older Adults (ages 60 and above)

All of the services described under the Adults (18 and above) and Special/Underserved Populations are available to older adults with mental illness. The DHS utilizes different techniques, however, to engage the older adult population during the planning and service delivery process. For example, OBH participates on the Behavioral Health and Aging Coalition and is a member of the Southwestern Pennsylvania Partnership on Aging (SWPPA). Some services and supports are specific to the geriatric mental health population including an In-Home Geriatric Program that provides a clinical team to assess, plan and support seniors in their current residence, two Geriatric LTSRs, and Dom Care services with the DHS AAA. DHS also has an MOU with AA to conduct case reviews and work collaboratively with specific individuals. An OBH-AAA liaison coordinates these efforts.

Transition-Age Youth (ages 18 through 26)

While for many mental health services, the adult mental health system begins at the age of 18, DHS has some services available to address the mental health needs of the transition-age youth population. In addition to the services DHS currently provides, DHS will explore the concept papers that addressed transition age youth with mental health issues that need greater supports as they transition out of the child system. DHS will take the next year to examine our service inventory, including accessing service gaps and the quality of care available to determine what additional services may be needed.

These services include:

- *Children, Youth & Families Liaison* – For the last 10 years, a mental health program specialist has provided site-based consultation to CYF personnel to provide information and help navigate child-serving systems. In FY 09/10, the liaison role was expanded to assist CYF personnel in accessing the adult mental health system for transition-aged youth as well as the Office of Intellectual Disability.
- *LIFE (Living in Family Environments) Project* – The LIFE Project team provides individualized service coordination for children/adolescents ages 3-21 who require intensive behavioral health treatment. This program helps children at risk of requiring a more restrictive environment by linking them to intensive treatment and support within the least restrictive setting possible. The team plans, implements and coordinates all services to ensure that the child and family needs are met. The principles of High Fidelity Wrap Around are incorporated as part of the service delivery model to support self-determination and the use of natural supports.
- *Assertive Community Treatment (ACT)* – ACT Teams are made up of a psychiatrist, nurse, therapist, case manager and vocational specialist who provide comprehensive and intensive services to transition age adolescents (age 16 – 25) in the community where they live. This treatment approach is intended for individuals who require assistance in achieving and maintaining mental health stability in the community, and who would continue to be at high risk for experiencing hospitalizations, incarcerations, psychiatric emergencies or homelessness without these services.
- *Community Residential Rehabilitation (CRR) / Host Home* – If a child cannot live at home, he or she may receive services in a Community Residential Rehabilitation/Host Home. This option

provides a transitional residential program either in a foster family setting. A host home provides therapeutic services 24 hours per day, 7 days per week. There are currently 8 beds funded for this service. In addition, DHS has supported housing for Transition Age Youth. DHS is also working on a reinvestment plan for supported housing expansion/enhancement for this target population.

Children (under 18) Counties are encouraged to include services like Student Assistance Programs (SAP), Respite, and Child and Adolescent Service System Program (CASSP) services and supports in the discussion

Children with mental health challenges in Allegheny County range from those with relatively few needs to those who require intensive treatment and may be involved in multiple systems.

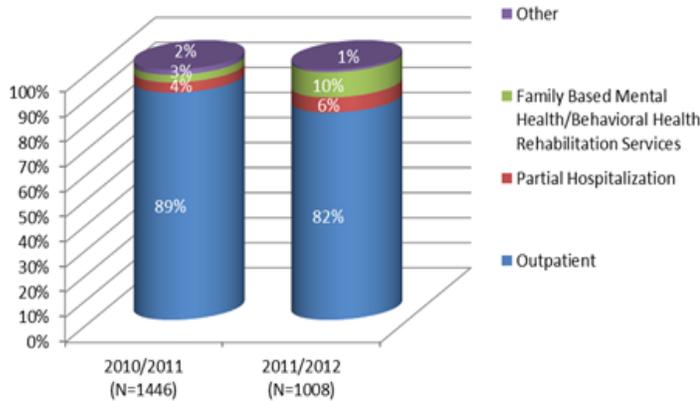
DHS offers wide array of services to meet their needs:

- *RESPOND (Residential Enhancement Service Planning Opportunities for New Directions)* – The RESPOND program was created to help human services providers and families in Allegheny County better assist multi-system children and youth whose complex needs pose the most difficult challenges. RESPOND is a highly selective, intensive residential program offered in three homes (licensed under 3800 regulations). Capacity at each site is limited to two residents. Staff-to-child ratios range from 1:1 to 4:1, depending on the needs of the youth. RESPOND operates using a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential staff in each home are highly skilled individuals with experience working with children and youth with complex needs. The group homes are also supported by a shared Mobile Treatment Team (MTT) comprised of a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker who have a range of clinical expertise in mental retardation, developmental disabilities and child psychopathology.
- *Student Assistance Program (SAP)* – The SAP is a prevention/intervention program in high school in Allegheny County that uses a systematic team approach to help students with mental health and/or drug and/or alcohol abuse problems get the help they need to succeed in school. The team is made up of people from various professions within the school and others from community agencies. These professionals work to find barriers to learning; and along with families, figure out what services would help the student succeed.

2011/2012 SAP Highlights

During the 2011-2012 school year, 1,788 students received a CANS screening through SAP. From those screenings, 1,392 (78%) students were referred for further evaluation. The chart below illustrates how treatment referrals changed for SAP involved children since the implementation of the CANS. The CANS screening helps SAP Liaisons to appropriately identify the level of care required for children to be successful in treatment. Chart data reflects the percentages of children referred into various treatment types.

Where were students referred for treatment?



- *Shuman Center Project* - This program is for children/adolescents with mental health problems who are being detained at Shuman Detention Center. The Shuman Center Project provides: A case manager who coordinates mental health services to ensure that services are in place for the child upon release from the detention center; linkages to the probation officer; and advocacy for the child/adolescent.
- *Juvenile Court Liaison* – OBH provides on-site consultation to the Juvenile Court on mental health and substance abuse resources, identification of behavioral indicators of serious mental disturbances, and assistance in facilitating referrals and acceptance for treatment. The liaison also organizes and coordinates mental health commitment hearings held at the Juvenile Court and trains Allegheny County Sheriffs in the Mental Health Procedures Act of 1976.
- *Juvenile Justice Related Services Program (JJRS)* - JJRS is a specialized and individualized service coordination program that focuses on youth involved in the juvenile justice system and their families. JJRS staff act as a vital link between the behavioral health and justice systems by planning, implementing and coordinated services that are client-driven, family focused, and least-restrictive.
- *Community Residential Rehabilitation (CRR) / Host Home* as described in the Transition-Age Youth section.
- *LIFE (Living in Family Environments) Project* as described in the Transition-Age Youth section.
- *Children, Youth & Families Liaison* as described in the Transition-Age Youth section.
- The Administrator of the Bureau of the Child and Adolescent Mental Health Services in the Office of Behavioral health also serves as the CASSP Coordinator which supports local and state-wide collaboration.

Although the following services are mainly funded with HealthChoices dollars, in some cases, MH line items in the Human Services Block Grant are also used in conjunction with HealthChoices to provide the following services to children who need them:

- *Partial Hospital Program* – This program provides a nonresidential form of intensive treatment provided in a freestanding or special school-based program for 3 – 6 hours per day. Structured treatment and support services include group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As their mental health improves, the goal is to return the child to his or her regular school and to more stable functioning within the family. This option is often recommended for a child who is transitioning from inpatient hospital.
- *RTF Group* – the RTF group provides a single point of contact for referral, service coordination and discharge planning for children and adolescents involved at the Residential Treatment Facility level of care.
- *Family Based Mental Health Services* – These comprehensive services are designed to assist families in caring for their child/adolescent in their home. Services may include treatment for the child and other family members, case management and family support services. Services are available 24 hours a day, seven days a week and are provided by a team of mental health professionals in the family's home.
- *Behavioral Health Rehabilitation Services* - Also known as wraparound services, these in-home services provide focused therapeutic and behavioral support to children/adolescents, focusing on strengths and needs. These services are designed to develop stability, improve functioning in the family, at school and within the community, and help the child receive services in the least restrictive setting possible. Services are generally provided by a Behavioral Specialist Consultant, a Mobile Therapist, and /or Therapeutic Staff Support. Although this service is funded primarily under HealthChoices, MH Base dollars are occasionally used.
- *The Helping Families Raise Healthy Children Program* as described under the Adult (18 and over) section.

In addition to the services DHS currently provides, it will also fund a proposal submitted by Elizabeth Forward School District in collaboration with Mon Yough Community Services (MYCS). The proposal creates an afterschool community based counseling program for students in the district grades 6 through 12. Lack of public and private transportation in the district makes it difficult for parents to take children to MYCHS for counseling sessions. Rather than arranging their own transportation, students that attend the program will take the activity bus home from school. Elizabeth Forward and MYCHS estimate they will provide counseling 2 days/week for approximately 3 kids per afternoon, plus tutoring. DHS will provide \$15,000 for a one-year pilot of the program.

Finally, OBH and CYF are working closely to assure that the health and safety and mental health needs of children and adolescents in Allegheny County are coordinated. Efforts with this collaboration will be assisted by the Title IV-E Waiver which will allow us to use funds to prevent placement as opposed to using them for placement.

Special/Underserved Populations

- **Adults transitioning out of state hospitals *and* adults with SPMI and Co-Occurring Substance Use Disorders**

In FY 13/14, a significant portion of mental health Human Services Block Grant funding will continue to be used for people who have previously been served in state mental health facilities and community inpatient or who are being diverted from those level of cares. The funding source within the mental health services appropriation—CHIPP—accounts for approximately 50 percent of the total share of state mental health service funds allocated to Allegheny County. In 2012, approximately 6,742 individuals with mental illness received support from CHIPP in the county. The estimate provided in the FY 12/13 plan was lower, but this increase in estimated consumers reflects an improvement in the calculation rather than a change in service provision. The definition used to derive the current estimate was devised through a series of roundtable discussions with professionals in mental health and reflects the number of consumers receiving an array of services traditionally associated with CHIPP funding – services provided with the goal of diverting consumers from the level of care associated with state mental health facilities.

The Mayview Service Area, including Allegheny, Beaver, Greene, Lawrence, and Washington Counties (the Counties), has aggressively supported the State’s decision to end unnecessary institutionalization of adults who have a SPMI. Through ongoing, stakeholder based regional planning conducted by the Counties, the Commonwealth closed Mayview State Hospital in December 2008. Allegheny County has continued to be part of regional planning efforts to ensure that services are available to support individuals who were discharged as part of the closure and for those who would have used the state hospital.

DHS is committed to serving people in their communities and believes that it is imperative to continually develop and sustain viable community-based services to support not only those individuals who have already been discharged into the community, but also those who would have otherwise gone to the state hospital if it were still in operation. Examples of CHIPP supported services include Long Term Structured Residences (LTSRs); small specialized group homes; comprehensive MH personal care homes; crisis services, Community Based Extended Acute Care (EAC), CTT, employment services, service coordination, and Residential Treatment Facility for Adults (RTFA). These services are often accomplished in collaboration with the Office of Intellectual Disability (OID), Office of Community Services (OCS), the OBH Bureau of Drug and Alcohol Services , Area Agency on Aging (AAA), and the Courts.

Based on an agreed upon funding formula benefitting the entire region, community-based infrastructure development occurred in all of the regional Counties since there would no longer be a state hospital available. These extensive, new and expanded services were developed by transferring just 59 percent of the annual Mayview State Hospital budget to the community (\$37.4 Million of an annual budget of \$63M, or on average, \$91,000 per person discharged) (Mayview Regional Service Area Regional Olmstead Plan) and resulted in a more comprehensive recovery oriented community-based system of care for individuals with SPMI. It also resulted in a system where available resources (e.g., MH base funds, Medicare, HealthChoices, HUD, OVR, etc.) are purposefully braided in a plan to specifically address people’s individualized needs. Some of the positive outcomes in the Mayview Regional Service Area as a result of the Mayview closure (University of Pittsburgh Evaluation. Mayview Discharge Study Four Year Outcomes, June 2013) include:

- A decrease in average restrictiveness from 5.2 to 4.2. During the first year of discharge, 29% of participants lived in lower-restriction settings (private home, supported housing, group home, and CRR) and about 71% of people lived in higher-restriction settings. At the four-year observation, this pattern had reversed, with 68% of participants living in lower-restriction settings, and 32% living in higher-restriction settings.
- An improvement in social functioning that, in comparison to other academic reports, suggests that the Mayview group is doing well.
- An improvement in two of the six measures in the World Health Organization Quality of Life Scale, physical health and satisfaction with the environment. Other indicators were stable over time, comparing favorably to other published samples.
- An improvement in two of the five subscales of the Recovery Assessment Scale, personal confidence and hope and reliance on others. The other indicators remained stable.

In addition to the DHS priority of serving adults and older adults with SPMI, MH Human Services Block Grant dollars are also used to fund services for adults and older adults who are uninsured or underinsured, and for “non-covered” services for people who have MA or other insurance. Further, many of these services were developed or expanded as a result of state hospital consolidations/closures:

Treatment Services are provided to ensure that individuals with SPMI and co-occurring disorders receive holistic treatment coordinated with recovery supports to aid in their re-integration into community and to prevent hospitalization, incarceration, homelessness, and psychiatric emergencies.

- *Outpatient Community Treatment Services* as described under Adults (18 and above) section.
- *Inpatient Psychiatric Services Extended Acute Care (EAC) Services* are provided for individuals needing extended periods of time in an intensive 24-hour treatment service. Allegheny County currently offers two inpatient EAC levels and one community based RTFA.
- *The Behavioral Health Pharmacy Benefit Program* (a payer of last report option for BH medications only) as described in the Adults (over 18) section.
- Rehabilitation Services designed to help people in recovery by providing vocational, social, and psychiatric rehabilitation options as described in the Adults (over 18) section.
- *Residential and Housing Support Services* as described in the Adults (over 18) section.
- *Adults transitioning out of state hospitals and adults with SPMI and co-occurring substance use disorders* may also receive the following services described in the Adults (18 and above) section
 - Service Coordination
 - Peer Support
 - The Helping Families Raise Healthy Children Program

- The Supported Employment Initiative.

- **Individuals involved with the justice system**

Persons with mental illness who are being diverted or released from jail

The delivery of justice related services in Allegheny County has been guided by stakeholder input through consumers and family members, providers, the Allegheny County Court of Common Pleas, the Office of the Public Defender, the Office of the District Attorney, the Office of Probation and Parole, The PA OMHSAS, the U.S. Department of Justice, Bureau of Justice Assistance, the Pennsylvania Commission on Crime and Delinquency, local foundations, the Allegheny County Criminal Justice Advisory Board (CJAB), the Justice Related Behavioral Health Subcommittee of the CJAB, , the Allegheny County Jail Collaborative, and by research and practice, including the Sequential Intercept Model (Griffin and Munetz, 2006).

The following services are currently offered:

- Pre-arrest diversion services including 911 training, Crisis Intervention Training (CIT) with the City of Pittsburgh Bureau of Police and the County municipal police departments, re:solve Crisis Network and the Central Recovery Center.
- Post-arrest diversion programs include screenings for eligibility for Justice Related Diversion, pre-trial diversion, and linkage to services where appropriate. Staff provide coverage at the Allegheny County lock-up/jail intake area from 5:00 p.m. – 1:00 a.m.; coordinate services for individuals released from the Allegheny County Jail prior to or at the preliminary hearing; develop and present service plans to the District and Criminal Courts (which may include housing, treatment services, and links to community service coordination). Staff may also refer individuals whose charges are held for trial to the Justice Related Support Services or Mental Health Court or Veterans Court. The Justice Related Diversion Services staff can coordinate involuntary emergency hospital commitments (302) for individuals at the Allegheny County Jail with 24 hours-a-day, seven days-a-week office coverage.

Additional programs available include Drug Court, Mental Health Court, Veterans Court, Children’s Court, and DUI Court.

- Re-entry programs include the Federal Second Chance Act Reentry Initiative and Justice Related County Support for persons who are serving a county sentence. And, Justice Related State Support services for individuals who have served their maximum state sentence at a State Correctional Institution or have an approved home plan and are on parole.

In addition, the Pennsylvania Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services (OMHSAS) applied for and received a 5-year grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under the Jail Diversion and Trauma Recovery – Priority on Veterans program (JDTR). OMHSAS proposed to pilot activities in Allegheny and Philadelphia Counties along selected “intercept points” of the Sequential Intercept Model (of diversion for persons with mental illness and/or co-occurring disorders from the criminal justice system) with emphasis on the diversion of veterans identified with post-

traumatic stress disorder (PTSD) or other trauma-related symptoms/ behaviors that require appropriate treatment or other interventions. As part of this grant, Trauma Training (both for Trauma Informed Care and Trauma Treatment Services) is being provided across our service system. Seeking Safety was chosen as the model for Trauma Treatment Services and two providers are trained in this model and offering services to identified veterans.

Over the FY 13/14, DHS will expand resources to better serve existing JRS clients. The need for JRS services is so significant that these services sometimes encounter waitlists and specialists sometimes have caseloads that exceed DHS's goals for this target population. Therefore, DHS will use Human Services Block Grant funds to add resources to improve timeliness of service over the next year. Finally, Allegheny County Department of Human Services is involved in two cross-system initiatives for this population:

- The Allegheny County Jail Collaborative consists of the Director of DHS, the Warden of the Allegheny County Jail (ACJ), the Director of the Allegheny County Health Department, and the President and Administrative Judges of the Allegheny County Court of Common Pleas. It was created in 2000 with 2 primary goals: increase public safety and reduce recidivism. To achieve these goals, the Collaborative joins the forces of local government, court officials, service providers, ex-offenders, faith-based community organizations, families and the community at large to design, support and implement innovative programs for reentry and recovery.
- The local CJAB (Criminal Justice Advisory Board) currently includes a Justice Related Behavioral Health subcommittee, which was established as an advisory body to the CJAB on cross-cutting criminal justice/behavioral health issues.

Outcomes of justice related services are positive:

- Only 10 percent of Mental Health Court graduates had post program convictions at 3 years (2006-2008).
- Post program convictions of Drug Court graduates remain low: 2.6 percent at 6 months, 6.4 at 1 year, 12.4 percent at 2 years, and 21.1 percent at 3 years (2005-2011).
- Justice Related State Support graduate post-program convictions are 14.1 percent at 1 year and 18.4 percent at 3 years (2002-2007).
- Crisis Intervention Team (CIT) training has been provided to 183 City of Pittsburgh Police Officers and 169 additional officers from other local municipalities in Allegheny County. CIT training was also provided to 33 corrections officers and 37 civilians.

○ **Veterans**

- DHS currently works with the U.S. Veterans Administration on an annual Returning Veterans conference. This conference helps the behavioral health provider system, schools, and the spiritual community, understand and respond better to veterans and their families before deployment, during deployment and upon return from deployment.

- **LGBTQI**

- Two local providers in Allegheny County have partnered to develop an in-home counseling service that is particularly sensitive to the needs of LGBTQI youth and families. These groups also provide OBH with stakeholder input on service system needs for this specific population.

- **Persons who are Deaf, Hard of Hearing and Deaf/Blind**

- DHS convenes a Behavioral Health Task Force for Persons who are Deaf, Hard of Hearing and Deaf-Blind in Allegheny County. The Task Force was formed by OBH and the Center for Hearing and Deaf Services with the purpose of reducing disparities for and assisting individuals who are deaf, hard of hearing or deaf-blind so they can achieve better access to behavioral health and substance abuse treatment services. The Task Force, which consists of providers, educators and members of the deaf, hard of hearing, and deaf-blind communities has been meeting since 2004.
- In 2009, the OBH Task Force members worked with the Allegheny County Local Housing Options Team (LHOT) to create an “incubator” to address the shortage of affordable and accessible housing for people who are deaf or hard of hearing or deaf-blind with a mental illness. The LHOT incubator worked along several fronts to expand supportive housing and affordable, independent living options for people who are deaf or deaf-blind. A unique partnership between DHS, ACTION-Housing, Mercy Behavioral Health, the Housing Authority of the City of Pittsburgh (HACP), and the Center for Hearing and Deaf Services emerged to develop new affordable apartments through the Low Income Housing Tax Credit (LIHTC) Program.

Through this partnership, 11 apartments were funded and built in a 43 unit LIHTC project in the Uptown neighborhood of Pittsburgh. HACP allocated 11 housing choice vouchers to ensure that residents in those apartments paid no more than 30 percent of their income toward rent. Apartments will be fully accessible to people with sensory impairments and will be reserved exclusively for people who need the design features of those apartments, including horn/strobe smoke detectors, flashing door bells, and a TTY serviced intercom system.

- In addition, through the work of this Task Force the *HealthBridges* website was developed as an Internet portal of health and behavioral health information which displays information in written, sign, and vocal options. While originally created for the southwest PA region it has become a national resource for persons who are deaf or hard of hearing.
- The work of this Task Force also generated the development of a mobile treatment team comprised of staff with fluency in American Sign Language (ASL).

- **Racial/Ethnic/Linguistic minorities**

- As part of the FY 13/14 Human Services Block Grant plan, DHS is supporting a neighborhood-based psycho-social support groups in a select group of neighborhoods with growing

refugee and immigrant communities such as Bhutanese, Somali-Bantu, Burmese-Karen, Iraqi and Latino. These populations face a number of behavioral health concerns—such as trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence—that are not effectively addressed by the current, formal system. Obstacles to accessing existing services include the lack of interpretation, lack of insurance, limited transportation, and a host of cultural differences from stigma to no tradition of one-on-one talk therapy.

The project will train and mentor community facilitators who will lead support groups in the members' language. They will be trained in emphatic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics to start off discussions. These groups will address common concerns of participants facing difficult transitions and challenges in their new lives. The goal of the initiative is also to build each community's capacity to reach out to struggling individuals and families, improve health and well-being, and avoid costly system involvement.

Four organizations have partnered to create the model: (1) Jewish Family & Children's Service, a refugee resettlement agency; (2) Squirrel Hill Health Center, a federally-qualified health center; (3) Duquesne University's Psychological Services for Spanish Speakers; and (4) University of Pittsburgh's Center for Health Equity. DHS will provide \$75,000 to cover personnel and direct expenses of psychologists, lay leaders, interpreters, training manuals, travel, rental space and supplies. DHS estimates it will serve 50 individuals the first year of the pilot. While DHS will be using HSDF funds to support this work, the population is relevant to the mental health section. The proposal is also addressed in the HSDF section of the plan.

- The Allegheny County Department of Human Services established an Immigrants and Internationals Advisory Council to advise the Department regarding the human service needs of immigrant and international county residents. Representing diverse cultural and provider groups in Allegheny County, the Advisory Council identifies issues of concern, important changes in needs of the immigrant and international community and general ideas for helping the Department achieve its vision of providing services that are culturally competent, accessible and inclusive.
 - The Advisory Council is comprised of members of the immigrant and international communities, consumers of DHS services, and representatives of service provider agencies that work with the immigrant and international communities. They serve as a channel for two-way communications between the Allegheny County Department of Human Services and immigrant and international communities in our region. DHS regularly provides information on resources and program opportunities. Advisory Council members collectively identify issues, makes recommendations to DHS for improving outreach and human service delivery to immigrants and internationals, and participates in initiatives to achieve these aims.
- **Current Committees**
 - The Cultural Competency Committee has developed and provides immigrant-led cultural competency training for DHS staff and contracted providers.

- The Immigrant Career Mentoring Committee facilitates workforce development programs with providing assistance to immigrants and refugees in finding work opportunities with career paths and recertification so that they can contribute their skills to our regional workforce.
- The COMPASS AmeriCorps Project, in conjunction with the Greater Pittsburgh Literacy Council, began in September 2010, now deploys 23 AmeriCorps members to work with immigrant-serving agencies to provide support for the on-going social service needs of immigrants and refugees.
- The Children and Youth Committee is working to expand existing youth support and career development programs to serve the specific needs of immigrant and refugee youth.
- The Immigrant Family Childcare Project is working to develop business opportunities for immigrant and refugee women and increase the quality of childcare through a home-based childcare provider training program.
- The Language Access Committee works to improve DHS capacity to serve individuals with Limited English Proficiency and has focused on working to develop of a community language bank to serve the broader community, including providers and consumers of human services, healthcare, education and legal sectors.

Recovery-Oriented Systems Transformation

As part of the strategy to continue to shift the mental health service delivery system away from reliance on large institutions and towards an array of community services and supports to address the needs of adults, older adults and transition-age individuals with serious mental illness and co-occurring substance use disorders, five transformation priorities have been identified and are currently underway. These five priorities are:

- Ongoing transformation of service coordination through the *Single Point of Accountability*,
- Continued development of *housing* in accordance with the Housing as Home Plan,
- Increased availability of *supported employment* services in Allegheny County,
- Continued development of *justice related services*, and
- *A focus on special populations* within the County, such as persons who are Deaf, Deaf-Blind, and Hard of Hearing, veterans, and/or LGBTQI.

Single Point of Accountability:

The Single Point of Accountability (SPA) Initiative advocates change in how mental health case management services are financed, supervised, and delivered. The name of the service has changed from "case management" to "service coordination". In addition, service coordinators now provide less direct support to consumers. Instead, they spend more time assessing, planning, coordinating, and convening/facilitating, as well as advocating for system improvements. Under Single Point of Accountability, service coordination has a more important role in the mental health system. Service coordination offers a career with upward mobility. It is a recovery-oriented service which utilizes natural supports and seeks to assist the person served to achieve recovery. Finally, service coordination strives to improve family connections and encourages full inclusion in the community including through employment, political action and/or other meaningful activity.

While the overall goal of the Single Point of Accountability Initiative is to create a more recovery-oriented service coordination system, many incremental goals have been created which will help to create change over a number of years. As SPA has been a priority since 2007, several goals have already been achieved, as has been outlined in previous Mental Health Plans. More information about SPA, its goals and timeline for implementation, and the accomplishments achieved thus far through this initiative can be found on the SPA website, located at <http://www.alleghenycounty.us/dhs/spa-initiative.aspx>.

Evaluation of the SPA Initiative is being conducted by members of the SPA Research Committee. More information about their evaluation activities can also be found at the SPA website listed above.

Supported Employment

The Allegheny County DHS Office of Behavioral Health (OBH) is committed to helping people with serious mental illness find and keep a job through supported employment services. The plan for the supported employment initiative in Allegheny County was developed in part through a technical assistance grant from the state Office of Mental Health and Substance Abuse Services (OMHSAS). The grant called for the creation of an Employment Transformation Committee, which was established and consisted of a broad group of stakeholders. Many of the participants came from the Allegheny County Community Support Program's Employment Committee, which had already been meeting for several years. Not only has employment been identified as a need statewide, additionally the Employment Transformation Plan uses locally obtained data which also supports a need for development of employment services in Allegheny County. Much of the local data was obtained through the Consumer Action and Response Team (CART), and is referenced in the OBH Supported Employment Plan. The OBH Supported Employment Plan is located online at the OBH Supported Employment website, <http://www.alleghenycounty.us/dhs/obh-employment.aspx>.

Implementation and outcomes tracking for supported employment is being accomplished by the Employment Transformation Committee, data from surveys collected by the Consumer Action and Response Team, and the Office of Behavioral Health's System Transformation Unit.

Justice Related Services

Delivery of the OBH Justice Related Services is ongoing. Implementation/outcome tracking for this is being accomplished by maintaining a database of participant status through the Office of Behavioral Health. This information is monitored on an ongoing basis.

More information about Justice Related Services can be found at the Justice Related Services page on the Allegheny County website: www.alleghenycounty.us/dhs/justicerelatedservices.aspx

Housing

The service system needs that led to the creation of the Housing as Home plan came about largely through efforts to reduce the utilization of state and local hospital inpatient resources (prior to the closure of the state hospital). These efforts are intended to benefit consumers and their families by providing evidence-based best practice community recovery and resiliency services as an alternative to hospitalization.

Development of housing in Allegheny County is ongoing and is largely dependent upon availability of funding. Implementation/outcome tracking for this initiative is being tracked by Allegheny HealthChoices, Inc. (AHC).

More information about Housing can be found at the Allegheny County website:
www.alleghenycounty.us/dhs/mhresidential.aspx.

Services for Underserved Populations

The Behavioral Health Task Force for Persons Who are Deaf, Hard of Hearing and Deaf/Blind of Allegheny County has created a list of goals and outcomes. There is no particular timeline, however, attached to the goals at this point, as resources to complete specific projects is often accomplished through funding from foundations. As resources become available, outcomes are developed in relation to the planned activity. For example, the *HealthBridges* website discussed above was developed incrementally as funds became available.

The Allegheny County Department of Human Services has convened a Department-level LGBTQI Advisory Council. The goals of the Council are to obtain input from and identify human service issues of LGBTQ consumers, bring human service needs of the LGBTQ community to the Advisory Council, work to develop recommendations for DHS to address issues of concern, and share information on Department of Human Services programs and policies with the community. OBH awaits the recommendations of the Advisory Council.

INTELLECTUAL DISABILITY SERVICES

The Department of Human Services Office of Intellectual Disability (DHS OID) maintains an Operating Agreement with the DPW Office of Developmental Programs (ODP) to perform operational and administrative functions delegated by the Department. Assuring quality of service is an essential component of administrative management. Allegheny County's Fiscal Year 2013-2014 AE Quality Management Plan includes seven action plan objectives that reflect ODP's focus areas:

- 1) Increase capacity for Lifesharing;
- 2) Increase opportunities for employment;
- 3) Reduce incidents of restraint;
- 4) Reduce incidents of individual to individual abuse;
- 5) Reduce reoccurring incidents of Psychiatric Hospitalizations;
- 6) Increase choice of and ability to plan day activities;
- 7) Improve documentation of mitigation in the ISP

OID implements several strategies to maintain quality and achieve the plan's objectives. For example, OID facilitates a workgroup for each focus area that implement a Plan-Do-Check-Act methodology for quality improvement which includes establishing target objectives and performing quarterly reviews of activities and performance measures. OID also works with Supports Coordination Organizations (SCOs) to identify persons who may be interested in Lifesharing and competitive employment opportunities through PUNS reviews. The strengthening of collaborative relationships with local provider Lifesharing workgroups and local employment associations is illustrative of OID's strategy to meet the plan's objectives.

Evaluating Individual Support Plans (ISPs) is another strategy OID employs to ensure all registrants have an active and current plan that is implemented according to timeframes required by the Administrative Entity (AE) Operating Agreement. Plans are reviewed to confirm 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.

Additionally, OID collaborates with a group of local counties in the region to provide management oversight for the Southwestern PA HCQU through APS Healthcare, Inc. While, Allegheny County does not hold the direct contract with the local HCQU, services provided by the Southwestern PA HCQU include provider training, complex technical assistance on individual cases, and local healthcare resource development.

Finally, DHS implements the quality management effort—IM4Q—through a contract with Chatham University with oversight provided by the OID.

Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or Human Services Block Grant funds have or will be expended. Appendix C should reflect only base or Human Services Block Grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.

The Allegheny County Administrative Entity (AE), Allegheny County Department of Human Services Office of Intellectual Disability (DHS OID) has implemented system change and expanded choice and will continue to do so whenever possible with the resources available. DHS will continue to participate in projects that support Pennsylvania’s statewide transitional process to improve the efficiency and availability of direct services in intellectual disability (ID) services.

For FY 13/14, 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. Funding will remain level with last year (i.e. \$11,649,029, See Appendix C for cost-level detail). We estimate that we will serve 2122 individuals in FY 13/14, down slightly from 2170. This decrease is attributed to removing individuals from the list of base funded consumers who were no longer receiving services. Additional details by service type are provided below for those individuals projected to be served in FY 13/14.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Supported Employment	85	85
Sheltered Workshop	63	63
Adult Training Facility	30	30
Base Funded Supports Coordination	2170	2122
Residential (6400)	11	11
Lifesharing (6500)	3	3
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0

Supported Employment (describe the services provided, changes proposed for the current year, and how you propose to support growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant)

Supported Employment is an important service that helps individuals with ID learn, find, maintain employment, experience increased life fulfillment and avoid involvement with other systems such as behavioral health and criminal justice. Since 2007, DHS has participated in ODP’s Base Employment Pilot. This pilot was originally designed to be a 2-3 year trial in which individuals with limited need would receive supports to maintain community employment. DHS has enjoyed considerable success with this pilot and is now in its seventh year of participation. Services are typically limited to supported employment (e.g. Job Coaching) and/or transportation (most often in the form of a bus pass.) Habilitation supports are also utilized to support life skills that contribute to successful employment outcomes.

In FY 13/14, DHS estimates it will use Human Services Block Grant dollars to provide 85 individuals with employment supports. Examples of the types of supported employment provided include—

- **Project Search Program.** Over the course of the last 5 years, the program has doubled its participation opportunities by opening up an additional site for its “Training to Work” program. The original program offered through UPMC-Mercy now includes a training site at UPMC-Passavant. There are 7 OID graduates currently training through this program, of which all are supported through the Office of Vocational Rehabilitation (OVR). Of the 19 past graduates, 53% percent are currently employed. All Project SEARCH graduates are eligible to participate in job club or additional job development. 53% percent are attending, and 47% percent are unemployed. There are 12 OID enrolled students who have been accepted to participate in Project SEARCH for the 2013/14 school year.
- **Base Employment Pilot 11 Providers of Services.** This service is for youth and young adults receiving services authorized in the Home and Community Services Information System (HCSIS) through the Base Employment Pilot. Pilot funds are distributed via individual allocations to 22 distinct individuals receiving supports through 10 Providers of services. Of the 22 individuals currently being served, 2 are working in full-time positions (average 40 hours/week), 8 are working in part-time positions of 20+ hours/week, 9 are working in part-time positions of <20 hours/week, 1 is volunteering to maintain work activity while engaged in job development, and 2 are unemployed (leaving Pilot funding). The participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services, and in groceries, stocking shelves and bagging.
- **Community Partnerships.** Other examples of DHS’s work to expand supported employment opportunities include its partnership with the *Greater Pittsburgh Supported Employment Association (GPSEA)* to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA Membership includes agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff support through training opportunities. GPSEA is in process of affiliation as the local chapter with the national organization, the Association of People Supporting Employment (APSE). DHS is represented as part of a state-wide Employment First workgroup through APSEA.

DHS also partners with the *Transition Coordination Council of Pittsburgh & Allegheny County (TCC)*. TCC meetings provide information and networking for School District Transition and Special Education staff, OVR Counselors, DHS Education & Transition staff (OID & OBH are represented), Community Rehabilitation Agencies, students, and their families.

Base Funded Supports Coordination (describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported)

DHS estimates that it will serve approximately 2,122 individuals with base funding supports coordination in FY 13/14. This funding will be used for individual services such as supports coordination, in-home supports, day programming, employment, habilitation, transportation, and residential services (e.g. group home and supported living) that help to keep individuals in the least restrictive environments appropriate to meet their needs. Without proper support of Human Services Block Grant funded services, DHS estimates that potentially all of the individuals who receive block grant community based and residential services could end up in higher levels of placement through the Waiver programs. The service definition, set forth by ODP in Announcement 052-12 Approval ODP waiver renewals Appendix C, establishes the supports available to individuals receiving services through OID.

Currently, 2.5% percent of the total individuals registered from Allegheny County reside in a State Center (147/ 5855_total individuals registered). The total registered includes all individuals receiving Waiver, Base and/or Supports Coordination services, as well as those residing in ICF/ID settings (Private and State Center). During FY 11/12, individuals were identified for movement into the community through the Benjamin litigation. A total of 4 individuals from two state centers have moved and/or are in the process of moving. For FY 12/13, 12 individuals had been identified from three different state centers for community placement. However, the litigation was vacated by the court in November 2012 for individuals who do not have family/guardian and cannot express preference. Of these 12, only 1 individual will be moving into the community (this individual has a family member who is in agreement with proposed community placement).

- *Case Management Services*- In FY 13/14, DHS estimates that 1,729 individuals will receive case management services to help maintain their health and safety in the least restrictive environment by connecting them to the appropriate resources. To ensure DHS is meeting its goal, individuals receiving case management services will continue to receive at least an annual review of their needs through the ISP process and PUNS review. AC OD will also continue to work with other AC DHS program offices to identify individuals with an ID diagnosis to determine the needs of individuals receiving services or aging out of service systems.
- *Community Based Services and Residential Services* – In FY 13/14, DHS estimates that 361 individuals will receive community base services and 32 individuals will receive residential services. The supports needed may include, but are not limited to: residential (e.g. Lifesharing, 24 hour residential or less than 24 residential supports), day programming, employment supports, habilitation aide, nursing, respite, companion and behavioral supports.

Lifesharing Options (describe the services provided and identify how you propose to support growth of this option)

DHS is committed to providing support for community based and residential services, including increasing Lifesharing opportunities. Sometimes called Family Living, Lifesharing is an opportunity for someone with a diagnosis of intellectual disability to share a home with a family or person to whom h/she is not related. In Allegheny County, during fiscal year 2012-2013 70 individuals will be served through Lifesharing. In total, 14 agencies provide this service. Efforts to expand the number of providers and participants in Lifesharing in Allegheny County to fill the vacancies occurred through FY 12/13 and will continue in FY 13/14. These efforts include:

- The Lifesharing point person attending Statewide Lifesharing Subcommittee meetings, Western Region meetings and participating in the recent Lifesharing Symposium.
- The Lifesharing point person joining the PA Lifesharing Coalition Training Committee to assist with developing trainings for Lifesharing to be utilized by SCOs.
- Hosting a monthly Lifesharing Agency Meeting attended by agencies, supports coordination organizations, and a HCQU representative to share information received at the State Subcommittee Meeting and provide information on topics of interest to attendees.
- Conducting a Lifesharing 101 Series on a bi-monthly basis from October 2012 thru May 2013. Suggested by John Shankweiler (ODP), Lifesharing 101 offered information about the role of and

resources available through ODP, HCQUs, DHS, OID, MiRage, Multi-system efforts, Provider Agencies and Host Families.

- Holding the Excellence in Lifesharing Information Fair on October 8, 2012 to attract providers, participants and agencies to Lifesharing. The next Excellence in Lifesharing Fair will be held on October 29, 2013 to coincide with “Lifesharing Awareness Month.”
- Encouraging agencies to consider making current Lifesharing vacancies eligible for respite as a means of forming and strengthening bonds between a potential Lifesharing participant and a provider.
- Coordinating learning-sessions between Lifesharing Providers and OID Planning staff regarding providing respite in licensed versus non-licensed Lifesharing settings.
- Adding Lifesharing respite availability to the Lifesharing Vacancy List which is shared with SCOs and the AE Planning Team.
- Distributing information to Supports Coordinators including Lifesharing Fact Sheets, Discussion Points for Lifesharing, and the Lifesharing Indicator on the ISP. Supports Coordinators also receive the Lifesharing Vacancy lists every month with information regarding available Lifesharing and respite openings.
- Tracking multi-system youth involved with foster care so planning occurs prior to their aging out of children’s services. Foster parent(s) are given information about Lifesharing as an option to continuing to share a home.
- Inviting Lifesharing agencies to provider presentation meetings for Multi-system youth and adults in need of residential placement.
- Facilitating a Lifesharing Training for Supports Coordinators.
- Educating transition-age youth and families about Lifesharing through the creation of a Housing Options poster board featuring Lifesharing which is displayed by OID staff at transition fairs, high schools, and community events.
- Engaging in bi-monthly email communication with SCOs and Lifesharing Providers to highlight different features of Lifesharing in Allegheny County.

Cross Systems Communications and Training (describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions)

In FY 13/14, OID will continue to engage in several collaborative efforts with local and regional counties and stakeholders to train and improve cross systems communications. Together, these efforts will help stakeholders understand emerging needs as they occur, increase the effectiveness of care delivered to individuals and families in least restrictive environments. Examples of OID’s cross-system communication and training opportunities include—

- *Developing intervention strategies for older adults with ID.* MiRage is a committee that strives to utilize the resources available between the DHS OID and the DHS Area Agency on Aging (AAA) to develop effective and collaborative intervention strategies for older adults with ID. This work is accomplished through cross systems training and networking opportunities, information sharing, and individual plan review meetings to develop recommendations for individuals’ needs. In 2013, the MiRage committee plans to submit a grant proposal to the Departments of Aging and Public Welfare to provide cross systems training and refine the individual planning review process.
- *Collaborating with Support Coordination Units (SCUs).* OID collaborates with three SCUs on a regular basis to encourage consistent implementation of the state ODP policy and practice. Shared

expectations found in both the AE and SC oversight activity are discussed as well as waiting list maintenance and initiative implementation. This work will continue in FY 13/14.

- *Agreement with UPMC Health Plan and Community Care Behavioral Health (CCBH).* In April 2012, DHS executed a coordination agreement with UPMC Health Plan and CCBH to improve communication regarding common members and services. As part of the agreement, OID 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 intellectual disabilities in Allegheny County.
- *Integrating services for children and youth with complex needs.* DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multisystem needs. Created in 2003, RESPOND is a highly selective, intensive residential program, currently offered in three homes licensed under 3800 regulations. RESPOND operates using a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential staff in each home are highly skilled individuals with experience working with children and youth with complex needs. The group homes are also supported by a shared Mobile Treatment Team (MTT) comprised of a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker who have a range of clinical expertise in intellectual disability and child psychopathology. DHS/OID also collaborates with the OBH to examine the potential to develop a similar program for adults with complex ID and BH needs.
- *Collaborating with the Office of Developmental Programs (ODP) and Regional Counties.* Examples include Allegheny County partnering with ODP Western Region and other counties on a corrective action plan workgroup to share information regarding common findings from the AE Oversight Management Process and AE Administrative Reviews. OID also frequently works with other counties in the region to review potential common data elements and explore reporting needs.

Allegheny County is also involved with ODP in the following areas: 1. Review and submission of referrals for a complex technical assistance (CTA) to be conducted by the Health Care Quality Unit. Teams request these CTAs as a means to better support individuals with challenging medical and behavioral concerns. Use of HCQU resources have been expanded to include considering those individuals involved in the Risk Management process in an attempt to decrease their level of risk and improve their quality of life. 2. Involvement with ODP's Positive Practices Committee whose mission statement is:

To improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental disabilities as well as mental health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives and Recovery through a DPW and multi- system stakeholder collaboration.

Emergency Supports (describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment)

Allegheny County utilizes several processes to help insure people can be supported when no waiver capacity is available.

- Utilizing ODP's Unanticipated Emergency Request Process when individuals' health and safety is at immediate risk.
- Exploring alternative Waivers and services to meet the individual's needs, such as Independence Waiver, Autism Waiver, Dom Care, Personal Care Boarding Homes.
- Partnering with Aging and MiRage to review service delivery to meet the needs of Aging caregivers and individuals.
- Working in conjunction with OBH, Re:solve, MH housing to meet the needs of individuals dually diagnosed with mental health and ID.
- Relying on community resources, such as the Allegheny Link, low-income housing, homeless shelters, and natural supports.
- coordination efforts with Dom Care, PCHs, Re:solve, Allegheny Link, CCBHO, and system options meetings

Administrative Funding (describe the maintenance of effort to support the base or Human Services Block Grant funded services, as well as the functions of the Administrative Entity Operating Agreement)

DHS's OID functions as the local Administrative Entity (AE). DHS/OID personnel deliver all components of the AE Operating Agreement with the DPW. This includes:

- Financial process (including supporting cost report and other financial analysis
- Managing the Prioritization of Needs for Services (PUNS) and managing waiver capacity functions
- ISP development and authorization
- Provider monitoring
- System planning
- Quality management services.

OID continues to be monitored annually by DPW through the AE Oversight Management Process (AEOMP), which includes Remediation and a Corrective Action Plan to address issues resulting from external reviews, monitoring and audits. OID personnel also complete an annual Administrative Review of the Operation Agreement functions.

Homeless Assistance

Homelessness is a complex problem that involves many contributing factors including lack of employment, shortage of housing, substance abuse, mental illness, domestic violence and poverty. DHS is committed to reducing the number of homeless individuals and families in the County by trying to address these factors simultaneously. The Continuum of Care approach used by DHS plays an important role in planning for homeless assistance services. It was developed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs. This approach is predicated on the understanding that homelessness is not caused by a lack of shelter, but involves a variety of underlying, unmet needs—physical, emotional, economic and social.

The Homeless Assistance Program (HAP) is an important part of the continuum. HAP funding supports a variety of housing services for homeless individuals and families. HAP supports emergency shelters, bridge housing, rental assistance and case management programs which help to prevent the negative outcomes associated with homelessness or housing insecurity, such as placement in the child welfare system or lowered school attendance. Many individuals and families who receive HAP services do not qualify for alternative housing because of issues like drug addiction, arrearages and/or poor credit.

For FY 13/14, Allegheny County will maintain funding level with the County's FY 12/13 HAP allocation.² In addition to the continuing to fund existing HAP services, DHS will make preliminary to its service inventory for homeless individuals and families with children. This change was inspired, in part, by the Call for Concepts process. The University of Pittsburgh's Office of Child Development (OCD) submitted five concepts that suggested ways to improve the process and the quality of care homeless families receive in the County.

To address some of the issues raised by OCD, Allegheny County will implement case management for families with children in emergency shelters. DHS understands, based on our own analysis, that many of the homeless individuals and families we serve in our homeless system have prior system involvement. In DHS's report "Understanding the Allegheny County Homeless Population," we found that more than two-thirds of the homeless population received mental health services in the County. Sixty percent were eligible for food stamps from the Pennsylvania Department of Public Welfare (DPW), and nearly half (45 percent) received drug and alcohol services.

<http://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=31280>

DHS believes that by building capacity in emergency shelters to connect and reconnect families to appropriate services, we can begin to address the underlying needs of homeless families earlier in their system involvement and prevent some of the negative outcomes associated with homelessness, particularly for children, as the family transitions to more permanent housing arrangements.³ In addition to this preliminary improvement, DHS will undertake, over the next year, an examination of the homeless system from intake, to process of care, system integration and transition to inform larger changes to our homeless system in future plans.

² The difference between HAP's HSBG allocation and HSBG planned expenditures reflects HAP's administrative costs in Appendix C. These administrative costs are captured under the County Human Services Block Grant Administration section of Appendix C

In the County’s FY 12/13 Human Services Block Grant plan, we estimated that we would serve approximately 7,530 individuals with HAP funding. The FY 12/13 estimates and FY 12/13 actuals (as of 5/22/13) by cost center are described in the table below. In the past, DHS has reported on unique client enrollments at the provider level. While this accurately reflects the amount of service provided in emergency shelters, bridge and PennFree housing programs, rental assistance and case management services, this led to a duplication of clients. It is not uncommon for an individual to move from one emergency shelter to another, or from an emergency shelter to a bridge housing program. While each provider reported a unique consumer once in a fiscal year, the consumer may have utilized various HAP-funded programs during that same time frame. With increased HMIS capability in FY 12/13, DHS is reporting on unique individuals served during the year. This change in client count procedures is the sole reason for the variance in client estimates and actuals.

In FY 13/14, DHS estimates that it will provide 5535 individuals (duplicated) with HAP funded services. The areas driving changes in the number of estimated individuals that will be served are—

- 1) Providing additional case management for families in emergency shelters
- 2) Increasing the number of bridge units available for families with children. DHS expects to increase the number of bridge housing units by up to 10 two- and three-bedroom scattered-site housing units for families with dependent children transitioning from an emergency shelter to a more stable bridge housing setting. DHS will engage in an RFQ process to determine the best qualified service provider to expand the availability of bridge housing units.
- 3) Increase HAP allocation for rental assistance by \$70,000 as well as restore the maximum grant amount from \$500 to \$750.

	Estimated / Actual Individuals served in FY 12-13 (as of 5/22/13)	Projected Individuals to be served in FY 13-14
Bridge Housing	Est. 527/ 331	525
Case Management	Est. 784 / 464	950
Rental Assistance (HAP)	Est. 300/ 410	510
Emergency Shelter	Est. 4828/ 3099	3300
Other Housing Supports	Est. 1091/ 162	250

In FY 13/14, DHS will provide the following services:

- *Emergency shelters* provide refuge and care for up to 60 days to persons who are in immediate need of housing and have no permanent legal residence of their own. In FY 12/13, 2201 unique individuals were served by the emergency shelter system. However, because some individuals utilize multiple emergency shelters throughout the program year, the emergency shelters served 5,565 duplicated individuals, or unique program enrollments, in FY 12/13. For FY 13/14, DHS estimates it will serve 2300 individuals in emergency shelter and 1000 individuals in domestic violence shelters.
- *Bridge Housing* is a transitional service that provides individuals and families who are in temporary housing to move to supportive long-term living arrangements for up to 12 months. In 2012/2013, (56 individuals, 119 families) clients exited to permanent housing from bridge housing, out of (95

individuals, 120 families) total adults and children served. Destinations upon program exit were unsubsidized housing (13 individuals, 41 families), public housing (16 individuals, 32 families), friends or family (23 individuals, 42 families), HUD Safe Haven/Shelter Plus Care Program (3 individuals, 2 families) and HUD Permanent Housing Program (2 individuals, 2 families). An additional 92 single adult clients and 28 families (29 adults and 42 children) were served by Penn Free Bridge Housing funds.

Allegheny County will add a combination of up to 10 bridge housing units available for families with rental assistance in order to facilitate the rapid movement from emergency shelter to bridge housing, which will provide a more stable and secure environment for families with children. In FY 13/14, DHS estimates that it will provide 525 clients with bridge (375) and Penn Free (150) housing.

- *Rental Assistance* provides payments for rent, security deposits, and utilities to prevent and end homelessness or near homelessness by maintaining individuals and families in their own residences. Emphasis is placed on the prevention of homelessness for families with children, because preventing homelessness is both cost-effective and reduces the trauma associated with homelessness, particularly for children. On average, 67% of clients receive rental assistance for delinquent rent in order to keep them in their current homes. The other 33% receives assistance for security deposit when moving into a new apartment.

For FY 13/14, DHS estimates that it will provide 510 clients with rental assistance. In FY 12-13, the maximum grant amount was reduced from \$750 to \$500 in order to accommodate a greater number of single individuals. However, this amount is less than the fair market rent in the Pittsburgh metropolitan region, meaning that other sources of funding must be utilized to meet the needs of consumers. DHS will increase HAP rental assistance funding by \$70,000 in order to serve an additional 100 single individuals who are facing homelessness due to delinquent rent and also to restore the maximum grant amount to \$750. This estimate is more than last year but still \$80,000 less than was allocated in FY 11-12. This means that more than 100 individuals are unable to be served in FY 13-14 compared to just two years ago. In addition, due to recent funding cuts, the HAP Rental Assistance program spends its entire allocation prior to the end of the fiscal year, eliminating a vital homeless prevention program and resulting in many clients being denied assistance. Increased funding will allow consumers to receive assistance throughout the year, rather than in select months of the year.

- *Case Management* for HAP supported programs provides consumers with strategies to achieve self-sufficient living, including goal setting in the areas of basic life skills, financial management, parenting, job preparation skills and/or employment skills. Currently, case management in Allegheny County is provided by two agencies that have Homeless Street outreach teams that engage the chronically homeless to connect them to services and housing. No changes to these case management programs are proposed for the current year. DHS estimates that it will provide 950 individuals with this service in FY 13/14.

In FY 13/14, DHS will implement case management for families with children in our family shelters. Currently, there are three family shelters in the County. Together, they served 134 households in CY 2012 (139 adults and 264 children). Of the children in emergency shelters, a 59 percent were under age six. A smaller percentage—34 percent were between 6 to 12 years old. Only seven percent were between the ages 13 through 17. Their length of stay was less than 60 days.

To implement case management in family emergency shelters, DHS will issue a Request for Proposal (RFP) process by the fall of 2013. The service will be completed by a contracted provider who will work with families in family shelters to connect and/or reconnect them to services as they move from crisis to more stable living arrangements. Because families reside in shelter 60 days or less, we recognize that case management may look different for these families compared to services for consumers without significant housing challenges. In addition to securing permanent housing, the case management will connect families to services that will address their underlying needs such as mental and behavioral health services, food insecurity, physical health problems or disabling conditions, chronic homelessness, and gaps in education or job training. All case management activities and plans will be developed in a consumer-oriented, holistic manner. DHS estimates approximately \$250,000 in Human Services Block Grant funds will be needed to provide the service in FY 13/14. We estimate that approximately 204 individuals (72 adults and 132 children) will receive case management services in FY 13/14. These estimates take into account the RFP process and implementation.

Other Housing Supports_(describe the services provided, changes proposed for the current year, or an explanation of why this service is not provided)

Housing supports are also provided to homeless individuals and families in the form of an Innovative Supportive Service (ISS) program and street outreach. The ISS program uses a multi-disciplinary team that has experience in street outreach, crisis intervention and case management to provide street outreach and homelessness prevention, case management, resource coordination, transportation assistance, food, clothing and furniture assistance, and rental and utility assistance in order to prevent or assist persons who meet the state definition of homeless or near homeless. A holistic approach will be taken to meet the consumers' needs, including providing housing, behavioral health, physical health, education support, as well as other basic needs such as food and clothing. Supportive relocation is also a primary goal of the ISS program, which moves individuals from homeless situations to safe, stable and secure housing through the provision of rental assistance, housing location services, and information and referrals. The ISS program also funds temporary motel stays for large families in instances where the emergency shelter system is at capacity.

Street outreach is also provided for chronically homeless individuals. Two agencies provide homeless street outreach services in Allegheny County to provide basic health services and housing for the chronically homeless, many of whom have mental illness or co-occurring disabilities. The street outreach teams also work to connect homeless consumers with benefits and sources of income for which they may be eligible. Street outreach also provides referrals to the Severe Weather Emergency Shelter, which is open from November through March offering shelter for homeless, unsheltered individuals when the low temperature is below 25 degrees or when blizzard conditions are expected.

Describe the current status of the county's HMIS implementation.

Allegheny County has a nationally-recognized Homeless Management Information System. This system has the capacity to be refined in accordance with HUD's data standards updates. The client information from HMIS is shared with the Data Warehouse, which can report client-level information from various state and federal reporting systems in order to give human service workers a complete picture of a consumer's needs and services accessed. Allegheny County's HMIS has also been used by the City of McKeesport and the City of Pittsburgh for the Homeless Prevention and Rapid Re-Housing project from 2009-2012 as well as the Emergency Solutions Grant, administered by the Allegheny County Department

of Economic Development and the City of Pittsburgh's Department of City Planning. All agencies with homeless assistance programs utilize HMIS. All homeless service providers are required to participate in Allegheny County's HMIS system. Even homeless-focused local agencies that are not under contract input client information into HMIS, which allows human service workers to gain a more complete picture of the consumers they serve.

Child Welfare Special Grants

DHS provides a full continuum of accessible, supportive services to families that are empowered to have a voice and role in decision-making. Some elements of this continuum are funded with CYF Special Grants, and other elements are funded by additional sources, including the Needs Based Budget, Title IV-E, and others.

Services funded by special grants include housing supports for families with children, Multi-Systemic Therapy (MST), Family Development Credentialing (FDC), truancy intervention, and family engagement strategies including Family Group Decision Making (FGDM) and High Fidelity Wraparound (HFW). These services provide children and families with resources to help them attain self-reliance and prevent unnecessary involvement in the child welfare system. If a family does engage with child welfare services, the continuum provides a range of practices and services available to meet varying types of need.

The CYF special grants line item will serve an estimated 3,905 individuals in FY 13/14, funding the following components of the continuum of care for youth and their families:

Housing

The Family Housing Stabilization Program (FHSP): Housing instability is a persistent challenge for many families in Allegheny County, and for some, it results in referrals to child welfare services. FHSP is designed to prevent both family homelessness and the placement of children into the foster care system. FHSP provides short-term rental assistance to eligible families with children who may or may not be active in the county's child welfare system, but who are at great risk of having their children placed out of the home due to inadequate or unsafe housing conditions. All families receiving rental assistance (both HAP and CYF) are given budget counseling. For families that participated in FHSP in FY 12/13—

- 132 adults received permanent housing in order to regain custody of their children. As a result, 399 children were reunified
- 467 adults (577 children) received assistance to preserve family housing and prevent CYF involvement solely due to a lack of stable housing
- 436 individuals were referred to other services (Family Support Centers, Regional Service Centers, etc.)

Additional information regarding FHSP includes—

- FY 2012-13 clients served: 1575 (599 adults and 976 children; as of 3/31/13)
- FY 2013-14 estimated clients to be served: 1,800
- FY 2012-13 allocation: \$1,010,000
- FY 2013-14 allocation: \$1,010,000
- Method of funding: program

Shallow Rent Subsidy Program: The Shallow Rent program provides families at risk of homelessness with a \$200 per month “shallow” rent subsidy for up to 12 months. This program is designed to mitigate the unexpected unaffordability of a family's residence through unemployment or illness. Low-income families often face difficulty in finding affordable housing, and a reduction in income can quickly make a

previously affordable apartment unaffordable. The Shallow Rent Program focuses on family preservation and homeless prevention.

- FY 2012-13 clients served: 23 households/76 individuals (23 adults and 53 children)
- FY 2013-14 estimated clients to be served: 100 individuals
- FY 2012-13 allocation: \$140,000
- FY 2013-14 allocation: \$140,000
- Method of funding: program

Emergency Shelter Services: The network of family emergency shelters serves families with minor children who are homeless and have no legal residence or other housing options. Because families in emergency shelters are considered homeless, additional resources have been provided to emergency shelters to provide supportive services to these families and to facilitate the rapid transition from emergency shelter settings to bridge and transitional housing programs. Family Promises of Southwestern Pennsylvania, the Salvation Army Family Caring Center and Womanspace East are the three family emergency shelters that receive CYF Housing funding.

- FY 2012-13 clients served: 233 (89 families: 89 adults and 144 children)
- FY 2013-14 estimated clients to be served: 300
- FY 2012-13 allocation: \$220,000
- FY 2013-14: \$250,000
- Method of funding: program

Bridge and Transitional Housing: This service is for families transitioning from emergency shelter to move to a bridge or transitional housing program. To assist with this transition and to encourage the expansion of bridge and transitional housing units available for families, agencies with these program offerings have received CYF Housing funds.

- FY 2012-13 clients served: 228 (79 families: 83 adults and 145 children)
- FY 2013-14 estimated clients to be served: 300
- FY 2012-13 allocation: \$250,000
- FY 2013-14: \$210,000
- Method of funding: program

Low Income Public Housing Eviction Prevention Program: Families with minor children living in any Allegheny County Housing Authority (ACHA) property and those living in the Housing Authority of the City of Pittsburgh's (HACP) Bedford Dwellings community facing an eviction due to rent arrearage are eligible for this program. The program pays 20 to 30 percent of a family's arrearage (depending on the housing authority) and the family pays the remainder of rent owed. Other stipulations for participation include mandatory budget and financial counseling and the timely payment of current rental charges in accordance with the housing authority's re-payment plan. This program has the goal of keeping families with minor children stably housed, thus keeping them out of homelessness and, subsequently, out of the child welfare system.

- FY 2012-13 clients served: 4 households (4 adults and 7 children)
- FY 2013-14 estimated clients to be served: 25

- FY 2012-13 allocation: this was funded with the same CYF shallow rent funding (\$140,000) as a pilot program. They will be receiving this same amount in 13-14 and can use it depending on need
- FY 2013-14 allocation: this was funded with the same CYF shallow rent funding (\$140,000) as a pilot program. They will be receiving this same amount in 13-14 and can use it depending on need
- Method of funding: program

Family Housing Crisis Manager: Families with minor children facing a housing crisis need access to emergency housing, case management, and other services on an immediate basis. For this reason, ACDHS contracted with a provider agency to create a position to work with families facing a housing crisis.

- FY 2012-13 clients served: 171 individuals (57 adults and 114 children)
- FY 2013-14 estimated clients to be served: 250
- FY 2012-13 allocation:\$50,000
- FY 13-14: \$50,000
- Method of funding: program

Alternatives to Truancy

Truancy is a growing issue in Allegheny County, one that schools, child welfare and courts are challenged to address. Through a data sharing partnership with Pittsburgh Public Schools, DHS has begun to conduct analyses to understand the magnitude of risk that truancy places on students involved in CYF. For example—

- Twenty-three percent of students in Pittsburgh Public School were chronically absent during the 2011/12 school year. This means that almost a quarter of students missed 18 days or more of the school year
- Students who are chronically absent achieve a 2.5 GPA at lower rates than their peers who regularly attend school. For example, 19% of students who were severely absent achieved a 2.5 GPA as compared to 75% of students who had satisfactory attendance. This is true for both human service involved and non-human service involved students.
- Almost half of middle and high school students in an out-of-home placement during 2011/12 miss greater than 10% of days enrolled in school. In addition, children an out-of-home placement during 2011/12 have higher rates of being severely chronic than their peers.

Alternative Approaches to Prevent and Reduce Truancy

Truant students are more likely to face one or more of the following issues: academic failure, poor social and emotional functioning, ethnic or race dissonance, health problems and an inability to feel a part of their school culture. In addition, truant students are less likely to graduate, placing them at a greater risk of poverty, homelessness and incarceration as adults. DHS contracts with two in-home service providers for truancy intervention. In a recent evaluation, DHS found that--

- 76% of all students referred to the truancy providers were teenagers (13-19 years old). Male and female students were served in relatively equal numbers by both providers.

- Both providers that were evaluated served about 200 clients between July 2011 and January 2013
- During the 2011/12 school year, about 40% of students referred to both providers were active in mental health services. Eleven percent of one of the provider's clients had prior experience with family support centers (FSCs), 61% were active in public welfare, 12% active in drug and alcohol services, and 9% active in public housing. Conversely 5% of the other truancy provider's clients had experience with FSCs, 55% of YAP clients were active in public welfare, 8% active in drug and alcohol services, and 6% active in public housing.

DHS will continue to support truancy prevent and intervention programs. Information regarding the current and FY 13/14 fiscal year is as follows:

- FY 2012-13 clients served: 297 (estimate)
- FY 2012-13 successful referrals: 289
- FY 2012-13 estimated costs: \$1,900,000
- FY 2013-14 estimated clients to be served: 300
- FY 2013-14 estimated costs: \$1,900,000

The yearly calculations for truancy are reconciled after the school year ends in mid-June. Because of this, the figures for FY 2012-13 represent most current counts.

Focus on Attendance

DHS is actively involved in the Allegheny County Children's Roundtable Educational Success and Truancy Prevention Group, under the overall direction of the Family Court Administrative Judge. The first initiative of the group was a truancy prevention pilot program called Focus on Attendance (FOA). Through this pilot, DHS is offering a Student Outreach Specialist in two Pittsburgh Public Schools to focus on attendance issues. The goal of this pilot program is to provide prevention and diversion services to students and families to improve school attendance and overall well-being and to reduce the number of referrals to child welfare. The FOA program provides a variety of services with the most common being service coordination and basic communication about attendance to parents. To date, paid services have been used sparingly. Additional information on the program is provided below—

Who is Being Served?

- The program serves 24% of Manchester students who are chronic or severely absent (>10%) and 19% of King students who are chronic or severely absent. Given this, we would not expect to see a school wide impact on attendance numbers yet.
- There is a high overlap between students referred to this program and students involved in DHS services. More than a third of students referred to FOA in both programs have prior child welfare experience.
- The largest numbers of students referred are in first grade, followed by 6th grade.

Attendance Outcomes

- About 46% of students served by FOA through January in both schools have improved attendance. For those who have improved, they have improved by about 5%.
- A larger percentage of students who were referred in September have improved their attendance than for students who were referred more recently. This could be a result of two

factors – 1.) Students referred earlier had fewer issues or 2.) Students recently referred have had less time to work with School Outreach Coordinator to improve their attendance.

DHS will continue to support FOA for the remainder of FY 12/13 and the next fiscal year. Additional information regarding clients served and estimated costs is provided below.

- FY 2012-13 clients served: 128
- FY 2012-13 estimated costs: \$122,496
- FY 2013-14 estimated clients to be served: 140
- FY 2013-14 estimated costs: \$144,500 (increase reflects the assistance of an administrative assistant (50% effort) to the budget as well as a KEYS AmeriCorps Volunteer Stipend)

Evidence Based Programs

Family Group Decision Making (FGDM). DHS believes engagement and collaboration with families in the child welfare system improves system effectiveness by involving families in the decision making process. FGDM has been used in Allegheny County since 1999, and over 4000 families have received FGDM services. Participating children range in age from under one through 17-year-old youth, with the majority of referrals received for children under 12 years old. There is roughly equal representation of males and females; more than half of those children referred to FGDM are African American. Following a first report of maltreatment, a family's experience with FGDM in Allegheny County can occur at any point along the child's service trajectory. Reasons for report include parent-child conflict, unsafe/no housing, neglect, physical abuse, substance abuse, truancy and others. Referrals are made to the FGDM unit within the County's Office of Children, Youth and Families or the Allegheny County Family Court. Participation is voluntary.

As part of a system-wide effort to integrate services and resources around the needs and strengths of families, Allegheny County is implementing Conferencing & Teaming as its core engagement case management practice model. In the model, critical decisions and service planning are made by family, friends and other informal and formal supports that have an interest in the safety and well-being of the child. The Conference is the forum where informal and formal supports form a team to help the family craft, implement or change the individualized course of action. By moving to this model, Allegheny County will unify our engagement strategies and achieve broad improvements in outcomes for all children and families in the County's human serving system, including improved child and family well-being and functioning and better placement decisions.

Over the next several months, FGDM will continue for families in the child welfare system as DHS introduces Conferencing & Teaming one regional office at a time. The Central Regional Office, the first of five regional offices, began implementing Conferencing and Teaming in April. The next regional office will begin Conferencing & Teaming in September. As the roll out occurs, the FGDM providers will continue to provide FGDM and slowly be brought into the Conferencing & Teaming model. The reduced estimated costs and client counts for FY 13/14 reflect this process.

- FY 2012-13 clients served: 1200
- FY 2012-13 estimated costs: \$2,450,000
- FY 2013-14 estimated clients to be served: 700
- FY 2013-14 estimated costs: \$1,500,000

Multi-Systemic Therapy (MST) is an evidence-based program for families of youth with severe behavioral problems. Services are delivered to the family, which includes a primary caregiver and a support team of three therapists. Each therapist serves 15-18 families per year, depending on the level of treatment the youth and family are receiving. Treatment duration is limited to four to six months and targets children between the ages 12-17 years with disruptive behavior disorders. MST is not provided to youth who have an Intellectual Disability (ID) or Autism, have a sex offense as the primary referral, or those who have active suicidal ideation.

In prior grant years, DHS struggled to establish a referral base. Through education, Teaming and Conferencing and positive outcomes by the MST team, DHS anticipate an increase in utilization of MST services. As of May 1, 2013, DHS has served 55 youth in FY 12/13. DHS estimates it will serve 60 youth in FY 13/14.

- FY 2012-13 clients served: 55
- FY 2012-13 estimated costs: \$347,400
- FY 2013-14 estimated clients to be served: 60
- FY 2013-14 estimated costs: \$347,400

The Credential for Strength based Family Workers Program (SFW) – formerly (FDC) is an enhanced training and credentialing process for family workers which like its predecessor the FDC, provides training for family development workers to be able to facilitate a family’s ability to obtain and maintain self-sufficiency.

The SFW

- Is competency based
- Has clearly articulated connections to learning objectives
- Uses precise measures to demonstrate competence
- Includes a process for continuing professional development and credential renewal

Features of SFW

- Comprehensive classroom instruction by trained community based family development instructors
- Portfolio coaching by a trained portfolio coach
- Demonstration of core family worker skills
- Assessment exam based on specific learning objectives

While not all of the classes are finished this year, 82 are expected to complete SFW. DHS estimates that 120 individuals will complete the training in FY 13/14.

- FY 2012-13 clients served: 82
- FY 2012-13 estimated costs: \$282,000
- FY 2013-14 estimated clients to be served: 120
- FY 2013-14 estimated costs: \$282,000

High Fidelity Wraparound (HFW) is a collaborative, team-based approach to planning for services and supports. Through the HFW process, teams create individualized plans to meet the unique needs of the child and his or her family. Family Support Partners and Youth Support Partners are available as part of the HFW process to ensure that the voices and choices of the individuals they represent are honored.

In FY 12/13, DHS provided HFW to several priority populations. They include:

- youth and families who are high-end users of behavioral health service (115 youth);
- youth and families who are dually active in child welfare and juvenile probation (22 youth);
- youth and families who are experiencing their second placement in child welfare (43 youth);
- young women who are pregnant or parenting (17 youth)

DHS will make some adjustments to the HFW program in FY 13/14. Youth and families who are dually active in child welfare and juvenile probation as well as young women who are pregnant or parenting will no longer receive the HFW service. These youth will be served through the Conferencing & Teaming. Family Support Partners (FSP) and Youth Support Partners (YSP) will continue to be a part of the HFW process; however, several will be made available for all children and families to utilize in the child welfare system. DHS is committed to supporting YSPs and FSPs and believe that by incorporating YSPs and FSPs into the Conferencing & Teaming model, children and families will have a greater voice in the process.

As of May 1, 2013, 197 youth have participated in HFW. Of the 79 youth who completed the entire HFW process, 23 youth remained in their homes safely, 25 youth were returned home, and the remaining youths are working towards reunification. DHS estimates it will serve 110 youth in FY 13/14.

- FY 2012-13 clients served: 197
- FY 2012-13 estimated costs: \$2,430,000
- FY 2013-14 estimated clients to be served: 110
- FY 2013-14 estimated costs: \$2,347,000

Promising Practice

Allegheny County is not pursuing a Promising Practice in FY 13/14.

Drug and Alcohol Services

DHS believes that maintaining support for D&A services is far more effective than the human and financial costs caused by overdoses, DUI accidents, and other tragedies that can result from substance abuse. In FY 12/13, DHS worked hard to mitigate the effects of the budget reductions and utilized \$400,000 in surplus Human Services Block Grant funds in the last quarter of the fiscal year to address waiting lists for inpatient non-hospital services. For the FY 13/14 fiscal year, DHS will maintain level funding with its FY 12/13 allocation and continue to track service utilization and waiting lists trends. DHS estimates it will service 7445 individuals in the next fiscal year.

D&A funding designated for the Human Services Block Grant include D&A BHSI and Act 152. BHSI funds serve those individuals who are uninsured, who do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits. Similarly, Act 152 provides funding for non-hospital residential detoxification and rehabilitation services for persons eligible for MA. Together, D&A funding in the Human Services Block Grant pays for treatment services and recovery supportive services. DHS utilizes DDAP funding to support prevention, intervention, treatment, and recovery support services.

Between FY 11/12 and FY 12/13, the number of clients that utilized inpatient hospital services increased by 117 percent, i.e. (29 individuals in FY 11/12 compared to 63 in FY 12/13 (as of 5/13/13)). DHS is analyzing the factors behind the increase; however, it appears that it may be due in part to high end system users who utilize the inpatient hospital service repeatedly throughout the fiscal year. To address this issue, DHS will explore recovery oriented strategies to assist high end users of inpatient hospital services. Western Psychiatric Institute and Clinic's (WPIC) discontinued its Living Sober program which was an inpatient non-hospital program. To help make up for the loss, DHS increased funding by \$400,000 in the last quarter of the FY 12/13 to address waiting lists. DHS anticipates this will help to close the gap in the number of individuals served in FY 12/13.

In addition to understanding changes in service utilization in Allegheny County, DHS supports justice involved clients with substance abuse issues by coordinating with its partners in the county. For example, the Jail Collaborative will serve an average of 600 men and women in the County Jail who are within a year of being released as well as ex-offenders. In all cases, these individuals have a validated assessment that indicates a medium-high risk of reoffending. Approximately 70 percent of this group has substance use disorders or co-occurring substance abuse and mental health disorders. The Jail Collaborative Reentry Program provides service coordination, substance abuse treatment and counseling groups, education, employment and training services, transportation and housing assistance to men and women in the target group. It begins several months prior to release and continues for up to six months, post-release—all in coordination with Probation and the Courts. In FY 13/14, Human Services Block Grant funds (see HSDf section of Allegheny County's FY 13/14 Human Services Block Grant for more details) will be used to support these services.

Within this framework, DHS serves several target populations. Specifically—

Older Adults (ages 60 and above)

While, DHS does not currently contract with a program that works specifically with older adults, most providers accept individuals over 60 into their treatment programs. Several of these providers provide inpatient treatment as well as outpatient levels of care. A number of Halfway Houses and Hospital Based Detox are available for individuals over 60.

Adult Programs (ages 18 to 55)

DHS supports inpatient/residential treatment as well as outpatient levels of care. These include—

- Adult Outpatient Treatment
- Adult Residential and Rehabilitation Treatment
- Adult Halfway Housing, Recovery Housing,
- Detoxification Programs
- Methadone and Suboxone Programs
- Case management
- Forensics related treatment
- Hepatitis C testing and Counseling
- Prevention, Intervention and Recovery Support Services

DHS contracts with a number of providers that have specialty programs for women. This includes inpatient non-hospital rehabilitation for women with or without children, outpatient, intensive outpatient and partial hospitalization services for women, Halfway House services and recovery supportive housing specifically for women, pregnant women and women with children.

DHS also supports the Perinatal Addiction Center which serves pregnant women and women with children with a continuum of services, such as outpatient, ambulatory detox and methadone maintenance.

Transition Age Youth and Adolescents Under Age 18

Pennsylvania requires that counties provide a continuum of services for children and youth, 18 years of age and younger, who have substance use disorders. The continuum must offer Prevention, Intervention and Treatment services.

Prevention services are offered in the community and in the schools. Community fairs provide opportunities to reach entire neighborhoods with a prevention message. Schools, from elementary to secondary, host assemblies to educate students about the effects of using controlled substances. Intervention is initiated based on referrals from school personnel, family members or the child. Each school district in Pennsylvania is mandated to provide Student Assistance Program (SAP) intervention services to students. Most school districts in Allegheny County support a publicly-funded SAP. Through SAP, individual students may meet with behavioral health therapists one-on-one or in group settings. SAP liaisons specialize in mental health concerns and/or substance use (D&A) concerns. When a youth is referred to intervention services, a SAP team is established. The team consists of the student, the referring individual (often a teacher), the SAP agency liaison, the school counselor, and the principal or vice principal of the school. Working as a team, the student is supported in his/her efforts to make healthier choices.

Treatment of persons 18 years of age and under for substance use disorders may be voluntary or involuntary. DHS contracts with a number of providers that provide outpatient treatment for the adolescent and transition age youth population. For example, Gateway has a program for 18-26 range called Youth and Young Adult Program and the Youth Extended Services Program is for youth under 18. These programs provide inpatient detoxification, inpatient assessment, stabilization, and rehabilitation

at their main center in Aliquippa. They also provide outpatient, intensive outpatient and partial hospitalization services in numerous outpatient centers in the county. DHS also supports programs that work together with schools, parents, the legal system, and other healthcare providers to provide a range of services. For example,

1. Holy Family Institute – Provide community based therapy and case management services for youth and transition age youth.
2. Abraxas – Residential Rehabilitation for long term placement of adolescent referred by representatives of the justice system.

Individuals with Co-occurring psychiatric and substance abuse disorders

Treatment Services are provided to ensure that individuals co-occurring disorders receive holistic treatment coordinated with recovery supports.

Recovery Oriented Services

Recovery Oriented Services includes a recovery supportive housing, recovery support services, and case management. DHS estimates that it will serve approximately 2,900 individual with recovery services in FY 13/14. Specifically—

- Recovery Supportive Housing is for men and women who have completed D&A treatment and/or who have been referred from Allegheny County Jail, probation, and parole agencies. Clients that receive recovery supportive housing must agree to total abstinence from drugs and alcohol and be willing to commit to a recovery program. These structured-living facilities include case-management, 12-Step support meeting, random drug testing, employment coordination, and facilitation to legal services for those with criminal histories. In FY 12-13, DHS estimates that it will provide 223 individuals with recovery supportive housing services.
- Recovery Support Services are non-clinical services that assist individuals and families to recover from D&A problems so that individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Although recovery support services are not included under another activity, such as in recovery housing or in a licensed treatment facility as part of a treatment modality, they are an essential part of supporting a life in recovery. Examples of recovery support services are mentoring programs, training and education programs, and telephonic recovery support programs.
- Individuals in treatment for drug and alcohol abuse or addiction are often involved with a number of systems (for example, education, physical health, insurance, government, juvenile justice, or criminal justice) that must be coordinated to achieve the best results. Case management/service coordination helps people access needed systems and ensures that providers of service function in a coordinated manner.

HUMAN SERVICES DEVELOPMENT FUND

The Human Services Development Fund (HSDF) is an essential source of funding because it enables counties to deliver human services to individuals who do not qualify for categorically funded services. As discussed in the beginning of the plan, DHS will be utilizing approximately two percent of the Human Services Block Grant’s flexibility in the second year of the block grant. This flexibility is largely reflected in HAP’s increased estimated expenditures for FY 13/14. Compared to the FY 12/13 allocation, HAP funding will increase 62 percent (\$923,688) in the next fiscal year. Several of the changes originated from the Call for Concepts and the Human Services Block Grant Case Reviews and represent bigger changes to come in future plans. These include—

- Investing in services for our criminal justice involved populations
- Supporting neighborhood-based psycho-social groups in refugee and immigrant communities
- Creating individual care grants and an integrated service planning process for adults

While HSDF funding will support new services described in the Specialized Services and Interagency Coordination sections of the HSDF narrative, it does not supplant funding for existing HSDF services. Critical existing HSDF funded services like homemaker services for disabled adults will continue to receive DHS’s support in the FY 13/14 Human Services Block Grant plan. Rather, the expansion of HSDF funding will fund new services added to HSDF’s service array.

DHS estimates that it will serve approximately 1580 individuals in the 13/14 fiscal year. The number of individuals served in FY 12/13, particularly in the specialized services category, is lower than the original estimate. However, the change in estimated versus actual client counts for FY 12/13 is not a result of a reduction in funding, but rather improved processes for collecting unduplicated data.

	Estimated / Actual Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Adult Services	517/450	585
Aging Services	NA	NA
Generic Services	NA	NA
Specialized Services	1091/400	980
Interagency Coordination	NA	15

Adult Services

Like most human services, demand for HSDF funded services outweighs the supply. Similar to FY 12/13, DHS is prioritizing adult service funding for homemaker services in FY 13/14 that help to keep disabled, low-income 18-59 year old adults in their homes, over services such as counseling and service planning for individuals and families. DHS will also fund life skills, service planning and transportation services in FY 13/14. Specifically—

- A majority of adult service clients are expected to utilize homemaker services in FY 13/14. These clients are disabled adults (18-59 years of age) who depend on homemaker services to live independently in their own home rather than being placed in costly alternatives such as personal care homes or an assisted living facilities. DHS estimates that it will serve 215 clients in the 13/14 fiscal year.
- Another valuable service paid by HSDF is service planning. Many of the clients that receive HSDF funded service planning are homeless single parents with children who reside in transitional housing programs. Without HSDF, these families would not have case service planning available to them as they transition to independent housing. DHS estimates that it will provide 170 clients with service planning in FY 13/14.
- Life skills and transportation assistance help low-income adults (125% of Federal Poverty Guidelines) to become more self-sufficient and less dependent upon publicly funded services. DHS estimates that it will provide 100 clients with life skill services and 100 clients with transportation assistance in FY 13/14.

Aging Services

DHS does not plan on utilizing the HSDF Aging Services Cost Center in FY 13/14.

Generic Services

DHS does not plan on utilizing the HSDF Generic Services Cost Center in FY 13/14.

Specialized Services

HSDF Specialized Services are defined as new services or a combination of services designed to meet the unique needs of individuals unmet by categorical funding with the goal of helping adults maintain the highest degree of independence possible to avoid higher, more costly levels of care. Specialized services funded under this category in FY 12/13, will continue to be funded in the next fiscal year. These services and estimated client counts for FY 13/14 are as follows:

- Specialized employment and training services provided to adults involved with the Allegheny County Jail Collaborative Re-entry Programs. DHS estimates that 250 individuals will receive this service in FY 13/14.
- Case management services provided to adults and their children residing in transitional housing facilities due to homelessness. DHS estimates that 60 individuals will receive this service in FY 13/14.
- Computer skills training provided to unemployed and under-employed low-income adults. DHS estimates that 20 individuals with this service in FY 13/14.
- Support for Task Force on Disabilities, a City and County-wide coalition of organizations that work with the City and County government to eliminate barriers for disabled persons to fully participate in the full range of activities and opportunities available.

In addition to the existing services, DHS will use Human Services Block Grant funds to support the following services—

Investing in services for our criminal justice involved populations

The Jail Collaborative, which was formed 12 years ago, is a partnership between the Department of Human Services, the Jail, the Health Department and the Courts. Recent recognition includes: Attorney General Eric Holder’s cited the Jail Collaborative in his NaCO speech, March 2013; Pittsburgh Quarterly article, March 2013; Series about Jail Collaborative’s Reentry Program by WESA radio (90.5), February 2013; Best Practices, Reentry Council, Council of State Governments; Post-Gazette: Allegheny County Jail Improves Prison Release Measures; and City Paper, 2012

The Jail Collaborative serves individuals and families in Allegheny County through programs based in the Jail and throughout the community, most recently in Adult Probation’s Day Reporting Centers. This jail-community tie means that these programs are able to engage clients during a period when they are most focused on seeking services and keep them engaged to a significant extent, when they return home. Through this approach, the Collaborative has been able to:

- Reach and serve some of the highest-risk individuals and families in Allegheny County. Adult clients have criminal histories, most have behavioral health disorders, and their family members have extensive needs for human services, including prevention through child welfare.
 - Needs assessments of the clients served through the Reentry Program and its family support services show that these clients are at medium to high risk of reoffending.
 - Data from Allegheny Correctional Health Services indicates that 70 percent of individuals coming into the Jail have substance use disorders.

- Achieve strong outcomes for the individuals involved: higher rates of employment, increases in positive family involvement, increases in substance use disorder treatment use, and reductions in recidivism.
 - Results: The employment rate for participants is 58 percent, the number of family calls and visits has more than doubled in two years, and over 150 men per year who would not have received substance abuse services participated in group treatment in the Reentry Center.
 - Clients in the Reentry Program (SCA) are on track to halving their rate of recidivism.
 - Other indicators of success: The coordination of release has benefited over 7,000 people per year; and the information and referral service in the jail (Mental Health America) has provided assistance to over 60,000 callers.

With the support of Human Services Block Grant funds, augmenting federal, other state, and private funds, the Jail Collaborative will serve men and women in the County Jail who are medium/high risk of recidivism and within a year of being released, both in the jail and in the community, through case management and purchased services located throughout Allegheny County, and in Probation’s Day Reporting Centers.

Target group

1. Men and women in the County Jail who are within a year of being released; and ex-offenders. In all cases, these individuals would be those whom a validated assessment indicates are at

medium-high risk of reoffending. Approximately 70 percent of this group will have substance use disorders or co-occurring substance abuse and mental health disorders. The Jail Collaborative will serve an average of 600 individuals per year, in coordination with Adult Probation.

2. The children and family members of individuals who are incarcerated. The Jail Collaborative will serve an average of 250 children and families each year.

Services

The Jail Collaborative Reentry Program provides service coordination, substance abuse treatment and counseling groups, education, employment and training services, transportation and housing assistance to men and women in the target group. It begins several months prior to release and continues for up to six months, post-release—all in coordination with Probation and the Courts.

The specific services that the Human Services Block Grant would support are:

Service coordination: The Human Services Block Grant funding would be used to support 2 service coordinators, who would be part of the team of 4 service coordinators to work intensively with clients during their transition to the community and post-release. In addition to these four post-release service coordinators, the Jail would have two other service coordinators working inside the facility to conduct assessments, develop service plans, and ensure continuity of services. These service coordinators will be experienced in family support and will work with probation to help ensure that clients receive the services they need.

Cognitive behavioral treatment (CBT): CBT strategies have been shown to increase the long term success rates of men and women who are transitioning from prison because they can develop their skills in recognizing and managing risk, increasing their accountability for their actions, and thinking-through decisions, rather than simply reacting. Allegheny County will contract with an experienced provider of CBT strategies, Mercy Behavioral Health (MBH), to deliver the evidence-based Thinking for a Change (T4C) curriculum through groups at each of the Day Reporting Centers. MBH will explicitly teach interpersonal skills and develop clients' attentiveness to attitudes, beliefs and thinking patterns. The self-insight and interpersonal skills participants learn in Thinking for a Change are also applicable to other treatment programs, which can be provided simultaneously or consecutively with this core cognitive based group.

Clients will take the Thinking for a Change course at the DRC as part of their Probation requirement or because they wish to complete the program that they began in the Jail (MBH teaches this program in the Allegheny County Jail and some inmates are released before they can complete the curriculum).

Employment and Training: The Human Services Block Grant will support career training in the construction trades and culinary arts, which both provide work experience, on the job training, and placement; and job readiness and placement for other clients in the Reentry Program. The Jail Collaborative will be reducing its investment in job placement, since evidence shows this is a less effective investment than job training, for individuals in the target population. During this year, the Jail Collaborative will work with the Workforce Investment Board to determine how the CareerLinks and training system can benefit these clients.

Education: These core educational programs include GED preparation and testing, literacy classes, and pre-apprenticeship educational classes, with high GED pass rate for those clients who are serving a longer county sentence. But a large share of clients are released to Probation before they can complete

their GED classes and hundreds of clients who need educational classes never have the opportunity, since the Jail-based program can only serve 200 people a year.

To provide an opportunity for ex-offenders to get their GEDs, Allegheny County has developed an educational program at each of Day Reporting Centers, in partnership with Goodwill of Southwestern PA. Goodwill conducts an educational assessment and then instructs clients so that they are prepared to take the Social Studies, Science, Reading, Mathematics, and Writing sections of the exam. Goodwill provides clients with the tutoring, books, and materials that they need to study and practice the exam, and prepares clients to take the computerized examination.

Housing: Individuals who are newly released from jail and actively seeking employment will have the opportunity for short-term housing--for up to 6 months, provided on a sliding fee scale so that they can transition to permanent housing that they support from their wages. Goodwill of Southwestern PA leases and furnishes a set of single unit apartments throughout the county, pairs each client with job placement assistance, and collects rent on a sliding scale, as clients are employed and becoming more stable, while Allegheny County Adult Probation provides other services and ensures that clients are in the housing no longer than 6 months, so that other ex-offenders can have the temporary housing they need to successfully reintegrate.

Family support: The current program contracts for “family support specialists” to teach parenting and relationship classes in the jail using evidence-based curricula, provide direct assistance to children and families of the incarcerated, coordinate the important contact visits on weekends among family members in/outside of the jail, organize calls with children and family, provide therapeutic oversight and guidance during and after those visits, and provide service coordination for those inmates who do not have a case manager. The in-jail service coordinators will be responsible for ensuring that inmates are able to have phone calls with family and remain in touch with family and the post-release service coordinators will integrate family support within their role.

Information and referral: The Information and Referral service provides families with the guidance and information that they need, when someone in their family has been incarcerated. This service, which is staffed by Mental Health America, has enjoyed a high rate of satisfaction (99 percent of respondents were satisfied). People called to learn if their family members had been arrested, to find out when they might be released, to find out how to visit, and to learn about bond information.

DHS will provide an estimated \$900,000 in Human Services Block Grant funds to support these programs.

Human Services Needs of the Municipal Court Judges

The Magisterial District Court is a community-based judicial system comprised of forty-six districts handling over 200,000 case filings per year. Matters adjudicated within these courts allow for the expedient disposition or processing of the following:

- All summary criminal cases, traffic citations and non-traffic citations
- Civil matters – contract, torts, landlord/tenant disputes not exceeding \$12,000
- Criminal matters –preliminary arraignments and hearings, setting bail and issuing warrants of arrest in misdemeanor and felony cases, and issuing search warrants.
- Emergency Relief from Abuse petitions under the Protection From Abuse Act

Through the work with the Jail Collaborative, DHS has learned that there are numerous human services needs experienced by clients resolving cases at district courts throughout the county. However due to the number, and relative isolation of these offices, little is known about the types of services needed or programs serving these clients. For example, over the past year, DHS has, in partnership with the courts, examined providers working with batterers in intimate partner violence cases. DHS found a need for training about these programs, more linkages required with other human services, as well as little monitoring and data collection.

Changes are underway to better support these programs however, one human service resource expert can help inform DHS about these critical client needs, the services that are working with these clients as well as educate and train all aspects of the court system (judges, court staff, district attorneys, public defenders) about human services available throughout the county.

Supporting Neighborhood-Based Psycho-Social Groups in Refugee and Immigrant Communities

This pilot will develop neighborhood-based psycho-social support groups in a select group of neighborhoods with growing refugee and immigrant communities such as Bhutanese, Somali-Bantu, Burmese-Karen, Iraqi and Latino. These populations face a number of behavioral health concerns—such as trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence—that are not effectively addressed by the current, formal system. Obstacles to accessing existing services include the lack of interpretation, lack of insurance, limited transportation, and a host of cultural differences from stigma to no tradition of one-on-one talk therapy.

The project will train and mentor community facilitators who will lead support groups in the members' language. They will be trained in emphatic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics to start off discussions. These groups will address common concerns of participants facing difficult transitions and challenges in their new lives. The goal of the initiative is also to build each community's capacity to reach out to struggling individuals and families, improve health and well-being, and avoid costly system involvement.

Four organizations have partnered to create the model: (1) Jewish Family & Children's Service, a refugee resettlement agency; (2) Squirrel Hill Health Center, a federally-qualified health center; (3) Duquesne University's Psychological Services for Spanish Speakers; and (4) University of Pittsburgh's Center for Health Equity. DHS will provide \$75,000 to cover personnel and direct expenses of psychologists, lay leaders, interpreters, training manuals, travel, rental space and supplies. DHS estimates it will serve 50 individuals the first year of the pilot.

Interagency Coordination (describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services)

Creating individual care grants and an integrated service planning process for adults

This concept, based on a proposal submitted to DHS by Family Services of Western Pennsylvania through our Call for Concepts process, is to provide individual care grants for adult individuals and in certain cases, families, who are involved with multiple systems, who have high service needs that cannot be met with categorically funded services.

In conjunction with these grants, DHS would establish an integrated service planning process for these adult consumers, modeled on a similar system that looks across multiple child-serving systems. This process would work with each involved system (e.g. mental health, community services, drug and alcohol) toward several goals at the individual or family level: reduction in overlapping and conflicting services, prioritization of areas for coordinated service delivery, and identification gaps in services or areas where upfront funding could reduce longer-term system involvement or use of more intensive and costly crisis services.

Modeled on a process developed in Illinois, Individual Care Grants could support in-home respite care, attendant care, companion services and other services based on the needs of the individual and/or family. These grants would be used as a “last resort” or “contingency” funding source, and would be deployed when the Integrated Service Planning team and the individual or family in question has identified a need for a specific service that cannot be provided through any existing funding stream.

DHS will provide approximately \$100,000 in FY 13-14 to support this initiative – these funds will cover staff costs for the Integrated Service Planning process and will cover the cost of these contingency grants made in the initial year. Following the initial year, DHS will assess the effectiveness of the process and the grants themselves, and will determine future need for expansion, reduction or elimination of the program. DHS estimates it will serve an estimated 15 individuals with individual care grants in FY 13/14.

If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding.

**APPENDIX C
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

Allegheny County

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	271	2,395,466	2,395,466		57,575	
Administrator's Office	0	3,431,072	4,482,507		855,687	334,017
Administrative Management	21,860	12,223,057	12,223,057	420,674	333,159	1,036,000
Adult Developmental Training	0					
Children's Evidence Based Practices	0					
Children's Psychosocial Rehab	40	130,377	130,377		3,572	
Community Employment	870	1,494,597	1,494,597		40,952	
Community Residential Services	920	29,116,950	29,116,950		794,371	
Community Services	3,800	1,629,023	1,629,023		44,635	
Consumer Driven Services	85	1,646,880	1,646,880		45,125	
Crisis Intervention	8,500	4,056,690	4,056,690		111,153	
Emergency Services	3,890	1,602,277	1,602,277		43,903	
Facility Based Vocational Rehab	100	174,323	174,323		4,776	
Family Based Services	150	1,025,996	1,025,996		28,112	
Family Support Services	360	2,493,331	2,493,331		68,317	
Housing Support	1,300	15,854,386	15,854,386	125,000	434,410	
Other	0					
Outpatient	10,500	4,943,300	4,958,300		112,589	
Partial Hospitalization	200	247,461	247,461		6,780	
Peer Support	105	8,382	8,382		230	
Psychiatric Inpatient Hospitalization	430	1,060,739	1,060,739		29,064	
Psychiatric Rehabilitation	130	323,250	323,250		6,518	
Social Rehab Services	1,600	5,207,146	5,207,146		122,486	
Targeted Case Management	1,800	2,984,460	2,984,460		81,013	
Transitional and Community Integration	5,240	4,709,813	4,709,813	20,006	129,049	
TOTAL MH SERVICES	62,151	96,758,976	97,825,411	565,680	3,353,476	1,370,017
INTELLECTUAL DISABILITIES SERVICES						
Admin Office	0	5,452,811	5,452,811			10,152
Case Management	1,729	659,374	659,374			
Community Residential Services	32	2,101,454	2,101,454			
Community Based Services	361	3,435,390	3,435,390			
Other	0	0				
TOTAL ID SERVICES	2,122	11,649,029	11,649,029	0	0	10,152
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	525	1,819,871	1,576,944			
Case Management	950	50,332	50,332			
Rental Assistance	510	230,000	275,000			
Emergency Shelter	3,300	852,152	852,152			
Other Housing Supports	250	136,929	136,929			
TOTAL HAP SERVICES	5,535	3,089,284	2,891,357	0	0	0
CHILDREN & YOUTH SERVICES						
Evidence Based Services	990	7,142,560	4,482,420			
Promising Practice						
Alternatives to Truancy	440	2,430,000	2,044,500			
Housing	2,475	1,530,000	1,800,000			
TOTAL C & Y SERVICES	3,905	11,102,560	8,326,920	0	0	0
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	65	1,807,863	1,756,328			1,524,522
Inpatient Hospital	850	105,000	95,000			0
Partial Hospitalization	680	186,942	161,942			369,582
Outpatient/IOP	2,700	634,802	579,802			1,284,305
Medication Assisted Therapy	250	600,657	540,657			794,818
Recovery Support Services	2,900	1,522,973	1,379,973			4,496,226
Prevention	0					2,256,819
TOTAL DRUG AND ALCOHOL SERVICES	7,445	4,858,237	4,513,702	0	0	10,726,272
HUMAN SERVICES AND SUPPORTS						
Adult Services	585	883,886	883,886		0	
Aging Services	0					
Generic Services	0					
Specialized Services	980	607,297	1,430,985			
Interagency Coordination	15		100,000		0	
TOTAL HUMAN SERVICES AND SUPPORTS	1,580	1,491,183	2,414,871	0	0	0
COUNTY BLOCK GRANT ADMINISTRATION			1,327,979		0	
GRAND TOTAL	82,738	128,949,269	128,949,269	565,680	3,353,476	12,106,441

Proof of Publication of Notice in Pittsburgh Post-Gazette

Under Act No 587, Approved May 16, 1929, PL 1784, as last amended by Act No 409 of September 29, 1951

Commonwealth of Pennsylvania, County of Allegheny, ss C. Mohamed, being duly sworn, deposes and says that the Pittsburgh Post-Gazette, a newspaper of general circulation published in the City of Pittsburgh, County and Commonwealth aforesaid, was established in 1993 by the merging of the Pittsburgh Post-Gazette and Sun-Telegraph and The Pittsburgh Press and the Pittsburgh Post-Gazette and Sun-Telegraph was established in 1960 and the Pittsburgh Post-Gazette was established in 1927 by the merging of the Pittsburgh Gazette established in 1786 and the Pittsburgh Post, established in 1842, since which date the said Pittsburgh Post-Gazette has been regularly issued in said County and that a copy of said printed notice or publication is attached hereto exactly as the same was printed and published in the _____ regular editions and issues of the said Pittsburgh Post-Gazette a newspaper of general circulation on the following dates, viz:

17 of April, 2013

Affiant further deposes that he/she is an agent for the PG Publishing Company, a corporation and publisher of the Pittsburgh Post-Gazette, that, as such agent, affiant is duly authorized to verify the foregoing statement under oath, that affiant is not interested in the subject matter of the afore said notice or publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.

C. Mohamed
PG Publishing Company
Sworn to and subscribed before me this day of:
April 17, 2013

Linda M. Gaertner
COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Linda M. Gaertner, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Jan. 31, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

STATEMENT OF ADVERTISING COSTS
ALCTY HUMAN SVCS-COMM RELAT
ATTN: KAREN L. BLUMEN
ONE SMITHFIELD ST., STE 400
PITTSBURGH PA 15222

To PG Publishing Company

Total ----- \$53.55

Publisher's Receipt for Advertising Costs

PG PUBLISHING COMPANY, publisher of the Pittsburgh Post-Gazette, a newspaper of general circulation, hereby acknowledges receipt of the aforesaid advertising and publication costs and certifies that the same have been fully paid.

Office
34 Boulevard of the Allies
PITTSBURGH, PA 15222
Phone 412-263-1338

PG Publishing Company, a Corporation, Publisher of
Pittsburgh Post-Gazette, a Newspaper of General Circulation

By _____

I hereby certify that the foregoing is the original Proof of Publication and receipt for the Advertising costs in the subject matter of said notice.

Attorney For

COPY OF NOTICE OR PUBLICATION

Allegheny County Department of Human Services Public Meetings/Hearings Human Service Block Grant application

The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings Monday, May 6 at 5:30 pm and Wednesday, May 15 at 1 p.m. in the Liberty Conference Room, Human Services Building, One Smithfield St. The purpose of the meeting/hearing is to gather public input about the Human Services Block Grant Plan and its implementation. Individuals interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. For more information about the Human Services Block Grant Plan, visit alleghenycounty.us/DHS/DPW-BlockGrant.aspx.

The Department of Human Services makes reasonable efforts to accommodate persons with disabilities. If you require special accommodations, call the Director's Action Line 1-800-862-6783 no later than one week before the meeting dates.

Marc Cherna
Director
Allegheny County
Department of
Human Services



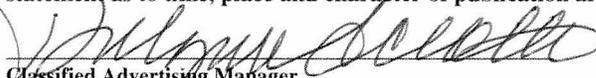
TRIB TOTAL MEDIA LEGAL ADVERTISING

Proof of Publication of Notice in The Tribune-Review Under the Act of July 9, 1976, P. L. 877, No. 160

Commonwealth of Pennsylvania
County of Westmoreland } SS:

DALYNN SCIOTTO, Classified Advertising Manager of the Trib Total Media, Inc., a corporation of the Commonwealth of Pennsylvania with places of business in Greensburg, Westmoreland County, Pennsylvania and Pittsburgh, Allegheny County, Pennsylvania, being duly sworn, deposes and says that the **Tribune-Review** is a daily newspaper circulated in Southwestern Pennsylvania. Said corporation was established in the year 1924. A copy of the printed notice of publication is attached hereto exactly as the same was printed and published in the regular editions of the said daily newspaper on the following dates, viz:
LEGAL# 5544220, RE: H.SVC. BLOCK GRANT MEETING NOTICE; 17TH DAY OF APRIL, 2013.

Affiant further deposes that s/he is an officer duly Authorized by the Trib Total Media, Inc., publisher of The Tribune-Review, to verify the foregoing statement under oath and also declares that affiant is not interested in the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.


Classified Advertising Manager,
Trib Total Media, Inc.

Sworn to and subscribed before me this
17TH day of APRIL, 2013.


Notary Public

Statement of Advertising Costs

KAREN L. BLUMEN
ALLG. COUNTY DEPT. OF HUMAN SERVICES
ONE SMITHFIELD STREET
PITTSBURGH, PA 15222

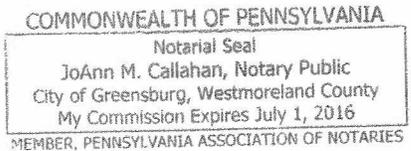
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For Publishing the notice or advertisement attached
hereto on the above stated dates \$89.95
Probating Same \$ 0
Total \$ 89.95

Publisher's Receipt for

The Trib Total Media, Inc., publisher of
acknowledges a receipt of the aforesaid advertising and
fully paid.

Trib Total Media Inc., Publisher
of The Tribune-Review, a Daily Newspaper.

By _____



LEGAL NOTICE
Allegheny County Department of Human Services Public Meetings/Hearings
Human Service Block Grant application
The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings Monday, May 6 at 5:30 pm and Wednesday, May 15 at 1 p.m. in the Liberty Conference Room, Human Services Building, One Smithfield St. The purpose of the meeting/hearing is to gather public input about the Human Services Block Grant Plan and its implementation. Individuals interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. For more information about the Human Services Block Grant Plan, visit alleghenycounty.us/DHS/DPW-BlockGrant.aspx.
The Department of Human Services makes reasonable efforts to accommodate persons with disabilities. If you require special accommodations, call the Director's Action Line 1-800-862-6783 no later than one week before the meeting dates.
Marc Cherna
Director
Allegheny County Department of Human Services
5544220(4-17-13)

lation and strive to be an inclusive community that celebrates and embraces differences. EOE

PPG Industries Inc., a \$15 billion leading producer of coatings, glass, chemicals and fiberglass, is seeking talented people for full-time openings as Production Operators at its Springdale, PA coatings plant. The position requires experience in a production environment, strong communication and teamwork skills, and basic math skills. High school diploma or equivalent is required. The position entails blending, measuring and procuring raw materials to manufacture industrial coatings. Once completed, materials are packaged for shipment to customers. Starting salary is \$13.53/hr. with vacation, holidays and benefits. In approximately 1 year you may reach

the full base hourly rate of \$14.00 for a Large Work Cell Operator. Applicants must apply on line at www.jobspgg.com beginning at 8:00 AM on Sunday, April 14, 2013. When asked to select the location... select **Springdale** When asked to select the position... select **Springdale Production** All candidates must apply using this website. Applications and phone calls will not be accepted at the facility.



Learn more about PPG at www.ppg.com

Applicants must have the legal right to work in the United States Equal Opportunity Employer M/F/D/V

SETON HILL UNIVERSITY POSITION OPENING CAREER DEVELOPMENT COORDINATOR?

Seton Hill University invites applications for the full-time position of Career Development Coordinator to provide career advising and coaching, experiential learning, and job search assistance for a diverse population of traditional, adult, and graduate level students, as well as alumni.

A master's degree in student affairs, counseling, human resources, or related field is required. Progressively responsible work in higher education, student life, career services, human resources, and/or experiential learning is preferred. The incumbent must value diversity and the liberal arts and be able to work with a wide variety of internal and external constituents. The candidate will have strong verbal and written communication, excellent organizational skills with an attention to detail, and ability to multi-task in a fast paced environment.

Proficiency with the MAC operating system, iPad technology, and the use of technology for career services is necessary. Willingness to embrace, utilize, and master new technology is essential. Must be able to maintain strict confidentiality regarding all university and department

Meetings



ADVERTISEMENT Meeting Announcement Community College of Allegheny County

A regular meeting of the Board of Trustees of the College will be held on:

Thursday, May 2, 2013
4:00 p.m. Board Meeting
CCAC Allegheny Campus
Byers Hall
808 Ridge Avenue
Pittsburgh, PA 15212

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES PUBLIC MEETINGS/HEARINGS HUMAN SERVICE BLOCK GRANT APPLICATION

The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings Monday, May 6 at 5:30 pm and Wednesday, May 15 at 1 p.m. in the Liberty Conference Room, Human Services Building, One Smithfield St. The purpose of the meeting/hearing is to gather public input about the Human Services Block Grant Plan and its implementation. Individuals interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. For more information about the Human Services Block Grant Plan, visit allegheny-county.us/DHS/DPW-Block-Grant.aspx.

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Marc Cherna
Director
Allegheny County Department of Human Services

ANNOUNCEMENTS

Public Notices

MUNICIPALITY OF PENN HILLS NOTICE OF PUBLIC HEARING FOR THE CONSOLIDATED ANNUAL PERFORMANCE EVALUATION REPORT

Each year the Municipality of Penn Hills must provide the Consolidated Annual Performance and Evaluation Report (CAPER) to the Department of Housing and Urban Development (HUD) summarizing projects that were approved by the Penn Hills Council and HUD to be carried out with Federal Community Development Block grants. The CAPER provides a description of the projects, the amount of funds spent within the year, the current project status, and the budget amounts.

Copies of the CAPER are available to the public for review and comment in the office of the Penn Hills Department of Planning and Economic Development, 12245 Frankstown Road, 412-798-2128, and the Penn Hills Library. Discussion and com-

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LEGAL ADVERTISING

Legal Notices

ALLEGHENY COUNTY, PA. PITTSBURGH, PA. April 9, 2013

The Office of the Director of the DEPARTMENT OF PUBLIC WORKS OF ALLEGHENY COUNTY will receive Letters of Interest with current SF 330 for Architect-Engineer Qualifications until 4:00 p.m. on May 2, 2013, for the following assignments:

ALLEGHENY COUNTY DEPARTMENT OF PUBLIC WORKS Construction Management and Inspection and Testing Services- State Funded.

County Project No. CMIT-STPA The selection consultant would provide construction management and construction inspection services on the following projects found on the County Website. The construction scope of work, estimated duration and anticipated year of construction are listed as well. Instructions for submission of Letters of Interest are available on the Allegheny County Internet Website (www.alleghenycounty.us; click on "Information for Businesses," then click on "Bids & Proposals). Steven W. Johnson, P.E., Director Allegheny County Department of Public Works

NOTIFICATION Urban Redevelopment Authority of Pittsburgh Disadvantaged Business Enterprise Goal

In accordance with requirements of the U.S. Department of Transportation as set forth in 49 C.F.R. Part 26, as amended, the Urban Redevelopment Authority of Pittsburgh (URA) hereby notifies the public that is recommending the following Federal Transit Administration (FTA) Disadvantaged Business Enterprise (DBE) goal for applicable professional services and procurement contracts during Federal Fiscal Years 2013, 2014 and 2015, beginning May 15, 2013 and ending September 30, 2015.

The overall annual percentage goal of 5% for Disadvantaged Business Enterprise (DBE) participation is for Section 236 (Construction of Buildings), Section 237 (Heavy and Civil Engineering Construction) and Section 238 (Specialty Trade Contractors) funds that URA receives from the FTA. The URA will achieve this goal using race-conscious means. The proposed goal and its rationale are available for inspection during normal business hours at the Urban Redevelopment Authority of Pittsburgh, 200 Ross Street (12th Floor) Pittsburgh, PA 15219 for 30 days following the date of the initial notice.

01663, Barbara Ann Mikos, Executive, Neal Drive, McKeesport, PA 15135, Nancy L. Rackoff, Esquire, Tener, Van Wolf & Moore, P.C. One Oxford Centre, 2100, 301 Grant Street, Pittsburgh, 15219.

Estate of BUCHANAN, GIBSON P. BUCHANAN, GIBSON PACKER, M.D. ceased of Verona, Pennsylvania, No. Of 01694, Thomas Gibson Buchanan, Exec 619 West Waldheim Road, Pittsburgh 15215, or to Nancy L. Rackoff, Esquire, Tener, Van Kirk, Wolf & Moore, One Oxford Centre, Suite 2100, 301 C Street, Pittsburgh, PA 15219.

LEGAL ADVERTISING

Legal Notices

NOTICE

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY PENNSYLVANIA, FAMILY DIVISION, CASE NO. FD-12-007001 NOTICE OF COMPLAINT DIVORCE AND AFFIDAVIT UNDER SECTION 3301(d) OF THE DIVORCE CODE, PETER LENGWE Plaintiff vs. SHARON DENISE TIMPSON, Defendant. SHARON DENISE TIMPSON, Defendant, whose last known address is 2901 Springhill Avenue, Baltimore MD 21215. COMPLAINT IN DIVORCE AND AFFIDAVIT UNDER SECTION 3301(d) OF THE DIVORCE CODE. You are hereby notified that Plaintiff, PETER LENGWE, has filed a Complaint in Divorce and Affidavit Under Section 3301(d) of the Pennsylvania Divorce Code endorsed with a Notice to Defend; against you in Court of Common Pleas of Allegheny County, Pennsylvania docketed to NO. FD-12-007899-4 wherein Plaintiff seeks entry of a decree in Divorce. NOTICE TO DEFEND AND CLAIM RIGHTS. You have been sued in court. If you fail to defend against the claims set forth in the Complaint in Divorce and Section 3301(d) Affidavit, you must take prompt action. You are warned that if you fail to do so, the case may proceed without you and a Decree in Divorce or Annulment may be entered against you by the Court. A judgment may also be entered against you on any other claim or relief requested in these papers by the Plaintiff. You may lose money or property or other rights important to you, including custody or visitation of your child. When the ground for the divorce is indignities or irretrievable breakdown of the marriage, you may require marriage counseling. A list of marriage counselors is available in the Office of the Prothonotary, 1ST Floor, City-County Building, 414 Grant Street, Pittsburgh, Pennsylvania 15219. IF YOU DO NOT FILE A CLAIM FOR ALIMONY, MARITAL PROPERTY, COUNSEL FEES, EXPENSES BEFORE THE AFFIDAVIT DECREE IN DIVORCE OR ANNULMENT IS ENTERED, YOU WILL LOSE THE RIGHT TO CLAIM THEM. YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE INFORMATION ABOUT

Additional Information received from Allegheny County in response to questions from Plan review by the Department:

In FY 12-13 the total estimated number of individuals to be served in MH was 45,000; in FY 13-14 the estimated number is 62,157. Please explain the reason for the increase in the number of individuals served.

Allegheny County's Response:

As stated in our original submission under Client Count Limitations, estimating the number of distinct people served is challenging due to anonymously-reported services, decentralized data, and changes to services and cost centers. Additionally, this year, the timing of the Block Grant necessitated some amount of estimation about how many clients would be served by the end of this fiscal year (based on numbers of clients served in previous years) since the year was in progress. This added a layer of complexity to the existing complexities, particularly the work of counting consumers of anonymous services.

Previously in the FY 12/13 plan, we attempted to de-duplicate the total client count based on our understanding of the overlap of consumers in different service areas, but this process relied heavily on estimation. The Appendix worksheet for FY 13/14 differed from the previous method and was automated to sum all the above MH categories in the "All MH Services - Estimated Clients column." This method does not account for consumers who were served in multiple categories, and we did not attempt to create an unduplicated count since it is an imprecise estimate.

If we were to de-duplicate the 61,151 consumers this year using the same method we used last year, our unique client estimate would be approximately 40,000 consumers. This number, while lower than the previous year's estimate of 45,000, reflects some shifts in services and funding, the challenges of estimation, and improved measurement. We also expect that it may be somewhat impacted by a variable flow of reporting by providers over the fiscal year, which we plan to better research and understand during this year in order to sharpen our ability to make projections in future years.

The C&Y narrative expenditures identified for Housing and Evidence-Based Practices do not agree with the figures in Appendix C. In addition, it is unclear how much of the funding for the shallow rent program will be used for the eviction prevention program.

Allegheny County's Response:

The figures presented in the C&Y section of the narrative are understated by (\$146,020). The corrections discussed below are consistent with the estimated expenditures in Appendix C.

- The FY 13/14 allocation for the Family Housing Stabilization Program (FHSP) should be \$1,150,000. This correction accounts for the \$140,000 discrepancy between Appendix C and the narrative.

- The FY 13/14 allocation for High Fidelity Wraparound (HFW) should be \$2,353,020. This correction accounts for the \$6,020 discrepancy between Appendix C and the narrative.

Finally, as stated in the narrative, the funding for the eviction prevention program depends on need. Allegheny County estimates that approximately \$25,000 will be utilized for the Low Income Public Housing Eviction Prevention Program out of the \$140,000 allocated from the shallow rent subsidy.

Please ensure that your C&Y narrative and budget agree and forward your revisions and clarifications for all of the areas identified above to this email account. Please let us know if you have questions. Thank you.