

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: ALLEGHENY COUNTY

- 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 DPW 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>	
	WILLIAM MCKAIN	Date: 6-30-14
		Date:
		Date:

Allegheny County's FY 14/15 Human Services Block Grant Plan

PART I: COUNTY PLANNING PROCESS

The Allegheny Department of Human Services (DHS) is committed to creating opportunities for public input on our planning processes and initiatives; engaging in a community dialogue is critical to meeting our publicly-crafted vision and key to delivering services that incorporate our articulated guiding principles.

To inform the development of the FY 14/15 Human Services Block Grant plan, DHS:

- Convened the Human Services Block Grant Advisory Board
- Issued an internal Call for Concepts to provide an opportunity for DHS staff to identify new approaches to service delivery
- Conducted a system level review of our homeless system
- Explored and implemented several proposals selected from the FY 13/14 provider Call for Concept process
- Conducted case reviews to develop a better understanding of Human Services Block Grant consumers

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, as well as providers, advocates, community representatives, DHS staff, and members of 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 based upon a variety of factors, including system representation, service expertise, demographics and community involvement. Applicants also wrote a short essay describing how their involvement on the Board would help DHS move closer to its vision, and how their unique perspective would facilitate a diverse atmosphere within the group.

From the beginning, DHS was committed to forming an Advisory Board in which the majority of members were consumers, family members or appointees. DHS received 122 applications and selected 49 board members; 26 are consumers or have family member involvement. The remaining board members are advocates, professionals from provider and community organizations with cross-system representation, representatives of the foundation community, and members of boards required by legislation. Three of the selected board members have both consumer/family involvement and professional experience.

The Board met three times in FY 13/14; each meeting was approximately 2.5 hours. Senior leadership and staff from DHS provided updates on concepts implemented or explored in FY 13/14, discussed findings from case reviews and other initiatives, reviewed actual expenditures for FY 12/13, and presented the FY 14/15 Block Grant Plan. Further, a group of volunteers from the Block Grant Advisory Board reviewed concepts submitted through the internal Call for Concept process and helped to prioritize the concepts to pilot through the Human Services Block Grant process in FY 14/15.

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 staff in identifying creative ways to best use the flexibility of the block grant to serve our community. DHS initiated a similar process in FY 12/13, with the provider community, and funded a number of proposals in FY 13/14. By engaging both internal staff and providers in developing 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 internal Call for Concepts in December 2013, so that concepts that were determined to be appropriate for inclusion in the FY 14/15 Human Services Block Grant Plan could be finalized in time for submission to the State. The solicitation limited the length of concept proposals to five pages; the narrative included a detailed concept description that identified a target population, included a plan for outcomes measurement, and considered funding implications. DHS staff submitted 40 concepts.

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

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

When preparing the FY 13/14 and 14/15 Human Services Block Grant Plan, DHS conducted case reviews to achieve the following three goals:

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

Two case reviews were completed, both in the winter of 2013/2014. Reviews were conducted on an individual with housing instability and a transition-aged youth with involvement in the child welfare and intellectual disability systems. The review team included DHS staff representing all DHS system partners and support offices, representatives from Community Care Behavioral Health, and providers who served each of the reviewed individuals.

To meet the goals articulated above, the DHS Office of Data Analysis, Research and Evaluation (DARE) compiled historical service data for each consumer and developed a comprehensive timeline that depicted service overlap and trends. Consumer strengths and needs, made evident 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 included:

- Opportunities for improvement in communication and coordination, including improved collaboration among systems and service providers to address multiple and conflicting service goals; addressing barriers to sharing and accessing consumer data due to confidentiality laws; and addressing the length of time it takes to build trust with consumers
- 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 personal goals are considered first, whenever possible
- Helping consumers develop natural supports
- 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 and identifying areas for further consideration.

Planned Changes for FY 14/15

This year—the third year of the Human Services Block Grant —DHS is utilizing approximately two percent of the flexibility in the block grant, compared to the County’s FY 14/15 allocation. While the change is small, compared to the 50 percent flexibility permitted, DHS continues to refine and streamline our service inventory by supporting new concepts and examining our service systems.

In FY 14/15, DHS will:

- **Support four proposals identified through the DHS staff Call for Concepts process:**
 - Provide **shallow rent subsidies** that bridge the housing affordability gap for low income individuals and families by providing small, fixed monthly grants that select participants can use to help pay their rent. The subsidy will serve adults currently residing in group homes who are ready and willing to leave the facility with supports but lack the funds to pay for their own apartment. Also eligible to receive these subsidies are participants in DHS-funded transitional housing programs for the homeless, individuals receiving SSI or SSD and/or working at a low-wage job, and those on waitlists for the Housing Choice Voucher (Section 8) Program or the Emergency Solutions Grant Rapid Re-Housing Program (RRH).
 - Initiate **home-based behavioral health services for older adults** that will include assessment, service planning and therapy for older adults in need of behavioral health services in their homes.
 - Employ a **benefits Counselor to assist with enrollment for Medicaid, Medicare** or other insurance coverage, through the Marketplace Exchange and/or Healthy PA. With implementation of the Affordable Care Act, enrolling for insurance coverage has increased in complexity; the counselor will be available to assist individuals approaching pre-sentence or pre-release from the Allegheny County Jail to ensure that they have access to appropriate physical and behavioral health care.

- **Create a human services and school system partnership to engage students and families experiencing a housing crisis.** This concept establishes a multi-system partnership between Woodland Hills School District, a community-based organization, a homeless provider agency and DHS to identify, support and engage children and families at the early stages of homelessness, when the provision of human services and housing support can be most effective in resolving the current situation and preventing further crisis.
- **Conduct a service review of our Drug & Alcohol system.** DHS is committed to examining one of our service systems each year; the findings of the review will be used to inform immediate, short and long term system changes to effectively and efficiently address the evolving needs of both consumers and providers.
- **Continue to support the following concepts selected in the first Call for Concept process in FY 13/14:**
 - Investing in case management for families in emergency shelter
 - Supporting natural support groups for immigrants and internationals
 - Creating individual care grants and an interagency process for adults with multi-system involvement
 - Improving justice-related services
 - Investing in re-entry services

Additionally, in FY 14/15, DHS will use block grant funds to support Immigrants Services and Connections (ISAC), a new initiative that provides culturally and linguistically appropriate service coordination to immigrants and internationals in Allegheny County. DHS will also use block grant funds in FY 14/15 to support representation for parents involved in the child welfare system.

Additionally in FY 14/15, DHS will make investments to improve provider access to client data and client access to their own data. Originally requested by a member of the Human Services Block Grant Advisory Board and supported by findings from the Case Reviews, DHS spent FY 13/14 gathering requirements to build a portal to give providers and clients access to data. In FY 14/15, DHS will use \$500,000 block grant administrative funds to build the portal. Because the portal user groups (Staff, DHS Clients and Providers to DHS Clients) have different needs, each group will interact with the tool slightly differently (e.g., portal users will be able to access information by user type).

Information Type	DHS Staff	DHS Clients	Providers to DHS Clients
Client Information	Yes	Their own	Yes (if claimed & approved)
Services Rendered	Yes	Their own	Yes (if claimed & approved)
Assessment & Plans	Yes	Their own	Yes (if claimed & approved and < 1 year old)
eDocuments	Yes	Their own	Yes (if claimed & approved and < 1 year old)
Client's Workers	Yes	Their own	Yes (if claimed & approved)

A validation account access process will apply. The portal will include data from both internal (e.g., CYF, HMIS, CCBH) and external (e.g., Allegheny County Housing Authority, Juvenile Probation) sources. For DHS staff, the portal will replace the current DataVue tool, and will serve as the single information

source for integrated case management, quality improvement efforts such as structured case reviews, and other oversight and operational activities requiring individual, person-specific data. For providers, the portal will bring together a more comprehensive portfolio of data about each client that they currently serve. They will now have a more complete picture from which to better manage each client's case and better serve his/her needs. And for the first time, DHS clients will have the ability to view and access their own human services records online. Clients will have a record of the services they have received and their own plans and assessments that they can use to better ensure their own continuity of care.

The above-listed areas that DHS plans to study, pilot or fully implement in FY 14/15 were inspired by the Call for Concept initiatives and the Human Services Block Grant Case Reviews. All of these services are discussed thoroughly throughout the categorical sections of the plan and have been presented to DHS staff, the Human Services Block Grant Advisory Board, and the larger community prior to the plan's submission.

Finally, while Human Services Block Grant funds will support new services in FY 14/15, DHS is not supplanting funds for existing block grant funded services. By identifying opportunities to increase efficiency and establishing more comprehensive planning processes, DHS is able to fund new services in FY 14/15 while still providing the same services as FY 13/14.

Client Count Limitations

DHS values the use of data to better understand service delivery and to inform decision making. Useful data analysis requires understanding what is well documented in administrative data, what is not, and what changes in these numbers over time represent. Unfortunately, client data collection and input are not perfect, and, as a result, instead of providing useful information about outcomes, changes over time may 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. This section outlines some of the important factors to consider when interpreting the client counts.

- By nature, some services are provided anonymously so that information collection does not deter consumers from seeking assistance or delay the provision of important assistance (e.g., telephone crisis). In this type of situation, the service is often program funded, and data about the unduplicated number of people served are unavailable. While preserving anonymity has allowed many to receive important services, it also means that we must estimate the number of people served with the allocated funds. Of all Human Services Block Grant-funded services, this occurs most frequently in Mental Health services.
- Some data are not collected in a central information system, which means that DHS must aggregate reports from providers about the number of clients served. This hinders our ability to accurately report the number of unduplicated clients. On occasion, when this information is later entered into a more formal data system, numbers may decrease as a result of the increased structure of the data collection and 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 will be created within a category. In either case, changes in client counts may

reflect changes in the service offerings in that category, not a change in the number of people served overall.

Estimating the unduplicated count of consumers served within a program area may be affected by one or more of the limitations outlined above; as a result, changes in total clients served are even more difficult to interpret than changes within a specific cost center. When client counts presented in this plan change drastically between two years, notations will be provided to indicate whether the change is the result of data limitations or reflective of a true change in the quantity of services provided.

PART II: PUBLIC HEARING NOTICE

The Human Services Block Grant Public Hearing announcement was distributed to DHS staff, contracted providers, consumers, family members of consumers and the general public one week before the first public hearing. The announcement was posted on the first page of the DHS website, promoted via social media (e.g., Twitter and Facebook), announced in all major Pittsburgh newspapers, and distributed via flyers to several community groups.

Two public hearings were scheduled; one at the Human Services Building in downtown Pittsburgh and the second in Turtle Creek at the Human Services Center Corporation.

The dates and times are as follows:

- May 27, 2014 at 4:00 p.m. (Human Service Building, One Smithfield Street, downtown Pittsburgh), 38 Attendees
- June 9, 2014 at 9 a.m. (Human Services Center Corporation, Turtle Creek, PA), 27 Attendees

Over 60 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:

- An Overview of block grant parameters, including the FY 13/14 plan the FY 14/15 plan guidelines
- An update on concepts implemented or explored in FY 13/14
- A review of the internal Call for Concepts process and selections
- An overview of the FY 14/15 Block Grant Plan
- Discussion/testimony

DHS also presented the plan to the Block Grant Advisory Board on May 27, 2014.

A draft of the Block Grant Plan was posted on DHS's website on May 20, 2014. 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 July 3, 2014.

Comments expressed during the public hearings are summarized as follows:

- An individual spoke in favor of increasing supports to young adults with complex needs who are transitioning into adulthood. The speaker noted that this population does not have quality of

life opportunities and the appropriate services to address their needs and the needs of their aging parents and caregivers.

- An individual expressed concern that after heavy snowfalls, people with disabilities cannot leave their homes to access services.
- Several individuals expressed concern around the passage of Healthy PA and its implications on human services, particularly in terms of MA transportation.
- An individual suggested that DHS publish policy reports that outlined best practices and data analysis of pending human service legislation.
- An individual had clarifying questions about the status of the individual care grant concept.
- Several individuals stated that, with the Affordable Care Act, an increasing number of clients have high-deductible plans, which presents cost challenges for providers.
- An individual expressed concern around adolescent behavior in the community.
- An individual raised the issue of people facing temporary homelessness as a result of natural disaster and what long-term services could meet their needs.
- An individual noted that there is a shortage of Medical Assisted Therapy services that will administer suboxone.
- An individual asked clarifying questions about the in-home services for older adults with mental health needs concept.
- An individual asked what DHS is doing to address the challenges faced by transition aged youth.
- An individual requested that DHS elaborate on its planned Drug and Alcohol system review.\

PART III: WAIVER

DHS will not be seeking a waiver in the FY 14/15 Human Services Block Grant plan.

PART IV: HUMAN SERVICES NARRATIVE

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.

Program Highlights

In FY 13/14, DHS made investments in services that benefitted County residents with mental health needs. These investments were the result of the Call for Concept process that engaged our provider community in the planning process. The additional resources were used to support:

- Hiring more staff to reduce waitlist for critical justice related services. The staff serves 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.
- Community based mental health and natural support groups

To prepare for the FY 14/15 block grant plan, DHS engaged in a similar Call for Concepts process with internal staff. As a result, DHS will fund several concepts that will benefit clients with behavioral health needs. Additional block grant funds will be utilized to support:

- A Benefit Counselor to assist with enrollment for Medicaid or Medicare; or other insurance coverage through the Marketplace Exchange, and/or Healthy PA to persons approaching pre-sentence or pre-release from the Allegheny County Jail.
- Assessment, service planning and therapy to older adults at need of behavioral health services by visiting them in their homes

DHS continues to prioritize services critical to an individual's health and safety needs while shifting 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 that 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 43,000 individuals (unduplicated)¹ with MH Human Services Block Grant funds in FY 14-15. This estimate is level with last year. This plan will address DHS's strategy by target population and the County's Recovery-Oriented Systems Transformation. Since becoming a Block Grant County, DHS has made additional investments in services that directly benefit individuals and families with behavioral health needs using mental health base dollars and other block grant funds; however, the overwhelming need for all of populations identified below is additional resources. The block grant has afforded flexibility for innovation and administrative efficiency, but alone it cannot supplant the burden of funding reductions and level funding amidst rising costs.

¹ See section on "Client Count Limitations in Part II of the FY 14/15 Block Grant Plan."

Older Adults (ages 60 and above)

Needs:

- in-home behavioral health supports
- social support for elderly populations and their caregivers
- violence or older adults maltreatment prevention programming
- in-home alcohol and substance abuse supports

All of the services described under the Adults (18 and above) and Special/Underserved Populations are available to older adults with mental illness. DHS utilizes different techniques, however, to engage the older adult population during the planning and service delivery process. For example, OBH participates in the Behavioral Health and Aging Coalition and is a member of the Southwestern Pennsylvania Partnership on Aging (SWPPA). Services and supports specific to the geriatric mental health population include two Geriatric LTSRs and Domiciliary Care Services provided through DHS's Area Agency on Aging (AAA). DHS also has a Memorandum of Understanding with AAA to conduct case reviews and work collaboratively to serve specific individuals. An OBH-AAA liaison coordinates these efforts. Finally, DHS currently supports an In-Home Geriatric Program that provides a clinical team to assess, plan and support seniors in their current residence. In FY 14/15, DHS will devote \$150,000 in block grant funds to support a new initiative, proposed through the internal Call for Concepts, that serves older adults with behavioral health needs in their home.

Adults (18 and above)

Needs:

- services for uninsured or underinsured adults and for “non-covered” services for people who have MA or other insurance
- supported employment
- supported housing services
- peer support services

Mental Health Human Services Block Grant funds are used to provide necessary MH services to various groups of individuals, including adults who are 18 and above. This includes funding for 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 allow us to fund traditional, foundational outpatient services as well as innovative, evidence-based services; they also allow us to “package” services to support ongoing recovery. Although “medical” services are clearly an important component of mental health treatment, these services work best when coordinated with services that address other aspects of people’s lives (e.g., social, vocational and spiritual). Treatment services for adults are coordinated to ensure that individuals receive holistic treatment, paired with recovery services, to support integration into the community and prevent hospitalization, incarceration, homelessness and psychiatric emergencies. These services are described below:

- *Outpatient Community Treatment Services* are known as Outpatient, Partial Hospital, Mobile Therapy, evidence-based Assertive Community Treatment (ACT), Mobile Medications, and Alternative Outpatient Program (AOP), provided in some local Long Term Structured Residences).

- The *Behavioral Health Pharmacy Benefit Program* (a payer of last resort 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 Rehabilitation and Community Employment/Employment-Related Services.
- The *Supported Employment Initiative* (a SAMHSA evidence-based program) in Allegheny County has demonstrated that people with mental illness can successfully work and be engaged in the community if given the right supports. High quality supported employment services include the following components: 1) they are based upon individual choice; 2) they are integrated with comprehensive mental health treatment; 3) competitive employment is the ultimate goal; 4) they provide personalized benefits counseling; 5) the job search begins when the individual expresses readiness and interest; 6) continuous follow-along supports as provided for as long as the person wishes; and 7) individual preferences are respected in regard to 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. Specific 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 Facilities for Adults (RTFA), Long-term Structured Residences (LTSRs) and Community-Based Extended Acute Care. The goal of all services is to ensure that individuals with mental illness and co-occurring disorders are able to live in the least restrictive community setting possible while preventing homelessness, hospitalization, incarceration and other psychiatric emergencies.
- *Service Coordination Services* (formerly Case Management) are designed to ensure that services are accessed and coordinated in the best interest of the consumer. The Single Point of Accountability, or “SPA” initiative, builds upon the current service coordination system to create a new, more recovery-focused system.
- *Consumer Driven Services and Peer Support Services* include peer mentors, warm line services, Drop-in Services and Certified Peer Specialists. These peer support services, available at drop-in centers, at community-based service locations and by phone, are designed to improve recovery outcomes and foster community integration for individuals with mental illness and co-occurring disorders. 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.

- *Justice Related Services* are available for adults with mental illness, co-occurring mental illness and substance use disorders, and/or intellectual disability who are involved in the justice system. Please see discussion below under Special/Underserved Populations.
- *Mental Health First Aid (MHFA)*, an internationally certified training for non-mental health professionals and members of the community, introduces risk factors and warning signs of mental illness for adults and youth (ages 12 through 18), builds understanding of the impact of mental illness, and provides an overview of available supports. OBH partners with other agencies to provide MHFA training.
- The *Allegheny County Coalition for Recovery (ACCR)* was formed in 2001 and consists of people with lived experience with mental illness and/or substance use disorders as well as family members or friends, behavioral health professionals, and government officials. The mission of ACCR is to increase awareness of behavioral health recovery and to promote the use of recovery principles and practices in behavioral health services in Allegheny County. ACCR has been working since its inception to increase awareness of the fact that people can, and frequently do, recover from serious mental illnesses and/or substance use disorders.

Transition-Age Youth (ages 18 through 26)

Needs:

- [assistance in applying for benefit programs](#)
- [more inviting and culturally accessible services](#)
- [supported job skills training](#)
- [supported independent living skills training](#)
- [supported transitional housing](#)

Although the adult mental health system provides services to anyone age 18 and above, DHS recognizes that transition-aged youth may not be comfortable in a system designed for adults. In order to encourage compliance with their treatment plan, they may need specialized services or services that are more culturally accessible and/or designed to address their special circumstances. To encourage service participation and compliance with their treatment plans, DHS has implemented a number of programs specifically designed for this population; these programs are described below. DHS will continue to examine its service inventory, assess service gaps and evaluate service quality, in order to determine what additional services may be needed and to explore additional opportunities to serve transition-aged youth with mental health issues as they transition out of the child welfare system.

- *Children, Youth & Families Liaison* – For the past 10 years, a mental health program specialist has provided site-based consultation to child welfare personnel, offering information and assistance in navigating child-serving systems. In FY 09/10, the liaison role was expanded to provide assistance in accessing the adult mental health system for transition-aged youth and for adults with intellectual disabilities.
- *LIFE (Living in Family Environments) Project* – The LIFE Project team provides individualized service coordination for children/adolescents ages 3 through 21 who require intensive behavioral health treatment. The team plans, implements and coordinates all services to ensure that child and family needs are met in the least restrictive setting possible. The principles of High

Fidelity Wraparound are incorporated in the service delivery model in order to support self-determination and the use of natural supports.

- *Assertive Community Treatment (ACT)* – ACT targets transition-aged youth (16 through 24) who would be at high risk for hospitalization, incarceration, psychiatric emergency or homelessness without the support of comprehensive and intensive mental health services designed to maintain their stability within the community. ACT Teams include a psychiatrist, nurse, therapist, case manager and vocational specialist.
- *Community Residential Rehabilitation (CRR) / Host Home* – If a youth cannot live at home, he or she may receive services in a Community Residential Rehabilitation/Host Home. Therapeutic services are provided 24 hours per day, seven days per week in a transitional residential host home setting. Capacity is currently limited to eight beds. DHS also provides Supported Housing for transition-aged youth and is working on a reinvestment plan to expand and enhance the availability of this option for the target population.

Children (under 18)

Needs:

- access to more comprehensive school-based mental health services and supports
- improved programming geared towards parents related to awareness, prevention and early identification of mental health conditions in children
- improved D&A services for children and youth

Children receiving mental health services from DHS range from those who require relatively few services to those requiring intensive treatment from multiple systems. A wide array of services is available to meet their needs:

- *RESPOND (Residential Enhancement Service Planning Opportunities for New Directions)* was created to help human services providers and families in Allegheny County better serve children and youth involved in multiple systems, 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 and staff-to-child ratios range from 1:1 to 4:1, depending on individual needs. RESPOND operates using a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The homes are staffed by highly-skilled individuals with experience working with children and youth with complex needs. They 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 disabilities, developmental disabilities and child psychopathology.
- *Student Assistance Program (SAP)* – The SAP is a prevention/intervention program, operating in high schools throughout Allegheny County. The program uses a systematic team approach to help students with mental health and/or substance abuse problems get the help they need to succeed in school. The team is made up of people from various professions within the school

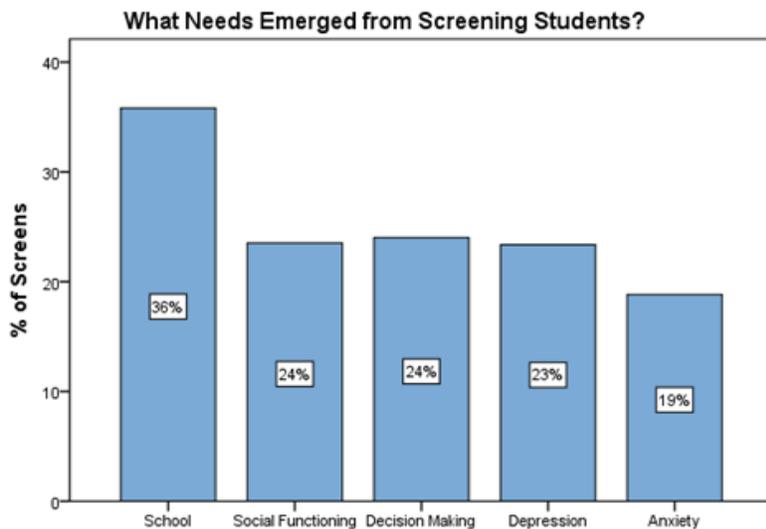
and others from community agencies. These professionals work to identify barriers to learning and, in partnership with families, connect students to services that will help them succeed.

DHS also used block grant funds in FY 13/14 to support a collaborative program (submitted through the Call for Concepts process) between Elizabeth Forward School District and Mon Yough Community Services (MYCS). The program was an afterschool community-based counseling program for sixth through twelfth grade students in the Elizabeth Forward School District. In the original proposal, the school district estimated that 40 (medical assistance-eligible) students who had received pre-mental health screening services last year had been unable to attend treatment sessions at MYCS in McKeesport for a number of reasons, many of which had to do with transportation. The concept emphasized that offering the mental health services in the school would address the transportation barriers in that part of the county. DHS decided to fund the concept for one year.

Unfortunately, because of low participation in the program (at last count, only eight students participated in the program), DHS will not fund the concept in fiscal year 2014-2015. Since access continues to be an issue for students and families, DHS encourages the school district and MYCS to work together to support traditional school-based counseling services, already provided in several school districts across the county.

2012/2013 SAP Highlights

During the 2012-2013 school year, 1,579 students received a *Child and Adolescent Needs and Strengths* (CANS) screening through SAP. Eighty-six percent of screened students (1,360) were referred for further evaluation. The CANS serves as a framework for a discussion with the family to help determine the student's needs and strengths. The chart below illustrates the issues that were identified most frequently during the screenings.



- *Shuman Center Project* - This program, targeted to children/adolescents with mental health problems who are being detained at Shuman Detention Center, provides: a case manager who coordinates mental health services to ensure that services are in place upon release from the detention center; linkages to the probation officer; and advocacy for the child/adolescent.

- *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 coordinating services that are client-driven, family focused and least-restrictive.
- *Community Residential Rehabilitation (CRR) / Host Home* as described in the Transition-Aged Youth section
- *LIFE (Living in Family Environments) Project* as described the Transition-Aged Youth section
- *Children, Youth & Families Liaison* as described in the Transition-Aged Youth section
- *Child and Adolescent Service System Program (CASSP)* – supports local and state-wide collaboration; the Administrator of the Bureau of Child and Adolescent Mental Health Services, in the DHS Office of Behavioral Health, also serves as the CASSP Coordinator

Although the following services are primarily funded with HealthChoices dollars, they are occasionally supplemented by MH line item funding (in the Human Services Block Grant) in order to provide the following services:

- *Partial Hospitalization Program (PHP)* – often recommended for a child transitioning home from an inpatient hospital, PHP is a non-residential, intensive mental health treatment program 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 a child’s mental health improves, the goal is to return to school and to more stable functioning within the family.
- *Residential Treatment Facility (RTF) Group* – a single point of contact for referral, service coordination and discharge planning for children and adolescents involved at the RTF level of care.
- *Family-Based Mental Health Services* – These comprehensive services are designed to assist families in caring for their child/adolescent at 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 and adolescents, focusing on their 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.

DHS's Offices of Behavioral Health and Children, Youth & Families continue to work closely to coordinate the health, safety and mental health needs of children and adolescents in Allegheny County. These collaborative activities are supported in part by the Title IV-E Waiver, which allows funds to be used to prevent placement instead of waiting to provide services once placement occurs.

Individuals transitioning out of state hospitals

Needs:

- appropriate and sustainable community-based alternatives

In FY 14/15, Human Services Block Grant funding will continue to fund services for people who have previously been served in state mental health and community inpatient facilities as well as those who are being diverted from those levels of care. CHIPP, the funding source within the mental health services appropriation, provides about half of the total state mental health service funding allocated to Allegheny County. In FY 13/14, approximately 6,700 Allegheny County residents with mental illness received services supported by CHIPP. This number remains level with last year.

The Mayview Service Area (Allegheny, Beaver, Greene, Lawrence, and Washington Counties) has aggressively supported PA's decision to end unnecessary institutionalization of adults who have a SPMI. Through ongoing, stakeholder-based regional planning conducted by these counties, the Commonwealth closed Mayview State Hospital in December 2008.

DHS is committed to community-based services and to the development of appropriate and sustainable community-based alternatives for individuals who have already been discharged from Mayview as well as those who would have been admitted since closure. Allegheny County continues to be part of regional planning efforts to ensure that these services are available

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), Community Treatment Team (CTT), employment services, service coordination, Residential Treatment Facility for Adults (RTFA), consumer-driven services, peer support, and transitional and community integration services.

In addition to prioritizing services for adults and older adults with SPMI, DHS uses the MH Human Services Block Grant to fund services for uninsured or underinsured adults and older adults and to pay for "non-covered" services under Medical Assistance or other insurance plans.

Co-Occurring Substance Use Disorders

Needs:

- improved connection and communication with DA programming
- transitional residential services
- primary residential services (including detoxification services)

Emergency crisis services

In addition, many of the following *treatment services* resulted from or were expanded upon state hospital closures, in order to ensure that individuals with SPMI and co-occurring disorders receive

holistic treatment coordinated with recovery supports to aid in their re-integration into the 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 (PBP-payer of last report option for BH medications only)* as described in the Adults (over 18) section. The PBP also supports BH medications for inmates of the Allegheny County Jail.
- *Rehabilitation Services* designed to help people in recovery by providing vocational, social and psychiatric rehabilitation options as described in the Adults (over 18) section
- *Acute Consumer Support Planning* is designed to assist transition of individuals from community in-patient, long term structured residence (LTRS), and other community placements.

Justice-involved individuals

The delivery of justice-related services in Allegheny County has been guided by input from a large group of stakeholders (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 provides coverage at the Allegheny County lock-up/jail intake area from 7:00 p.m. to 3:00 a.m. daily; coordinate services for individuals released from the Allegheny County Jail prior to or at the preliminary hearing; and 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 Justice-Related Support Services, 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 24 hours/day, seven days/week.

Additional Problem-solving Courts include Drug Court, Mental Health Court, Veterans Court, Children's Court and DUI Court.

- *Re-entry programs* include the Federal Second Chance Act Re-entry 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 who are on parole and have an approved home plan.

Seeking Safety Trauma Training (for both Trauma-Informed Care and Trauma Treatment Services), with an emphasis on diversion of veterans identified with post-traumatic stress disorder (PTSD) or other trauma-related symptoms/ behaviors, is being offered across DHS's service system by two highly-trained providers. This training is a part of a five-year pilot program in Allegheny and Philadelphia Counties, structured along selected "intercepts" of the Sequential Intercept Model (diversion framework for persons with mental illness and/or co-occurring disorders from the criminal justice system). Funding for this training resulted from a successful application submitted by the Pennsylvania Department of Public Welfare (DPW)'s Office of Mental Health and Substance Abuse Services (OMHSAS) to 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).

In FY 13/14, DHS devoted additional block grant funds services for JRS clients. The need for JRS services is so significant that these clients encounter long waitlists and JRS Specialists' caseloads often exceed DHS's goals for this target population. To address these challenges, three staff were hired and trained across all units of JRS so that they are capable, at any time, to temporarily fill a vacancy in any unit, thus minimizing disruption of service and process for JRS clients. During times of full staffing, the new staff members assist with various JRS functions and maintain a special need caseload (e.g., Veterans Court and/or high services users).

During FY14/15, DHS will use block grant funds to hire a benefits counselor who will assist with enrollment for Medicaid or Medicare, other insurance coverage through the Marketplace Exchange, and/or Healthy PA to persons approaching pre-sentence or pre-release from the Allegheny County Jail. The need for a benefits counselor increased with implementation of the Affordable Care Act, as ensuring that individuals have coverage for both physical and behavioral health care has become more complex than just enrollment for Medicaid. Further, incarcerated individuals who are receiving medical or behavioral health services are at risk of interrupted care if they are not helped to obtain coverage for services prior to release. DHS will start by funding one benefits coordinator position and will expand the program in the future if it successfully links more individuals to physical and behavioral health care. \$50,000 in block grant funds is allocated for FY 14/15 (this allocation reflects nine months of funding to account for planning and early implementation).

Finally, DHS continues to be involved in two cross-system initiatives with a focus on 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. The Collaborative was created in 2000 with two 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 Justice-Related Behavioral Health Subcommittee of the local Criminal Justice Advisory Board (CJAB) was established as an advisory body to the CJAB on cross-cutting criminal justice/behavioral health issues.

Selected outcomes of these justice-related services include:

- At three years, only 10 percent of Mental Health Court graduates had post-program convictions (2006-2008).
- Post-program convictions of Drug Court graduates remain low: 2.6 percent at six months, 6.4 at one year, 12.4 percent at two years, and 21.1 percent at three years (2005-2011).
- Justice-Related State Support graduate post-program convictions are 14.1 percent at one year and 18.4 percent at three years (2002-2007).
- Crisis Intervention Team (CIT) training has been provided to 265 City of Pittsburgh Police Officers and 200 additional officers from other municipalities in Allegheny County. CIT training was also provided to 33 corrections officers and 37 civilians.

Veterans

Needs:

- Evidence-based treatments around PTSD and major depression
- Peer support services
- Services and supports for veterans with traumatic brain injury

DHS currently partners with the U.S. Veterans Administration on an annual Returning Veterans conference attended by representatives of the behavioral health provider system, schools and the spiritual community. This conference is designed to improve services provided to veterans and their families, increasing awareness and understanding of their needs before, during and after deployment.

The following services are also provided:

- Support to veterans involved with Veterans Court who are not eligible for VA services
- *Seeking Safety* trauma treatment veterans with PTSD (described above)

LGBTQI

Needs:

- Family counseling and support
- Self-harm and suicide prevention
- Culturally accessible and competent mental health services

Two Allegheny County providers 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 the service system needs of this population.

Racial/Ethnic/Linguistic Minorities

Needs:

- Native language support groups
- Culturally accessible and competent mental health services
- Supportive housing and life skills services

In FY 13/14, DHS supported a concept for neighborhood-based psycho-social support groups in a select group of neighborhoods with growing refugee and immigrant communities (e.g., Bhutanese, Somali-Bantu, Burmese-Karen, Iraqi and Latino). These populations face a number of behavioral health concerns (e.g., trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence) that are not effectively addressed by the current service system. Obstacles to accessing existing services include the lack of interpretation services, lack of insurance, limited transportation, and a host of cultural differences from stigma associated with needing help to a cultural tradition that does not include the concept of one-on-one talk therapy.

The project trains and mentors immigrant community facilitators who lead support groups in the members' language. Facilitators are trained in emphatic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics to inspire discussions. These groups address common concerns of participants who are 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. Fifty individuals participated in the groups in FY 13/14. DHS will continue to support the program in FY 14/15 and expects to serve an estimated 200 individuals in the coming year.

DHS's Immigrants and Internationals Advisory Council is a key source of information about the human service needs of immigrant and international county residents. 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. Representing diverse cultural and provider groups in Allegheny County, the Advisory Council serves as a channel for two-way communications between DHS and immigrant and international communities in our region. It identifies issues of concern and important changes in the needs of the immigrant and international community, makes recommendations to DHS for improving outreach and human service delivery to immigrants and internationals, and participates in initiatives to achieve these aims. DHS regularly provides information on resources and program opportunities to the Advisory Council.

The Advisory Council has the following 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.

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

Needs:

- [Affordable and accessible housing](#)
- [Coordinated services/outreach with deaf service providers](#)
- [Group ASL treatment for DA](#)

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 for the purpose of reducing disparities and assisting individuals who are deaf, hard of hearing or deaf-blind to achieve better access to behavioral health and substance abuse treatment services. The Task Force, which consists of consumers, providers and educators, has been meeting since 2004 and has accomplished a number of goals, including:

- Task Force Members began working with the Allegheny County Local Housing Options Team (LHOT) in 2009, to create an “incubator” to address the shortage of affordable and accessible housing for people who are deaf, 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. The result was 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; the partnership developed new, affordable apartments through the Low Income Housing Tax Credit (LIHTC) Program. A total of 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. The apartments are fully accessible to people with sensory impairments, including horn/strobe smoke detectors, flashing door bells, and a TTY serviced intercom system, and are reserved exclusively for people who need these design features.
- The *HealthBridges.info* 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 development of a mobile treatment team comprised of staff with fluency in American Sign Language (ASL)
- In 2014, Pittsburgh was invited to be the host city for the national ADAR MH Breakout conference for the first time.

Persons with Hoarding Behavior

Needs:

- Support groups for people with hoarding behavior
- Treatment model and support coordination for individuals who hoard and their families
- Education and outreach efforts to train human service personnel about hoarding, its causes, and its treatment

A Task Force has been established to explore enhancing and expanding community supports for persons with hoarding behaviors.

Recovery-Oriented Systems Transformation

As part of DHS’s continuing strategy to shift the mental health service delivery system (for individuals with serious mental illness and co-occurring substance use disorders) away from reliance on large institutions and toward an array of community-based services and supports, five transformation priorities have been identified and are currently underway:

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

Priority	Timeline	Resource	Tracking Mechanism
Single Point of Accountability	Current and on-going	Block Grant, provide technical assistance	SPA Monitoring Tool
Evidence-based supported employment services	Current and on-going	Block Grant; provide TA and a web-based database	Web-based database and Fidelity Scale
Justice-related services	Current and on-going	Block Grant, Jail Collaborative, external grants	Jail Collaborative application; internal tracking databases; DARE
Benefits Counselor at Allegheny County Jail to assist with health insurance enrollment at time of reentry	2014 – in development	Block Grant	Administrative data
Housing	Current and on-going based on Housing to Home plan	Block grant, reinvestment funds. Reduce CRRs, increase supported housing; created permanent supported housing team	Internal tracking databases
Special populations LBGTO	Current and on-going	Population specific agencies receive Block Grant; provides coordinated activities, newsletter	Contract and licensing monitoring

Persons w/hoarding behaviors	New task force in 2014-ongoing	Reinvestment; created permanent supported housing team permanent supported housing team	TBD
Transition aged youth: Both will have annual monitoring.	New and ongoing		Annual monitoring
Children	New and on-going	Reinvestment. Increased school-based liaisons to meet demand from school districts. Expanded school based mental health to more school districts in Allegheny County.	
Elderly – MH resources for in home	2014 in development	Block Grant; BH training of in-home workers; Resource Coordinator position in AAA	TBD
Consumer-driven services and peer support services	On-going	Block Grant. Reinvestment Funds. Local training funds; population specific agencies; drop in sites. Wellness trainings.	Monitoring

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," and the emphasis is less on providing direct support to consumers and more on assessing, planning, coordinating and convening/facilitating, as well as advocating for system improvements. 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. Among these goals are increasing the utilization of natural supports, improving family connections, and encouraging full inclusion in the community through employment, political action and/or other meaningful activities. As SPA has been a priority since 2007, several goals have already been achieved; these are outlined in previous Mental Health Plans.

Another advantage of SPA is the way in which it has expanded the role and importance of service coordination. Because service coordinators now have the ability to more meaningfully address system-wide issues and influence system change, it has become a more attractive career choice with opportunities for upward mobility.

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

DHS's 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, but local data also support the need for development of employment services in Allegheny County. Much of the local data were obtained through the Consumer Action and Response Team (CART), as 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 is being done by the Employment Transformation Committee, with 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 OBH Justice-Related Services is ongoing; implementation and outcomes are monitored through OBH's database of participant status.

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 Housing as Home plan was a response to needs identified as a result of 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 conducted 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 in Allegheny County has created a list of goals and related outcomes. However, there are no specific target dates identified for the goals at the current time, in part because resources for specific projects are often secured through foundation grants. As resources become available, project-specific implementation plans, with target dates and outcomes, are developed. For example, the *HealthBridges.info* website discussed above was developed incrementally as funds became available.

DHS's LGBTQI Advisory Council has identified a number of goals that include: 1) obtain input from and identify human service issues of LGBTQ consumers; 2) bring human service needs of the LGBTQ community to the Advisory Council; 3) work to develop recommendations for DHS to address issues of concern; and 4) share information about DHS programs and policies with the community. OBH plans to respond to the recommendations that emerge from these goals.

In addition to the above-described priorities, the following activities will support the development of a Recovery-Oriented System of Care:

IRES Electronic Modernization

DHS is responsible for the 302 Civil Commitment Process and the Allegheny County Court of Common Pleas, Orphans Court is responsible for the 303 through 306 Civil Commitment Processes. OBH's Information, Referral and Emergency Services (IRES) is in the process of electronic modernization which will advance efficiency of processes related to the 302 Civil Commitment process. Development of this system, which will eliminate hand-written documents, faxing and US mail by allowing an efficient electronic transfer of documents between hospitals and county offices is expected to "go live" in early summer 2014. This system will include automatic completion of ACT 77 upon completion of the 302; real-time information sharing of legal documents that are legible and complete; and the opportunity to visually review the Petitioner's statement prior to authorization and signature. In addition, it will create a paperless work flow; enhance ability to collect and share data for statistical purposes; inform and manage trends; and contribute to comprehensive data-driven decisions.

Incident Follow Up & Root Cause Analysis:

Contracted providers are required to submit Incident Reports to OBH when a defined event occurs. Incident report data are entered into an established database; the provider is contacted for information about disposition, updates and resolution, and that information is also entered into the database. If an event is determined to be a "Sentinel Event,"² a more thorough Root Cause Analysis (RCA) may be conducted.

RCA is an investigative process that began in the airline industry to determine the underlying cause of airplane accidents. The basic concept of a RCA is to conduct a detailed investigation of the circumstances of an event until the specific cause(s) and the relevant system cause(s) are identified. If at any time during the investigation, critical issues that require immediate intervention are discovered, such issues must be addressed as quickly as possible. Ultimately, the goal of the RCA is to reduce risk and promote safety, and to arrive at recommendations on how to best prevent sentinel events from happening again. DHS and Community Care have established policies and procedures to ensure the reporting, prompt review and needed follow-up of significant incidents involving current or former consumers of mental health services.

Centralized Housing Referral Process:

OBH is the central location for supportive housing referrals submitted by behavioral health service coordinators, community treatment team members, Enhanced Clinical Service Coordinators, inpatient staff, Justice-Related Services and others. Once received, referrals are electronically entered in a

² A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, unrelated to the natural course of an individual's illness or underlying condition.

database for monitoring and tracking, and reviewed by a team of staff from Community Care to determine appropriate match to available (appropriate) housing. Referrals remain active for one year following receipt by OBH. This centralized process has allowed for a more efficient process of tracking availability and matching individuals to the most appropriate available housing options.

Disaster Response

OBH is a partner agency with other public and private providers within Allegheny County, other local government offices and providers from surrounding counties, and the state in an ever-evolving emergency response system. When a natural or man-made disaster (e.g., flooding, earthquake, hazardous materials spills, mass transportation disasters, fire with significant losses, acts of violence including terrorism) occurs, emergency responders from OBH are alerted and called to the Allegheny County Emergency Operation Center (EOC). OBH staff function as the point-person in charge of coordinating assessment and deployment of mental health services to victims and other first responders, including coordinating providers and/or staffing locations for as long as behavioral health services are necessary and, if necessary, conducting door-to-door canvassing of victims to remind them about available services.

INTELLECTUAL DISABILITY SERVICES

DHS's Office of Intellectual Disability (OID) maintains an Operating Agreement with the DPW Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. Allegheny County's Fiscal Year 2014-2015 AE Quality Management Plan includes five objectives that reflect ODP's priority areas:

- 1) Increase capacity for Lifesharing
- 2) Increase opportunities for employment, including choice and ability to plan daily activities
- 3) Reduce incidents of restraint
- 4) Reduce incidents of individual-to-individual abuse
- 5) Reduce reoccurring incidents of psychiatric hospitalizations

OID implements a variety of quality management strategies:

- Facilitates a workgroup for each focus area; the workgroup implements a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures
- Works with Supports Coordination Organizations (SCOs) to identify (through PUNS reviews) persons who may be interested in Lifesharing and competitive employment opportunities
- Collaborates with local provider workgroups and associations
- Evaluates Individual Support Plans (ISPs) on a regular basis, to ensure that all registrants have an active and current plan that is implemented according to standards required by the Administrative Entity (AE) Operating Agreement. Plans are reviewed to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- 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, the Southwestern PA HCQU provides services that include provider training, complex technical assistance on individual cases and local healthcare resource development.
- OID provides oversight to the quality management effort—IM4Q—that is offered through a contract with Chatham University.

The Allegheny County Administrative Entity (AE), 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 FY14/15, 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. We estimate that we will serve 2141 individuals in FY 13/14, down slightly from the estimated 2170 in last year's plan. This decrease is attributed to deleting those individuals who are no longer receiving services from the list of base-funded consumers. Additional details by service type are provided below for those individuals projected to be served in FY 14/15. DHS estimates for FY 14/15 are level with FY 13/14 actuals.

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	78	78
Sheltered Workshop	59	59
Adult Training Facility	25	25
Base Funded Supports Coordination	1798	1798
Residential (6400)	16	16
Lifesharing (6500)	2	2
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0
Other Base Services	163	163
TOTAL	2141	2141

Supported Employment

Supported Employment is an important service that helps individuals with ID learn, find and 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 two-to-three year pilot in which individuals with limited need would receive supports to maintain community employment. DHS enjoyed considerable success with this pilot and is now in its eighth 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 14/15, DHS estimates it will use Human Services Block Grant dollars to provide 78 individuals with employment supports. Examples of the types of supported employment provided include:

Project Search Program

For the past six years, the program has enhanced 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 12 OID graduates currently training through this program, all of whom are supported through the Office of Vocational Rehabilitation (OVR). Of the 26 past graduates, 54 percent are currently employed. All Project SEARCH graduates are eligible to participate in job club or additional job development. Approximately 60 percent are attending, and 46 percent are unemployed. The rosters for the 2014/15 school year are still pending confirmation of acceptance.

ODP Base Employment Pilot

This service is available 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 21 distinct individuals receiving supports through 10 providers of services. Of the 21 individuals currently being served, two are working in full-time positions (average 40 hours/week), eight are working in part-time positions of 20+ hours/week, and 11 are working in part-time positions of <20 hours/week. The participants work in a variety of fields, including child care, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging).

ACDHS-OID Base Pilot "Group 2"

OID has targeted individuals who, regardless of age, might require only minor supports to maintain community-based employment. These supports are limited to Job Coach and/or Transportation supports. Currently targeted for this pilot are 28 individuals who are currently receiving supports or have an anticipated need upon completion of OVR initial job supports. Of these, 13 have current authorized services, eight are currently working with time-limited support through OVR (OID will provide long-term funding upon exhaustion of OVR funds), and the remaining seven have turned back their PFD Waiver funding in exchange for Base-funded supports (this will result in maximized funding opportunities as those waiver slots can be redirected to emergency-level individuals who may have higher total service needs).

Community Partnerships

Other examples of DHS's work to expand supported employment opportunities include its partnership with the *Greater Pittsburgh Supported Employment Association (GPSEA)* to promote opportunities for individuals with disabilities in the Greater Pittsburgh area. GPSEA membership includes agencies that provide supported employment services as well as funding agencies. GPSEA also provides staff 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 on the 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 families.

Base Funded Supports Coordination

DHS estimates that it will serve approximately 2,141 individuals with base funding supports coordination in FY 14/15. 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 serve individuals in the least restrictive environments appropriate to meet their needs. Without the support provided through Human Services Block Grant-funded services, DHS estimates that all of the individuals who receive block grant community-based and residential services could potentially end up in higher levels of placement through the Waiver programs. The service definition set forth by ODP (in Announcement 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 (143 of 5683). 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 four 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. In FY 13/14, two individuals were placed from a public ICF-ID setting into the community.

- *Case Management Services*

In FY 14/15, DHS estimates that 1,798 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 that DHS is meeting its goal, individuals receiving case management services will be reviewed at least annually, through the ISP process and PUNS review. OID will continue to work with other DHS program offices to identify individuals with a concurrent ID diagnosis to determine the needs of individuals receiving services or aging out of service systems.

- *Community-Based Services and Residential Services*

In FY 14/15, DHS estimates that 302 individuals will receive community base services and 41 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 care, companion services and behavioral supports.)

Lifesharing Options

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 a person with a diagnosis of intellectual disability to share a home with a non-related family or individual. In Allegheny County, during FY 13/14, 77 individuals (three funded by CYF) will be served through Lifesharing. In total, 14 agencies are part of the Allegheny County Lifesharing Coalition. Efforts to expand the number of Lifesharing providers and participants in Allegheny County and to fill vacancies occurred throughout FY 13/14 and will continue in FY 14/15. These efforts include:

- Hosting a bi-monthly Allegheny County Lifesharing Coalition Meeting, attended by agencies, supports coordination organizations, and a HCQU representative, to share information received at State Subcommittee Meetings and provide information on topics of interest to attendees.
- Celebrating Lifesharing Awareness Month with an Information Fair (10/29/13) to attract providers, participants and agencies to Lifesharing
- Attending PA and Western Region Lifesharing Coalition meetings and the Lifesharing Conference: The Path to Excellence Conference
- Assisting with the statewide 2013 Lifesharing Conference by:
 - Providing basket items
 - Serving on Western Region Conference planning subcommittee

- Distributing information to supports coordinators, including Lifesharing Fact Sheet, *Lifesharing Reference Information*, *Lifesharing Indicator* and internet link to PA Lifesharing video. Supports coordinators also receive the Lifesharing Vacancy list every month with information regarding available Lifesharing and respite openings.
- Tracking multi-system youth involved with foster care to ensure that planning occurs prior to their aging-out of child welfare services. Foster parent(s) are given information about Lifesharing as an option for continuing to share their home.
- Inviting Lifesharing agencies to provider presentation meetings for multi-system youth and adults in need of residential placement
- Participating in PA Coalition's Subcommittee on Training
- Initiating cross-office information sharing by presenting orientation sessions regarding Lifesharing to various DHS offices
- Improving access to Lifesharing information by linking DHS's OID webpage, containing information about Lifesharing, to ODP's Lifesharing Video and the PA Lifesharing Coalition Web Page
- Including Lifesharing information on vendor tables at State Representative Dan Miller's Disability and Mental Health Summit and at school transition fairs
- Encouraging Allegheny County Lifesharing participants to share their Lifesharing story at the SAU1-sponsored Creative Options Forum on Saturday, April 26th, 2014 in Wexford, PA
- Planning for the Third Annual Lifesharing Information Fair to be held by the Allegheny County Lifesharing Coalition in October 2014
- Planning a presentation at the Allegheny County Transition Coordination Council (tentatively scheduled for September 2014) to inform School Transition Coordinators and agency professionals involved with transition planning about Lifesharing as a residential option (Mon Yough)
- Continued collaboration with PA Lifesharing Coalition; serving on the subcommittee planning the 2nd Statewide Lifesharing Conference (10/13/14 - 10/14/14)
- Supporting the efforts of the PA Lifesharing Coalition to explore the possibility of a proclamation declaring that October is Lifesharing Awareness Month in PA
- Presentation of Lifesharing information at the June 10, 2014 United Way 21 & Able meeting

Cross Systems Communications and Training

In FY 14/15, OID will continue to engage in several collaborative efforts with local and regional counties and stakeholders to provide training and improve cross-system communication. Together, these efforts are designed to help stakeholders understand emerging needs as they occur and to 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 DHS's OID and 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 2014, the MiRage committee plans to submit a grant proposal to the PA Departments of Aging and Public Welfare to provide cross-systems training and implement individual planning reviews.

Collaborating with Support Coordination Units (SCUs)

OID collaborates with three SCUs on a regular basis to encourage consistent implementation of ODP policy and practice. Shared expectations found in both the AE and SC oversight activities are discussed, as are waiting list maintenance and initiative implementation. This work will continue in FY 14/15.

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 shared 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.

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 uses 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 with a range of clinical expertise in intellectual disability and child psychopathology. OID and OBH are examining the possibility of developing a similar program for adults with complex ID and BH needs.

Integrating services for adults with complex needs

In the fall of 2013, the Dual Diagnosis Treatment Team (DDTT) was established. This is a collaborative effort between OBH/OID, CCBH and NHS Human Services. The DDTT is a recovery-oriented approach to supporting adults diagnosed with both mental illness and intellectual disability. The program offers a comprehensive team approach to mental health treatment and services coordination for individuals with behavioral challenges who have not progressed in their recovery after receiving traditional behavioral health services. DDTT services are provided in the community in all settings. The team consists of a Psychiatrist, Pharmacist Consultant, Behavioral Specialist, Registered Nurse, Licensed Mental Health Professional and Mental Health Service Coordinator. The DDTT provides intensive training and technical assistance to all members of the individual support team. The team has the capacity to serve up to 20 individuals. Referrals and active cases are discussed during bi-weekly phone calls; process discussions and quarterly metrics reports are the topics of monthly implementation calls.

Collaboration with Justice Related Services.

Over the past year, OID and JRS have collaborated on ways to improve service delivery for individuals with an ID diagnosis who are in jail or involved with the criminal justice/court systems. This collaboration bridged a gap in service provision, as individuals involved with JRS need to have a qualifying MH or MH/D&A diagnosis in order to be eligible for their services and this requirement was excluding individuals with ID, without a co-occurring qualifying MH diagnosis, from JRS services. OID and JRS staff met to review individuals excluded for this reason, and developed a tracking and referral mechanism to increase communication between OID and JRS and to plan services to both decrease recidivism and ensure that the individual's health and safety needs are being met.

Assessment and evaluation of IDD Parents

Over the past year, representatives from DHS have met regularly to address the unique needs of parents with ID. As a result, DHS has established a process for data-sharing, enhanced communication, and looked at ways to use current models of integration to better plan for the needs of parents with intellectual disabilities across program offices. Specifically, the team has developed monthly reports identifying parents with ID who are active in CYF, established point people at various offices, implemented an internal check within OID that prevents case closure for individuals active with another DHS office, facilitated training/speaking engagements, reached out to Family Support Centers, engaged providers in an attempt to customize in-home and residential supports, and worked with DARE on Case Reviews that bring all relevant program office staff to the table. Currently, DHS is in the process of creating a Parenting Assessment Team. The Parenting Assessment Team's work will be based on *The Interaction Model*, which is an innovative, empirically-supported approach to assessing the parenting capacity of parents with learning difficulties. The Assessment Team will be trained by the renowned Vermont Parenting Assessment Team and will be available to conduct in-depth, adapted assessments for parents with intellectual disability across all DHS offices.

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

OID is involved in a number of collaborative activities with ODP and other counties:

- Allegheny County is 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 frequently works with other counties in the region to review potential common data elements and explore reporting needs.
- OID reviews and submits referrals for complex technical assistance (CTA) from the Health Care Quality Unit; these requests for CTA are made in order to better support individuals with challenging medical and behavioral concerns. Consideration is being given to using HCQU resources to decrease risk/improve quality of life for individuals involved in the Risk Management process
- OID is involved with ODP's Positive Practices Committee; the mission of the committee 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. Provide details on your County's **emergency response plan including:** how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside normal work hours.

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

Allegheny County OID has an afterhours on-call protocol in the event of an emergency. This on-call protocol includes provider contacts who may have available capacity for those individuals who need a temporary residential placement as well as other supports. All available funds are allocated to providers through contracts. The OID does not reserve any base dollars for emergencies.

Administrative Funding (describe the maintenance of effort to support the base or 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 with many contributing factors, including unemployment, shortage of affordable housing, substance abuse, mental illness, chronic medical illness, domestic violence and poverty. DHS remains committed to reducing the number of individuals and families experiencing a housing crisis (i.e., homelessness) in the county by addressing these factors simultaneously to avoid homeless system re-entry, reduce use of homeless facilities and provide tailored supports to move clients successfully to permanent housing and services and supports (professional and natural) that will assist individuals and families to find and maintain stability in multiple life and human service domains.

The Homeless Assistance Program (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 poor school attendance. Many individuals and families who receive HAP services do not qualify for alternative housing because of issues like substance abuse, arrearages and/or poor credit.

In FY 13/14, Allegheny County maintained funding for our existing HAP programs and added resources to better serve families experiencing homelessness. 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 provided to homeless families.

To address some of the issues raised by OCD, Allegheny County implemented a system of 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. By building capacity in emergency shelters to connect (or reconnect) families to appropriate services, we can begin to address their underlying needs 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. More information on the service is included in the *Case Management* subsection.

In addition to this preliminary improvement, DHS also conducted an extensive examination of the homeless system to inform larger system changes to be included in future plans. This initial formative review has resulted in insight about system- and service-level areas for improvement and highlighted specific areas of need for further examination and review.

Moving forward in FY 14/15, DHS will maintain level funding for our existing HAP service inventory. DHS will also devote additional block grant resources to support a shallow rent subsidy program. This program, which will bridge the housing affordability gap for low income individuals and families by providing a fixed subsidy per month for rent, was selected through the Call for Concept process with internal staff. Further, DHS will allocate block grant funds to hire an additional case manager to serve more families in emergency shelter. More information is provided in the *Other Housing Support* and *Case Management* subsections.

For the current fiscal year, DHS estimates serving approximately 5,828 clients (duplicated) with HAP funding. This is slightly higher than our original estimate of 5535 clients (duplicated). The change is driven by more clients utilizing rental assistance and emergency shelter in FY13/14. For FY 14/15, DHS

estimates that we will provide 6,135 clients with HAP-funded services. This increase is attributed to more families receiving case management in emergency shelters (as a result of the service being in operation for a full year and the addition of a fourth case manager). DHS also expects to serve approximately 20 more housing support clients as a result of the shallow rent subsidy proposal.

	Estimated Individuals served in FY 13/14	Projected Individuals to be served in FY 14/15
Bridge Housing	503	525
Case Management	878	1145
Rental Assistance (HAP)	481	485
Emergency Shelter	3700	3700
Other Housing Supports	266	280
Total	5828 (duplicated)	6135 (duplicated)

DHS has required additional information from the HAP and Penn Free providers as part of their monthly reports over the last year and DHS now asks providers to track the outcomes for each of their clients who complete or exit the program, including the number and percent who—

- exit to permanent housing,
- increase their income while in the program, and
- gain mainstream benefits while in the program.

All of these measures will be incorporated into the new HMIS system when it launches later this year and will continue to be part of our monitoring efforts. Over the next two years, DHS will also explore more effective ways to utilize program outcomes and process measures to monitor our providers. This may include implementing a provider scorecard system or another monitoring tool that identifies outcomes and process measures DHS would like providers of homeless services to achieve.

In FY 14/15, DHS will provide the following services:

- **Bridge Housing** is a transitional service that provides individuals and families in temporary housing the opportunity to move to supportive long-term living arrangements for up to 12 months. In FY 13/14, out of 546 (205 individuals and 161 families) total adults and children served, 348 (152 individuals and 104 families) clients exited to permanent housing from bridge housing. Destinations upon program exit were unsubsidized housing (46 individuals, 41 families), friends or family (32 individuals, 20 families), HUD Safe Haven/Shelter Plus Care Program (9 individuals, 3 families) and HUD Permanent Housing Program (23 individuals, 18 families). Forty-two individuals and 22 families exited to other destinations. An additional 54 single adults and 45 families (45 adults and 62 children) were served by Penn Free Bridge Housing funds.

- **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 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 FY 14/15. DHS served approximately 770 individuals with this service in FY 13/14.

In FY 13/14, DHS implemented case management for families with children in two of our family shelters. DHS originally planned to issue an RFP to provide case management to families with children in emergency shelters; however, after careful consideration, we decided to administer the program internally. In order to have the greatest impact, DHS identified the two family emergency shelters with the largest bed capacity (Salvation Army Family Shelter and WomanSpace East) in which to implement the program in the first year.

DHS used the first half of FY 13/14 to plan and implement the new service, hiring three Case Managers and one Community Resource Specialist. As of May 1, 2014, the case managers had served 60 families (162 individuals: 60 adults and 102 children). The case management staff has been successful in helping families create and maintain connections to community services. For example, staff has helped families secure and maintain benefits (MA, TANF, SNAP) through assistance with renewals, updating of housing status, and troubleshooting with the assistance of the CAO ombudsman.

The staff also assisted families with completing applications for housing programs, market rate rental properties and Supplemental Security Income (SSI). Case managers complete the Ages and Stages Assessment on all children age five and under (with guardian permission), and have been able to use the results to connect families with young children to developmental supports, such as Head Start and the Alliance for Infants and Toddlers. In FY 14/15, DHS will add a fourth case manager to serve families residing in hotels and church-based shelters. DHS estimates that case managers will serve 150 families in FY 14/15 (approximately 375 individuals).

DHS also recognized the need for more systematic training and capacity building for homeless providers. To meet this need, DHS hired a Community Resource Specialist who has engaged in the following activities in the past year:

- Established work groups on landlord engagement, childcare for working families with housing instability and access to healthcare services
- Worked with other community stakeholders to plan and implement a pilot tenant training module on renting
- Development of a system-wide training curriculum using curricula and best practices from other jurisdictions

The Community Resource Specialist will continue to make progress on these projects in FY 14/15.

- **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 percent of clients receive rental assistance for delinquent rent in order to keep them in their current homes. The other 33 percent receive assistance for a security deposit when moving into a new apartment.

For FY 13/14, DHS provided 510 clients with rental assistance. In FY 13/14, DHS increased HAP rental assistance funding by \$70,000 in order to serve an additional 100 single individuals facing homelessness due to delinquent rent and also to restore the maximum grant amount to \$750 (reduced to \$500 in FY 12/13). DHS will be working with the contracted provider for the Rental Assistance Program to implement a new policy for residents in subsidized housing that will mirror the Eviction Prevention Program through the CYF Special Needs Housing Grant, which DHS hopes will reduce costs in the program while allowing more households to be served.

- **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 13/14, 2395 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 approximately 3700 duplicated individuals (unique program enrollments) in FY 13/14. For FY14/15, DHS estimates it will serve 2700 individuals in emergency shelter and 1000 individuals in domestic violence shelters.
- **Other 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 with 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 chronic homelessness or assist persons who meet the state definition of homeless or near homeless. A holistic approach is used to meet the consumers' needs, including providing housing, behavioral health services, physical health services and education support, as well as meeting 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 referral. 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 that provide basic health services and housing for the chronically homeless, many of whom have a mental illness or co-occurring disabilities. The street outreach teams work to connect homeless consumers with benefits and sources of income for which they may be eligible. They also provide referrals to the Severe Weather Emergency Shelter, which is open from November through March to provide shelter when the low temperature is below 25 degrees or when blizzard conditions are expected.

In FY 14/15, DHS will implement a shallow rent subsidy program. The program was inspired by a proposal from the Internal Call for Concepts. DHS will use the first part of 14/15 to plan the program. The target population is still being explored, but will likely include people who are currently residing in group homes, are willing and able to leave, but lack the funds to pay for their own apartment. DHS will also explore other populations such as:

- residents of DHS-funded transitional housing programs for the homeless
- individuals who are receiving SSI or SSD and/or working at a low-wage job
- individuals/families on waitlists for the Housing Choice Voucher (Section 8) Program or the Emergency Solutions Grant Rapid Re-Housing Program (RRH)

During the planning period, DHS will identify the appropriate amount of funding each individual will receive, but we estimate that the subsidy will be approximately \$200 per month. DHS will also provide the first month's rent and security deposit for people leaving a group home or other setting where assistance is not available or appropriate. DHS expects to serve approximately 20 people in the first year with an allocation of \$100,000 (includes funding for the fixed subsidy, first month's rent, security deposits and administrative costs).

HMIS implementation

Allegheny County has a nationally-recognized Homeless Management Information System (HMIS) which has the capacity to be refined in accordance with HUD's data standards updates. Client information from HMIS is shared with the Data Warehouse, which can combine 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 was used by the City of McKeesport and the City of Pittsburgh (2009-2012) for the Homeless Prevention and Rapid Re-Housing project, as well as for the Emergency Solutions Grant, administered by the Allegheny County Department of Economic Development and the City of Pittsburgh's Department of City Planning. All homeless service providers and agencies with homeless assistance programs are required to participate in Allegheny County's HMIS system. Even homeless-focused local agencies that are not under contract with DHS input client information into HMIS, which allows human service workers to gain a more complete picture of the consumers they serve.

In FY 2014-15, Allegheny County's HMIS system will be upgraded to a new platform in order to comply with new federal data standards, improve usability and enhance reporting capabilities. All HAP and CYF Special Needs Grant Housing Programs will continue to use HMIS as a means of collecting data.

CHILD WELFARE SPECIAL GRANTS

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

Allegheny County's FY 14/15 and FY 15/16 Needs Based Plan & Budgets along with the Child Welfare Demonstration Project (CWDP) proposal and subsequent Initial Design and Implementation Reports (I and II), CWDP quarterly monitoring reports to the state and the semi-annual reports to ACF provide a thorough review of our programmatic and administrative successes and challenges over the past few years. The plans and reports also describe Allegheny County's strategies to achieve our goals and desired outcomes.

A snapshot of our successes and challenges that are described in the plans and reports include:

Successes

- Implemented Conferencing & Teaming, FAST, Family Finding and Ages & Stages in five regional offices
- Engaged in several inputs, including a Request for Information, which informed our strategy for selecting evidence based practices
- Received a Jim Casey Youth Initiatives planning grant to better meet the identified needs of transition aged youth
- Issued an Request for Proposal to design and implement a system of decision-support tools and predictive analytics for human services
- Implemented a Performance Based Contracting model to incentivize improved placement outcomes by providers
- Engaged in strategies to address improved educational outcomes on the part of DHS-involved children and youth
- Initiated a Data Fellows program that teaches promising future leaders in child welfare how to use data and research principles to inform case practice
- Assessed how families in the child welfare system with substance use disorders are being referred and receive treatment services and identified strategies for improvement
- Continued to engaged in a Permanency Roundtables process
- Implemented a cross-over youth case practice model
- Helped transition age youth access employment and secondary education.

Challenges

- *QSR Status Indicators:* Stability, academic, permanency, parent functioning (Mothers)
- *QSR Practice Performance Indicators:* Fathers, assessment and understanding, teaming, and planning
- Overutilization of congregate care and reentry into the child welfare system
- Adopting changes in casework practice related to Conferencing & Teaming, the common assessment tools and Family Finding
- Linkages to evidence based practices and downscaling generic in-home services

In FY 14/15, block grant funds will augment a number of important services at DHS. These services 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).

DHS provides a continuum of supportive services to families, some of which is funded through the block grant (CYF special grants). These services augment other community based, behavioral health and housing support services that are funded with block grant dollars that serve families who may be at risk of entering the child welfare system.

Together, these services, in conjunction with services funded through the Needs Based Plan and Budget, will help DHS to achieve improved safety, permanency and well-being outcomes. Specifically--

Outcome Description	Outcome Name	Method of Measurement	All Child Welfare Services Contributing to Outcome
More children/youth achieving timely permanence			
More children/youth achieving permanency (reunification) with 1 year	Timely Reunification	% of youth with Reunification in 12 mo. of spell start date	Housing supports for families; FDC; HFW
Safety Outcome			
Children are protected from child abuse and neglect	Safety	Substantiated re-abuse	MST; HFW; Truancy
Improved child, youth and family functioning			
Increased child and family functioning	Wellbeing	FAST and CANS data (change over time of the % of actionable items, or items with a score of a 2 or 3)	FGDM; MST; HFW; Truancy;
Improved linkages between individual needs and strengths and services provided	Targeted Service Referrals	Evaluate patterns in referral data and how well workers are able to link children and caregivers with services that directly address their needs	Housing Supports for Families; FGDM; MST; HFW; Truancy; Focus on Attendance

HOUSING

The Family Housing Stabilization Program (FHSP)

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 increased 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) also receive budget counseling. Of the families that participated in FHSP in FY 13/14:

- 194 adults received permanent housing in order to regain custody of their children; 294 children were reunified as a result
- 585 adults (with 885 children) received assistance to preserve family housing and prevent CYF involvement due solely to a lack of stable housing
- 436 individuals were referred to other services (e.g., Family Support Centers, Regional Service Centers). These data are reported monthly by the Urban League but not captured in HMIS

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing
		X	Expanding

	13-14	14-15 (Planned)
Target Population	Families with children facing homelessness due to eviction (approximately 1,500 families with 4,000 children)	Families with children facing homelessness due to eviction (approximately 1,500 families with 4,000 children)
# of Referrals ³	See footnote	See footnote
# Successfully completing program	1958 individuals (799 adults and 1179 children)	1975 individuals
Cost per year	\$1,010,000	\$1,010,000
Program funded amount	\$1,010,000	\$1,010,000
Name of provider	Urban League of Pittsburgh	Urban League of Pittsburgh

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 homelessness prevention.

³ DHS does not have the ability to track referrals to each of the CYF Special Needs Grant Housing programs. In December 2014, DHS will have ability to track referrals with the launch of a coordinated intake system, which will centralize the referral process for individuals and families facing a housing crisis or homelessness in Allegheny County.

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing
		X	Expanding

	13-14	14-15 (planned)
Target Population	Families with children with housing unaffordability-- Approximately 300 families (350 adults with 600 children)	Families with children with housing unaffordability-- Approximately 300 families (350 adults with 600 children)
# of Referrals	See footnote	See footnote
# Successfully completing program	205 individuals (75 adults and 130 children)	250 individuals
Cost per year	\$65,000	\$75,000
Program funded amount	\$65,000	\$75,000
Name of provider	Community Human Services	Community Human Services

Emergency Shelter Services

The network of family emergency shelters serves families with minor children, who have no legal residence or other housing options. Because families in emergency shelters are considered homeless, additional resources are provided to emergency shelters to provide them with supportive services and to facilitate their rapid transition to bridge and transitional housing programs.

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing
		X	Expanding

	13-14	14-15 (planned)
Target Population	950 individuals in families who are homeless and in need of shelter	950 individuals in families who are homeless and in need of shelter
# of Referrals	See footnote	See footnote
# Successfully completing program	599 individuals (227 adults and 372 children)	600 individuals
Cost per year	\$250,000	\$250,000
Program funded amount	\$250,000	\$250,000
Name of provider	Family Promises of	Family Promises of

	Southwestern Pennsylvania, the Salvation Army Family Caring Center and Womanspace East	Southwestern Pennsylvania, the Salvation Army Family Caring Center and Womanspace East
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Bridge and Transitional Housing

These programs serve families transitioning from emergency shelter; agencies receive CYF Housing funds to assist with this transition and to encourage the expansion of available bridge and transitional housing units.

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

	13-14	14-15 (planned)
Target Population	900 individuals in families	900 individuals in families
# of Referrals	See footnote	See footnote
# Successfully completing program	173 individuals (69 adults and 104 children)	200 individuals
Cost per year	\$210,000	\$210,000
Program funded amount	\$210,000	\$210,000
Name of provider	Goodwill (ADAGIO (Family Health Council)), Bridge To Independence, Naomi's Place, Sojourner House, Veteran's Leadership Program	Goodwill (ADAGIO (Family Health Council)), Bridge To Independence, Naomi's Place, Sojourner House, Veteran's Leadership Program

Low Income Public Housing Eviction Prevention Program

In FY 2013-14, DHS began an eviction prevention program (EPP) for families with minor children who reside either in Allegheny County Housing Authority (ACHA) properties or in the Housing Authority of the City of Pittsburgh's (HACP) Bedford Dwellings community. Eligible families are those facing eviction due to rent arrearage. The program pays 20 to 30 percent of the 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 repayment plan. The goal of the program is to prevent homelessness – and subsequent involvement with the child welfare system - for families with minor children, by increasing housing stability.

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing
			X
		Expanding	

	13-14	14-15 (planned)
Target Population	Families with children who are facing eviction from public housing (approximately 250 families in each of two housing authorities)	Families with children who are facing eviction from public housing (approximately 250 families in each of two housing authorities)
# of Referrals	See footnote	See footnote
# Successfully completing program	17 individuals (6 adults and 11 children)	40 individuals
Cost per year	\$25,000	\$25,000
Program funded amount	\$25,000	\$25,000
Name of provider	Community Human Services	Community Human Services

Family Housing Crisis Manager

Families with minor children, who are facing a housing crisis, need immediate access to emergency housing, case management and other services. To respond to these immediate needs, DHS contracted with a provider agency to create a position for a staff person designated to work with families facing a housing crisis.

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing
			X
		Expanding	

	13-14	14-15 (planned)
Target Population	950 individuals	950 individuals
# of Referrals*	See note	See note
# Successfully completing program	431 (188 adults and 243 children)	500
Cost per year	\$50,000	\$50,000
Program funded amount	\$50,000	\$50,000
Name of provider	Community Human Services	Community Human Services

TRUANCY

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 racial dissonance, health problems, and/or 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 prevention and intervention services. In FY 14/15, DHS will expand truancy prevention to a third provider—Try Again Homes.

A recent DHS evaluation showed high rates of human service involvement among chronically absent students. In the 2012/13 school year:

- Thirty-eight percent of chronically absent students in Pittsburgh Public Schools were active in DHS services. Fifty-nine percent were active in some kind of human service, including DHS services such as child welfare and mental health, public benefits, assisted housing, or juvenile justice services.
- In Penn Hills School District, 35 percent of chronically-absent students were active in DHS services during the academic year, while 43 percent were active in any kind of human service over the course of the academic year.

Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Expanding
		X	

	13-14	14-15 (planned)
Target Population	1,634	1,634
# of Referrals	354	410
# Successfully completing program	319	369
Cost per year	\$1,900,000	\$2,098,000
Program funded amount	\$1,900,000	\$2,098,000
Name of provider	Community Empowerment Association, Youth Advocate Programs	Community Empowerment Association, Youth Advocate Programs and Try Again Homes

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 supported a Student Outreach Specialist, focusing on attendance issues, in two Pittsburgh Public Schools. The goal of this pilot program was 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. FOA provided a variety of services; the most frequent was service coordination and basic communication about attendance to parents.

In FY 14/15, FOA will transition from a school building intervention to a county-wide intervention, beginning with DHS's data-sharing partner school districts (e.g., Pittsburgh Public Schools, Clairton City School District, Penn Hills School District, Woodland Hills School District, Sto-Rox School District, and McKeesport Area School District). The target population for FY 14/15 reflects this shift. DHS will also work in collaboration with the Allegheny Intermediate Unit (AIU) to serve students from these districts. Together the transition to a county-wide intervention and collaboration with AIU will result in more referrals and individuals served in 14/15.

Additional information on the program is provided below:

Who is Being Served?

- The program served 24 percent of Manchester students who are chronically or severely absent (>10% days missed) and 19 percent of chronically or severely absent King students. Because of this limited target group, school-wide impact on attendance was not anticipated.
- There was significant 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 had prior child welfare experience.
- The largest numbers of students referred were in first grade, followed by 6th grade.
- In FY 13/14, 190 students were referred to FOA (25 students attended Manchester and 165 attended King). Services were provided to 107 of these students (101 of 107 attended King, the other 6 attended Manchester.)

Attendance Outcomes

- About 46 percent of students served by FOA through January in both schools had improved attendance of about five percent.
- A larger percentage of students who were referred in September improved their attendance than did students who were referred later. This could be due to one of two reasons: 1) Students referred earlier had fewer issues or 2) Students recently referred had less time to work with the School Outreach Coordinator to improve their attendance.
- In FY 13/14, 52 percent of students who received services through FOA demonstrated improved attendance post-involvement. Eighty-seven percent of students who received services either improved attendance or maintained the same rate of attendance. This is greater than the rate of 77 percent for students who were referred but did not receive services.

Status	Enter Y or N		
	New	Continuing	Expanding
Continuation from 2013-2014	Y		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N		
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	X	

	13-14	14-15 (planned)
Target Population	227	4989
# of Referrals	190	380
# Successfully completing program	107	214
Cost per year	\$144,500	\$144,500
Program funded amount	\$144,500	\$144,500
Name of provider	Human Services Administration Organization	Human Services Administration Organization

Family Group Decision Making (FGDM)

In FY 13/14, DHS's three Family Group Decision Making providers added Conferencing and Teaming to their service inventory; FGDM was directed to families not accepted for service in the child welfare system, but rather referred by DHS in order to prevent re-referrals to child welfare. Together, the three providers serving the identified target population named the new service *Family and Community Teaming (FACT)*. Over the course of FY 13/14, all three of the providers received training on Conferencing and Teaming, the FAST assessment tool and Family Finding.

Referrals were slow during the first half of the year, but increased in March after the implementation of a centralized referral process from CYF. The three providers have successfully served approximately 75 percent of the families referred to the program. The average length of service for these families is between 45 and 90 days.

For the three FACT providers, the addition of Conferencing & Teaming to their service inventory and changes made to the target population affected referrals to the program. Referrals were slow during the first half of the year, but began to increase in the latter half of FY 13/14. Our projections reflect the upward trend in referrals and the estimated number of families receiving the FACT service. Once the transition is complete and stabilized, DHS will consider converting the program to fee for survey.

	13-14	14-15 (planned)
Target Population	2950	3000
# of Referrals	346 families	750 families
# Successfully completing program	266 families*	575 families
Cost per year	\$2,059,211	\$2,059,611
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Macedonia FACE, Small Seeds, Touching Families, Inc.	Macedonia FACE, Small Seeds, Touching Families, Inc.

*Of the 266 families, 114 families received FGDM

Multi-Systemic Therapy (MST)

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

MST was identified in DHS's second Initial Design and Implementation Report (IDIR II) as an EBP to be expanded as part of the CWDP. The developer is committed to working with DHS to plan the expansion of referrals to the intervention. Approximately 100 youth may meet the criteria for MST in a given year, but because some may not have families able to engage in the treatment, and because local capacity does not exist for rapid expansion, the anticipated size of the target population for MST (within child welfare) is about 50 youth.⁴ In FY 13/14, as of May 1, 2014, 31 youth had been served (including MH and JPO-only clients). DHS estimates that 70 youth will be served in FY 14/15 (approximately 50 CYF-involved youth).

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
				X

	13-14	14-15 (planned)
Target Population	100	100
# of Referrals	31	63
# Successfully completing program	25	50
Cost per year	\$40,000	\$60,000
Per Diem Cost/Program funded amount	\$45.00 (Unit=.25/hr)	\$45.00 (Unit=.25/hr)
Name of provider	MHY Family Services	MHY Family Services

The Credential for Strength Based Family Workers Program (SFW)

Formerly known as FDC, SFW is an enhanced training and credentialing process that, like FDC, builds the capacity of family development workers 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

⁴ See IDIR II for a description of the methodology used

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, 72 are expected to complete SFW. DHS estimates that 85 individuals will complete the training in FY 13/14.

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

	13-14	14-15 (planned)
Target Population*	Staff of Human Services, Provider Agencies , Non Profit Agencies , Unemployed Workers	Staff of Human Services, Provider Agencies , Non Profit Agencies , Unemployed Workers
# of Referrals	120	120
# Successfully completing program	72	85
Cost per year	\$282,000	\$282,000
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	DHS	DHS

* Numbers vary from year to year. Because SFW is a training program, we do not know how many people will register until after they are enrolled in the class. Since 2005 we have over 800 people who have completed the course and are credentialed.

High Fidelity Wraparound (HFW)

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 (FSP) and Youth Support Partners (YSP) are available as part of the HFW process to ensure that the voices and choices of the individuals they represent are honored.

In FY 13/14, DHS provided HFW to two priority populations:

- Youth and families who are high-end users of behavioral health service (94 youth)
- Youth and families who are experiencing their second placement in child welfare (34 youth)

A total of 128 youth involved with child welfare received HFW in FY 13/14. Of the 128 youth, 16 remained safely in their homes, five returned home, and the rest continue to work toward reunification.

DHS’s partnership with two providers of HFW ended June 30, 2013, resulting in the removal of two HFW target populations: dually active youth (child welfare and juvenile probation) and pregnant and parenting teens. These youth continued to receive ongoing YSP support through alternative initiatives.

In July 2013, DHS began to assign YSPs to youth and families who were not engaged in HFW but who had expressed a desire to have the support of a YSP. YSPs are also assigned to youth as a result of a court order by a Juvenile Court judge. As of June 19th, 363 clients served by YSPs in FY 13/14 included:

- youth participating in HFW
- youth active with juvenile probation
- youth involved in independent living services
- youth and families active in child welfare (as the result of a court or caseworker request)

Changes in FY 14/15

As we move to a universal practice model across DHS, the existing practice model of HFW will be converted to Conferencing and Teaming, which emerged from blending the best of Family Team Conferencing, Family Group Decision Making and High Fidelity Wraparound. Throughout this transition, DHS is committed to supporting the family engagement process through the availability of YSPs and FSPs.

Beginning in FY 14/15, YSPs and FSPs will be available to all children and families in the child welfare system. DHS believes that incorporating YSPs and FSPs into Conferencing and Teaming will enable children and families to have a greater voice in the process. Juvenile Court judges, recognizing the value added by YSPs and FSPs, have been responsible for a significant increase in referrals outside of the HFW model. As the unit has grown, it has required additional infrastructure to provide appropriate coaching and supervision. Additional managerial positions were added to the unit in the past year.

Because the YSPs and FSPs will transition to supporting Conferencing & Teaming, DHS estimates that only approximately 50 youth will receive the support of YSPs/FSPs through HFW in FY 14/15. However, YSPs/FSPs will support another estimated 250 children and youth through other referrals (e.g., Juvenile Court referrals, Conferencing and Teaming).

For HFW, DHS estimates that it will serve more clients in FY 14/15 compared to FY 13/14. This increase is driven by some operational changes made to the YSP unit to improve supervision and case management in FY 13/14. The projection also takes into account more referrals by Juvenile Court judges to YSPs over the course of FY 13/14.

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			

Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

	13-14	14-15 (planned)
Target Population	1,500	1,500
# of Referrals	506	550
# Successfully completing program	363	425
Cost per year	\$2,347,000	\$2,347,000
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Diversified Care Management	Diversified Care Management

Promising Practice

Allegheny County did not pursue a Promising Practice in FY 13/14.

DRUG & ALCOHOL SERVICES

DHS believes that maintaining support for D&A prevention and intervention services are a cost effective strategy for reducing the human and financial toll of overdoses, DUI accidents, and other substance abuse-related tragedies; in FY 14/15, DHS will maintain funding levels from FY 13/14 while continuing to track service utilization and waiting lists trends. DHS estimates that it will serve 6,100 individuals in mental health programs in the next fiscal year.⁵

D&A funding designated within the block grant includes D&A BHSI and Act 152. BHSI funds serve those individuals who are uninsured, do not have insurance that covers the service they need, or cannot qualify for Medical Assistance benefits. Similarly, Act 152 provides funding for non-hospital-based residential detoxification and rehabilitation services for persons eligible for MA. Together, D&A block grant funding pays for treatment, prevention and recovery support services. DHS also utilizes DDAP funding to support prevention, intervention, treatment and recovery support services.

Between FY 12/13 and FY 13/14, the number of clients entering inpatient hospital detoxification programs increased by 17 percent (52 individuals in FY 12/13 compared to 63 in FY 13/14 (as of 4/16/14)). DHS continues to analyze the factors behind the increase; however, it appears that it may continue to be due in part to high-end system users who repeatedly enter inpatient hospitalization and in part to the fact that Allegheny County does not have treatment limits. To address this issue, DHS is continuing to explore recovery-oriented strategies for high-end users of inpatient hospital services, including requesting that all inpatient providers make a concerted effort, upon discharge, to connect clients to the next level of care. It is important to consider that the increase may also be due to more clients seeking care in response to the current overdose epidemic in our region.

Partial Hospitalization D&A utilization decreased 30 percent between FY 12/13 and 13/14, the number of clients using this service decreased 30 percent (from 200 in FY 12/13 to 154 clients in FY 13/14). This decrease was reported by a number of large providers (Gateway, White Deer Run and Greenbriar) as well as some smaller providers. However, many providers reported increased utilization of levels of care including NH Rehab and Detox, Halfway House, OP Drug Free, IOP, IP Detox and MAT.

DHS continues to coordinate efforts with county partners (e.g., Probation and Courts) to support justice system-involved clients with substance abuse issues. For example, the Allegheny County Jail Collaborative will serve an average of 600 jail inmates (men and women) who are within a year of release, as well as ex-offenders residing in the community. All are at medium-to-high risk of re-offending, as determined by a validated assessment; approximately 70 percent have substance use disorders or co-occurring substance abuse and mental health disorders.

Beginning several months prior to release and continuing for up to six months post-release, the Jail Collaborative's Re-entry 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. In FY 14/15, block grant funds (see HSDF section of Allegheny County's FY 13/14 block grant for more details) will be used to support these services.

⁵ The difference between the HSBG allocation and HSBG planned expenditures under the D&A section of Appendix C represents administrative costs. D&A costs, along with other administrative costs, are captured under the Block Grant Administration line of Appendix C.

Within the D&A framework, DHS serves several target populations:

Older Adults (ages 60 and above)

While DHS does not currently contract with a program that specifically targets older adults, most providers accept individuals age 60 and over 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 programs are available for older individuals.

Adult Programs (ages 18 to 55)

DHS supports inpatient/residential treatment as well as outpatient levels of care for adults, including:

- Adult Outpatient Treatment
- Adult Residential and Rehabilitation Treatment
- Adult Halfway Housing and 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 offer specialty programs for women, including 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

The Commonwealth of 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 (elementary to secondary) host assemblies to educate students about the effects and dangers of controlled substances.

Intervention is initiated upon referrals from school personnel, family members or the youth. Each school district in Pennsylvania is mandated to provide Student Assistance Program (SAP) intervention services. Most school districts in Allegheny County support a publicly-funded SAP, through which 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-through-26-year-olds called *Youth and Young Adult Program* and the *Youth Extended Services Program* for youth under 18. These programs provide inpatient detoxification, inpatient assessment, stabilization and rehabilitation at the agency's Aliquippa location. Gateway also provides outpatient, intensive outpatient and partial hospitalization services at numerous outpatient centers throughout the county.

DHS also supports programs that work with schools, parents, the legal system and other healthcare providers to provide a range of services. For example:

1. Holy Family Institute – 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 the justice system.

Act 53 addresses the involuntary commitment of minors into drug and alcohol treatment. The purpose of ACT 53 is to provide a mechanism to intervene without requiring adjudication of delinquency or dependency; successful treatment can occur without establishing a criminal record for a minor.

Individuals with Co-occurring psychiatric and substance abuse disorders

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

Criminal Justice Involved Individuals

In addition to understanding changes in service utilization in Allegheny County, DHS continues to support 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, block grant funds (see HSDf section of Allegheny County's FY 13/14 block grant for more details) will be used to support these services.

Recovery Oriented Services

Recovery-Oriented Services include recovery-supportive housing, recovery support services and case management.

- Recovery Supportive Housing is provided to men and women who have completed D&A treatment and/or have been referred from the Allegheny County Jail, probation office, or parole

agencies. Clients 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 meetings, random drug testing, employment coordination, and facilitation to legal services for those with criminal histories.

- Recovery Support Services are non-clinical services (e.g., mentoring, training and education, and telephone support) that assist individuals in their recovery from substance abuse. The services are designed to support individuals as they attempt to live a self-directed, healthy life and focus on achieving their full potential. While recovery support services are not included as a treatment modality within licensed treatment facilities or as a component of Recovery Supportive Housing, DHS believes that they are an essential element in the continuum of supports for individuals living in recovery.
- Individuals in treatment for substance abuse or addiction are often involved with a number of systems (e.g., education, physical health, insurance, government, juvenile justice, criminal justice) that should be coordinated to achieve the best results. Case management/service coordination ensures that these multiple systems and providers function in a coordinated way while helping consumers navigate these systems and access services.

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. In the FY 13/14 plan, DHS shifted a portion of block grant funds to HSDF in order to fund several new programs that originated from the Call for Concepts and the Human Services Block Grant Case Reviews:

- Investing in services for criminal justice-involved populations
- Supporting neighborhood-based psychosocial groups in refugee and immigrant communities
- Creating individual care grants and an integrated service planning process for adults
- Investing in information technology to improve provider and client access to information

DHS will continue to support these initiatives in FY 14/15 while maintaining funding for critically important HSDF-funded Adult Services and Specialized Services. In addition, DHS will use block grant funds to support service coordination for immigrants and internationals and representation for parents involved in the child welfare system.

The county is committed to using funds to provide services to residents in least restrictive settings. This includes continuing to support a continuum of services as well as identify new ways to serve residents in least restrictive settings through inputs like the Human Services Block Grant Advisory Board, Call for Concepts and Case Reviews. These efforts are described throughout every section of Allegheny County's plan.

DHS estimates that it will serve approximately 5223 individuals with HSDF funds in FY 14/15 in the following cost centers:

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	585	520
Aging Services	0	0
Generic Services	0	0
Specialized Services	980	4,033
Interagency Coordination	4	150
Children and Youth Services	520	520

Adult Services

Like most human services, demand for HSDF-funded services outweighs the supply. In FY 14/15, DHS - will continue to fund homemaker services that help to keep low income adults with disabilities (ages 18 through 59) in their homes; funds will also support life skills training, service planning and transportation services. DHS estimates \$883,866 in planned expenditures to support these services in FY 14/15.

- A majority of adult service clients are expected to utilize homemaker services in FY 14/15. These clients are disabled adults (18 through 59 years of age) who depend on homemaker services to allow them to live independently in their own homes rather than being placed in

costly alternatives such as personal care homes or assisted living facilities. DHS served 245 clients in FY 13/14 and estimates serving 250 clients in FY 14/15.

- HSDF-funded service planning is provided primarily to homeless single parents who reside in transitional housing programs with their children; HSDF funding provides the support they need to successfully transition to independent housing. DHS served 145 clients in FY 13/14 and expects to serve approximately 150 clients with service planning in FY 14/15.
- Life skills training and transportation assistance help low-income adults (125% of federal poverty guidelines) to become less dependent upon publicly-funded services. DHS estimates that it will provide 60 clients with life skill training and 60 clients with transportation assistance in FY 14/15 (estimates are unchanged from FY 13/14).

Adult services break out of planned expenditures:

Service planning - \$209,268

Homemaker - \$629,500

Life skills - \$22,551

Transportation - \$22,547

Aging Services

DHS does not plan on utilizing the HSDF Aging Services Cost Center in FY 14/15.

Generic Services

DHS does not plan on utilizing the HSDF Generic Services Cost Center in FY 14/15.

Specialized Services

HSDF Specialized Services are defined as new services or a combination of services designed to meet the unique needs of individuals that are unmet by categorical funding; the goal is to help adults maintain the highest degree of independence possible while avoiding higher, more costly levels of care. These services and estimated client counts for FY 14/15 are as follows:

- Case management services provided to homeless adults and their children residing in transitional housing facilities. DHS estimates that 36 individuals will receive this service in FY 14/15 (unchanged from FY 13/14). \$100,000 is allocated to support this service in FY 14/15.
- Computer skills training provided to unemployed and under-employed low-income adults. DHS estimates that 17 individuals will receive this service in FY 14/15 (unchanged from FY 13/14). \$45,000 is allocated to support this service in FY 14/15.

- Support for Task Force on Disabilities, a city/countywide coalition of organizations working with city and county government to eliminate barriers to full participation in the full range of activities and opportunities available throughout the region. \$9,000 is allocated to support this service in FY 14/15.

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

Investing in services for our criminal justice-involved populations

The Allegheny County Jail Collaborative, which was formed 12 years ago, is a partnership between the Department of Human Services, the Allegheny County Jail, the Health Department and the Courts. The Collaborative has been widely recognized locally and nationally: cited by Attorney General Eric Holder in his March 2013 NaCO speech; featured in a number of newspaper and journal articles (Pittsburgh Quarterly - March 2013, Pittsburgh Post-Gazette: *Allegheny County Jail Improves Prison Release Measures* - 2012, and City Paper – 2012); spotlighted in a series about the Collaborative’s Re-entry Program by WESA radio (90.5) - February 2013; and recognized as a Best Practice by the Reentry Council of the Council of State Governments.

The Jail Collaborative serves individuals and families in Allegheny County through programs based both in the jail and throughout the community in locations including Adult Probation’s Day Reporting Centers. This jail-community connection means that these programs are able to engage clients during a period when they are most focused on seeking services (while incarcerated) 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.
 - Assessments conducted on the offenders served through the Re-entry Program and its family support services show that these clients are at medium to high risk of re-offending.
 - Data from Allegheny Correctional Health Services indicate that 70 percent of individuals entering the jail have substance use disorders.
- Achieve strong outcomes for the individuals involved in the areas of employment, positive family involvement, substance abuse treatment and reduced recidivism:
 - The employment rate for participants is 58 percent
 - The number of family calls and visits have more than doubled in two years
 - More than 150 men per year, who would not have received substance abuse services, participated in group treatment in the Reentry Center
 - Offenders in the Reentry Program (SCA) are on track to halving their rate of recidivism
 - Coordinated release services have benefited more than 7,000 people per year
 - Information and referral services in the jail (Mental Health America) have provided assistance to over 60,000 callers

With the support of Human Services Block Grant funds, in combination with federal, other state and private funds, the Jail Collaborative will serve men and women in the Allegheny County Jail, who are at

medium/high risk of recidivism and within a year of release, through services provided both in the jail and when they return to the community. Services include case management and a variety of purchased services located throughout the county and in Adult Probation's Day Reporting Centers.

Target groups

1. Men and women in the Allegheny County Jail who are within a year of being released and ex-offenders residing in the community; all are at medium- to high-risk of re-offending as measured by a validated assessment. Approximately 70 percent of this group will have substance use disorders or co-occurring substance abuse and mental health disorders. In FY 14/15, the Jail Collaborative will serve an average of 600 individuals per year, in coordination with Adult Probation (unchanged from FY 13/14).
2. The children and family members of incarcerated offenders: the Jail Collaborative will serve an average of 250 children and families in FY 14/15, which is consistent with the number served in FY 13/14.

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. Services, provided in coordination with Adult Probation and the Courts, begin several months prior to release and continue for up to six months post-release.

The specific services supported by the Human Services Block Grant include:

- Service Coordination: The Human Services Block Grant funding will be used to support two service coordinators, part of the team of four service coordinators who work intensively with offenders during their transition to the community and post-release. In addition to these four post-release service coordinators, the jail will have two other service coordinators working inside the facility to conduct assessments, develop service plans and ensure continuity of services. Service coordinators will be experienced in family support and will work with Adult Probation to ensure that clients receive the services they need.
- Cognitive Behavioral Therapy (CBT): CBT strategies have been shown to increase long-term success rates for men and women who are transitioning from prison, by developing skills in recognizing and managing risk, increasing accountability for their actions, and thinking through decisions, rather than simply reacting. Allegheny County will contract with an experienced CBT provider, 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 learned by participants are also applicable to other treatment programs, which can be provided simultaneously or consecutively with this core cognitive-based group.

Clients will participate in *Thinking for a Change* at the Day Reporting Center as part of their Probation requirement or because they wish to complete the program that they began while in 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, both including work experience, on the job training and placement, or job readiness and placement, for clients in the Reentry Program. The Jail Collaborative will be reducing its investment in job placement, as evidence shows that 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 CareerLinks and the regional training system can benefit these clients.
- *Education:* Core educational programs include GED preparation and testing, literacy classes and pre-apprenticeship educational classes. Offenders serving a longer county sentence demonstrate high GED pass rates, but a large number are released to Adult Probation before they can complete their GED classes and hundreds more who need educational classes never have the opportunity to attend, because the jail-based program can only serve 200 people each year.

To increase the opportunity for ex-offenders to get their GEDs, Allegheny County has developed an educational program, in partnership with Goodwill of Southwestern PA, which will be offered at each of Day Reporting Centers. Goodwill conducts an educational assessment and then provides instruction in Social Studies, Science, Reading, Mathematics and Writing. In addition to preparation for taking the computerized examination, Goodwill provides tutoring, books and study/practice materials.

- *Housing:* Individuals who are newly released from jail and actively seeking employment will have access to short-term housing, for up to 6 months, provided on a sliding-fee scale; the expectation is that they will then transition to permanent housing that they pay for with 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. Allegheny County Adult Probation provides additional services and ensures that clients are in the housing no longer than six months, so that other ex-offenders can move into the temporary housing they need to successfully reintegrate.
- *Family Support:* The Family Support Program contracts with “family support specialists” who 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; provide therapeutic oversight and guidance during and after visits; arrange and supervise calls with children and family; and provide service coordination for inmates who do not have a case manager. In-jail service coordinators are responsible for ensuring that inmates are able to make phone calls and stay in touch with family and 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 (as reported by 99 percent of respondents). Reasons for calls include finding out if a family

member had been arrested and when they might be released, directions on how to visit an inmate, and information about securing a bond.

DHS will provide an estimated \$872,000 in Human Services Block Grant funds to support these programs in FY 14/15.

Human Services Needs and Municipal District Court Judges (MDJ)

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

- All summary criminal cases, traffic citations and non-traffic citations
- Civil matters – contracts, 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 its work with the Jail Collaborative, DHS learned of numerous human services needs experienced by individuals resolving cases at district courts throughout the county. However, due to the large number and relative isolation of these offices, MDJs are often unaware of the types of services needed or programs available to meet these needs. For example, DHS recently worked with the courts to conduct a review of providers working with batterers in intimate partner violence cases. Among the findings of this review were the need for education about the availability of these programs, increased linkages with other services, and better monitoring and data collection.

In November 2013, a Resource Services Specialist (RSS) was hired to serve as a liaison between DHS and The Fifth Judicial District, Magisterial District Judge Courts. The RSS is available to any MDJ across Allegheny County, to provide assistance in identifying appropriate community/human services for individuals appearing before them.

The primary goals of the RSS are:

- To increase the knowledge of the MDJ and staff about local human services and community resources
- To support the MDJ and staff to strengthen their ties to their local community
- To perform a detailed audit and assessment of human services needs in MDJ courtrooms and develop a plan to support them in meeting these needs

Over the past several months, the RSS has worked in close partnership with court administrators, audited courtrooms and held one-on-one meetings with MDJs (17 of 46, as of 4/30/14). The RSS has also helped link MDJs to resource information and made recommendations for resources to meet the needs of individuals and families appearing for hearings. The RSS has directly connected 60 individuals to resources (e.g., emergency mental health services, energy assistance, housing and drug & alcohol treatment).

DHS will continue to support the RSS position in FY 14/15. We estimate that the RSS will serve approximately 180 clients over the course of the year in addition to supporting MDJs and their staff to better utilize local human services and resources. DHS will allocated \$75,000 to support this service in FY 14/15.

Supporting Neighborhood-Based Psychosocial Groups in Immigrant and Refugee Communities and Service Coordination for Immigrants and Refugees

Neighborhood-Based Psychosocial Groups

This initiative, identified through the FY 13/14 Call for Concept process, develops neighborhood-based psychosocial support groups in neighborhoods with growing refugee and immigrant communities, including Bhutanese, African, Burmese-Karen and Chin, Iraqi, Haitian and Latino. These populations face a number of behavioral health concerns (e.g., trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence) that are not effectively addressed by the current, formal service system. Obstacles to accessing existing services include the lack of interpretation services, lack of insurance, limited transportation and a host of cultural differences ranging from stigma attached to seeking help to no cultural tradition of one-on-one talk therapy.

The project trains and mentors immigrant community facilitators who lead support groups in the members' language. They are trained in emphatic listening, non-judgmental feedback, role-playing, ethical issues, community resources for referrals, and topics to generate discussions. These groups address the 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. In FY 13/14, approximately 50 individuals participated in the support groups (groups did not start meeting until the winter of 2014). DHS will allocate \$68,000 to support the program in FY 14/15 and expects that an estimated 250 individuals will participate.

Immigrant Services and Connections (ISAC): Service Coordination for Immigrants and Refugees

Beginning in the last half of FY 13/14, the ISAC Program is a new initiative that provides culturally and linguistically appropriate service coordination to immigrants and internationals in Allegheny County, whose numbers are estimated to exceed 60,000. The recent growth of these groups provides numerous benefits to the Pittsburgh area, but also poses unique challenges to the human services network (as documented in a 2013 DHS report). The ISAC Program aims to address these challenges, including gaps in existing service provision, and promote self-sufficiency and community empowerment for immigrants and refugees by employing culturally competent service coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains. Additional objectives include strengthening interagency collaborations, enhancing capacity within the human services network, and educating the provider community.

The program is implemented through a collaboration, led by Jewish Family and Children's Services, of community-based agencies with extensive experience providing services to immigrants and refugees:

Greater Pittsburgh Literacy Council, Northern Area Multiservice Center, Prospect Park Family Center (SHIM), Latino Family Center (AIU) and Casa San Jose.

The ISAC Program began in January 2014, under a six-month, \$446,020 agreement with DHS. During this period, providers hired program staff, conducted outreach, enrolled and served initial clients, and developed policies, guidelines and protocols. Fully staffed, the program includes nine service coordinators and six navigators (spread across the six partnering agencies), a program director and an administrative coordinator. ISAC estimates that it will serve 500 individuals (125 households) by the end of FY 13/14 (six months only), representing a range of national, ethnic and linguistic backgrounds, from neighborhoods throughout the county. Common issues presented by clients relate to transportation, utilities, food, financial assistance, health care, legal assistance, family dynamics, housing, employment and education.

In FY 14/15 (the first full year of program operation), ISAC anticipates serving 2,700 individuals (approximately 600 families). DHS will allocate \$980,000 of HSDF block grant money to fund the program for FY 14/15.

Interagency Coordination

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

Originally based on a proposal submitted by Family Services of Western Pennsylvania through DHS's FY 13/14 Call for Concepts process, this initiative provides individual care grants for individuals (and in certain cases, families) who are involved with multiple systems and have service needs that cannot be met with categorically-funded services. To design the initiative, DHS convened a committee and created a business process from the point of referral to grant award based on the following criteria:

- Individual Care Grants must only be used to meet a need that cannot be paid through another source
- The disbursement of funds must be related to achieving a specific goal included in the recipients' service plan
- Funds distributed through Individual Care Grants will not exceed \$500 in the fiscal year

In conjunction with these grants, the DHS committee established an integrated service planning process for adult consumers, modeled on a similar system that works across multiple child-serving systems. This process works with all involved systems (e.g., mental health, community services, drug and alcohol, aging, community services) to meet goals at the individual or family level; reduce overlapping and conflicting services; prioritize areas for coordinated service delivery; and identify gaps in services or areas where upfront funding could reduce longer-term system involvement or use of more intensive and costly crisis services. The process includes a higher level administrative team which reviews the system barriers or gaps in services related to the cases being reviewed, problem-solves and makes recommendations.

Most of FY 13/14 was spent planning the business process and establishing an administrative team to participate in the integrated service planning. We served four individuals from one family, but were able to use resources from the adult- and child-serving systems to meet the family's needs. The \$100,000 in funding was not utilized in FY 13/14.

In FY 14/15, DHS will again provide approximately \$100,000 to support this initiative. These funds will cover costs for the Integrated Service Planning process (0.25 FTE of coordination support) and will cover the cost of the contingency grants. DHS estimates that it will serve an estimated 150 individuals with individual care grants in FY 14/15.

HSDF Funding for Other Human Services

Supporting Parental Representation

DHS strongly supports representation for parents involved in the child welfare system. Over the past several years, there has been a national focus on the connection between high-quality representation for parents and improved outcomes for children and families. These improved outcomes include children reuniting with their parents more quickly and safely, children reaching other permanency options sooner, children and families having more frequent and better family time/visitation while the children are in care, and an increase in the use of kin for placement and family support. In FY 14/15, DHS will utilize \$1.4 million in block grant funds to support this important service and serve appropriately 520 individuals.

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

Allegheny County FY 14/15 Block Grant

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	241		2,414,066			
Administrator's Office	0		6,238,301	14,000		
Administrative Management	19,616		11,777,333	126,527		
Adult Developmental Training	0					
Children's Evidence Based Practices	0					
Children's Psychosocial Rehab	21		70,377			
Community Employment	768		1,546,215			
Community Residential Services	990		25,161,378		2,885,658	
Community Services	2,152		1,847,447			
Consumer Driven Services	1,116		1,646,880			
Crisis Intervention	20,229		4,056,689			
Emergency Services	5,682		1,588,704			
Facility Based Vocational Rehab	44		174,323			
Family Based Services	123		850,392			
Family Support Services	1,352		2,723,558			
Housing Support	1,263		15,957,189			
Other	0					
Outpatient	9,251		4,127,600			
Partial Hospitalization	181		247,461			
Peer Support	41		22,512			
Psychiatric Inpatient Hospitalization	318		1,060,739			
Psychiatric Rehabilitation	135		358,952			
Social Rehab Services	1,657		4,721,949			
Targeted Case Management	1,864		3,031,007	38,571		
Transitional and Community Integration	4,312		6,332,839			
TOTAL MH SERVICES	71,356	96,784,726	95,955,911	179,098	2,885,658	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	0		5,735,732			
Case Management	1,798		685,372			
Community Residential Services	41		1,789,561		243,804	
Community Based Services	302		2,887,303			
Other	0		0			
TOTAL ID SERVICES	2,141	11,649,029	11,097,968	0	243,804	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	525		1,537,542		71,922	
Case Management	1,145		454,926			
Rental Assistance	485		267,788			
Emergency Shelter	3,700		843,632			
Other Housing Supports	280		236,929			
TOTAL HAP SERVICES	6,135	3,089,284	3,340,817		71,922	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	1,135		4,748,611		338,628	
Promising Practice	0					
Alternatives to Truancy	583		2,242,500			
Housing	3,565		1,620,000			
TOTAL C & Y SERVICES	5,283	11,102,560	8,611,111		338,628	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	1,234		1,444,039		148,176	
Inpatient Hospital	127		95,000			
Partial Hospitalization	238		166,551			
Outpatient/IOP	1,448		553,500			
Medication Assisted Therapy	778		540,657			
Recovery Support Services	159		1,078,511			
Case/Care Management	2,869		211,454			
Other Intervention	0					
Prevention	0					
TOTAL DRUG AND ALCOHOL SERVICES	6,853	4,858,237	4,089,712		148,176	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	520		883,866			
Aging Services	0					
Generic Services	0					
Specialized Services	4,033		2,149,000		45,481	
Children and Youth Services	520		1,400,000			
Interagency Coordination	150		100,000			
TOTAL HUMAN SERVICES AND SUPPORTS	5,223	1,491,183	4,532,866		45,481	0
COUNTY BLOCK GRANT ADMINISTRATION			1,346,634		0	
GRAND TOTAL	96,991	128,975,019	128,975,019	179,098	3,733,669	0

Directions: Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in

***Use the FY 13-14 Primary Allocations for completion of the Budget* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

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 K. Flaherty, 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:

23 of April, 2014

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.

K. Flaherty
PG Publishing Company

Sworn to and subscribed before me this day of:
April 23, 2014

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
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ATTN: KAREN L. BLUMEN
ONE SMITHFIELD ST., STE 400
PITTSBURGH PA 15222

To PG Publishing Company

Total ----- \$55.65

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
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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

LEGAL NOTICE

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

The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings to gather public input about the FY 2014-15 Human Services Block Grant Plan. The first meeting/hearing is Monday, May 27 from 4-5:30 p.m. in the Liberty Conference Room, Human Services Building, One Smithfield St., Pittsburgh 15222. The second meeting/hearing is Monday, June 9 from 9-11 a.m. at the Human Services Center, 519 Penn Ave., Turtle Creek 15145.

People interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. As of Tuesday, May 20 the draft plan can be viewed on the DHS website, <http://www.allegheny-county.us/dhs/plansbudgets.aspx>

The Department of Human Services makes reasonable efforts to accommodate people 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



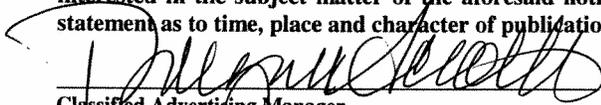
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Proof of Publication of Notice in The Tribune-Review Under the Act of July 9, 1976, P. L. 877, No. 160

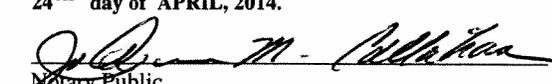
Commonwealth of Pennsylvania
County of Westmoreland } SS:

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# 5822869, RE: BLOCK GRANT APPLICATION NOTICE; 24TH DAY OF APRIL, 2014.

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
24TH day of APRIL, 2014.


Notary Public

Statement of Advertising Costs

KAREN L. BLUMEN
DEPT. OF HUMAN SVCS.
ONE SMITHFIELD STREET
PITTSBURGH, PA 15222

To TribTotal Media, Inc.
For Publishing the notice or advertisement attached
hereto on the above stated dates \$51.95
Probating Same \$ 0
Total \$ 51.95

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 _____



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

JoAnn M. Callahan, Notary Public
City of Greensburg, Westmoreland County
My Commission Expires July 1, 2016

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

LEGAL NOTICE

Allegheny County Department of Human Services Public
Meetings/Hearings on

Human Service Block Grant application

The Allegheny County Department of Human Services (DHS) will hold two public meetings/hearings to gather public input about the FY 2014-15 Human Services Block Grant Plan. The first meeting/hearing is Monday, May 27 from 4-5:30 p.m. in the Liberty Conference Room, Human Services Building, One Smithfield St., Pittsburgh 15222. The second meeting/hearing is Monday, June 9 from 9-11 a.m. at the Human Services Center, 519 Penn Ave., Turtle Creek 15145.

People interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. As of Tuesday, May 20 the draft plan can be viewed on the DHS website,
<http://www.alleghenycounty.us/dhs/plansbudgets.aspx>

The Department of Human Services makes reasonable efforts to accommodate people 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

5822869(4-24-14)

CLASSIFIED

APRIL 30-MAY 6, 2014

www.newpittsburghcourier.com

JOB OPPORTUNITIES

Help Wanted

DIRECTOR OF DEVELOPMENT
The Pittsburgh AIDS Task Force (PATF), the oldest & largest AIDS service organization in southwestern PA seeks a dynamic, seasoned professional to serve as Director of Development & lead its fund development & communications department for this growing & innovative organization.

Candidates must have Bachelor's degree & 3-5 years exp in fund development, as well as a proven track record of success in grant-writing, annual campaigns, special events & major gifts. Working knowledge of Raisers' Edge or similar donor software a plus. Competitive salary & excellent benefits. EOE.

For a complete posting, please log on to www.patf.org
Email resume & cover letter by 05/01/14 to: Dir@patf.org or mail to Exec Dir, PATF, 5913 Penn Ave, Pgh, PA 15206

EMPLOYMENT OPPORTUNITY FULL-TIME POLICE OFFICER
Applications for Full-Time Police Officers for the City of Duquesne can be obtained at the City Manager's Office, in City Hall located at 12 South Second Street, Duquesne, PA 15110 Monday through Friday from 8 AM till 4 PM. Applicants must be 21 years of age at the time of application; must have a High School Diploma; valid Pennsylvania Drivers License and an ACT 120 Certification. The City Manager must receive the completed application and non-refundable \$35.00 application fee no later than 4 PM on Friday, May 23, 2014.

Full Time Benefits: 40 Hours - Starting rate: \$16.48 per hour; Overtime, Paid Holidays, and Shift Differential. Health/Dental/Vision & Life Insurance benefits are available after the Six-month Probationary Period.

City of Duquesne
Civil Service Commission
The City of Duquesne is an Equal Opportunity Employer

CASE MANAGEMENT ASSISTANT FOR FEDERAL PUBLIC DEFENDER-PGH.
Duties include Directing incoming cases to appropriate parties, collecting and analyzing info gathered from a variety of sources, including discussions with attorneys, the public, the court, and other agencies; record keeping, data entry, etc. Discretion and confidentiality are key elements as is patience. Salary commensurate with exp and qualifications. Must be a high school graduate or GED and have at least 2 years of general exp; some education may be substituted for experience. Submit a letter of interest and detailed resume by mail or email: Federal Public Defender, ATTN: 2014-02-CHIA, 1001 Liberty Avenue, Suite 1500, Pittsburgh, PA 15222 or via email to paw_employment@fd.org (Subject line: 2014-02-CHIA). For full announcement, see <http://paw.fd.org/employment.htm>

SENIOR RESEARCH PROGRAMMER/ANALYST
Carnegie Mellon University, The Robotics Institute seeks Senior Research Programmer/Analyst in Pittsburgh, PA. Responsibilities include: (i) designing and developing or modifying existing software for the autonomous operation of mobile vehicles, including applications for user interface, robot autonomy, and perception using sensors such as cameras and lasers; (ii) analyzing current programming methodology and translating to computer-based systems; (iii) designing experiments and test plans to validate software in both laboratory and field settings; (iv) conducting field tests; (v) working as part of a team to recommend solutions to research problems with existing or proposed software; and (vi) providing in-depth support services for researchers and other users relative to software technology and system capabilities. Requirements: Bachelor's degree in Information Technology or Computer Science and three years of experience in software development. Experience must include: (i) developing embedded and software services; (ii) testing system or application software; (iii) developing and integrating individual software modules as components of larger systems; (iv) applying C and C++ programming language and methods; and (v) applying current software engineering methods and tools. Must have knowledge (through course work or experience) of: (i) research skills applicable to the development of robotic systems; and (ii) specific domain application areas and their methods, such as artificial intelligence, data systems, robotics, and system programming. Mail resume to Ms. Rachel Burdick, Carnegie Mellon University, The Robotics Institute, 5000 Forbes Ave., Pittsburgh, PA 15213-3890.

To place an ad in the New Pittsburgh Courier Classifieds call 412-481-8302 ext. 140

JOB OPPORTUNITIES

Help Wanted

California University of Pennsylvania
Building Division Seeking Candidates

California University of Pennsylvania invites applications for full and part time temporary faculty positions for Fall 2014 and Spring 2015. Special opportunities exist for a full-time academic year temporary position in Chemistry and Practical Science-Latin American History/Philosophy, and a part-time academic year temporary position in Theatre and Dance. For full posting details see our webpage at <https://careers.cup.edu>

Integrity, Civility and Responsibility are the official core values of California University of Pennsylvania
CU is an MFVDA/AAEEO

ANNOUNCEMENTS

April 22, 2014
LEGAL NOTICE
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People interested in testifying or commenting on the plan will have the opportunity to speak at the meeting. As of Tuesday, May 20 the draft plan can be viewed on the DHS website, <http://www.alleghenycounty.us/dshelp/lanbudgets.aspx>

The Department of Human Services makes reasonable efforts to accommodate people with disabilities. If you require special accommodations, call the Director's Action Line 1-800-662-6783 no later than one week before the meeting date.

Marc Chernia
Director
Allegheny County Department of Human Services

SCHOOLS
Training

APPRENTICESHIP
The Joint Apprenticeship Committee of the Heat & Frost Insulators and Asbestos Workers Local #2, Pittsburgh, PA is accepting applications for consideration towards apprenticeship in the Insulator and Asbestos Worker Trade. Applications are accepted without regard to Race, Religion, National Origin, Age, or Disability. Applicants must be a minimum of 18 years of age by June 30, 2014; have a high school diploma by June 30, 2014 or G.E.D.; have a dependable mode of transportation; and must be physically fit to perform the work of the trade. Applications must be obtained in person Monday through Saturday: May 5 through May 10, 2014 and Monday through Thursday: May 12 through May 15, 2014 between the hours of 12:30 PM and 3:30 PM at the Insulators and Asbestos Workers Joint Apprenticeship Training Office, 1057 Clinton Road, Clinton, PA 15026. Photo identification is required and there is a \$25.00 (non-refundable) application processing fee, to be paid by certified check or money order.

RENTAL SERVICE
Unfurnished Apartments

PARKVIEW MANOR
(South Oakland)
Accepting Waiting List Applications

Senior Citizens building of nice one-bedroom units, with equipped kitchen. Must be a senior citizen or under 62 with a handicap or disability, and qualify under HUD subsidy.
Call 412-821-7863 x10

Pittsburgh Courier
America's Best Weekly

315 East Carson Street
Pittsburgh, PA 15219

Classifieds
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E-mail: ad@pittsburghcourier.com

Deadline/Closing/ Cancellation Schedule for copy, corrections, and cancellations: Friday noon preceding Wednesday publication

SONNY BOY

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LEGAL ADVERTISING

Estate Notices

Letters have been granted on the estate of each of the following decedents to the personal representative named who request of persons having claim against the estate of the decedent to make known the same in writing to him or the attorney, and all persons indebted to the decedent to make payment in full without delay.

Estate of HAMMER, RUTH, who HAMMER, RUTH LEVIT, deceased of Pittsburgh, Pennsylvania, No. 02-14-0194, Margie Hamner, Executive, 5528 Walnut Street, Pittsburgh, PA 15233 or to Nancy L. Heckel, Executor, 1245 Van Kirk, West & Moore, P.C., One Oxford Centre, Suite 2100, 301 Grant Street, Pittsburgh, PA 15212.

Estate of NICOLAZZO, MARGARET, deceased of Springfield, Pennsylvania, No. 02-14-0011A, Mark Nicolazzo, Administrator, to Marquette Law LLC, Joanne M. Marquette, Esq., 1102 S. Braddock Avenue, Pittsburgh, PA 15218.

Estate of SCOTT, PATRICIA A. deceased of Pittsburgh, Pennsylvania, No. 02-14-0194A, James Vincent, Executor, 2400 East Allegheny, Pittsburgh, PA 15234 or to Robert B. Moore, P.C., One Oxford Centre, Suite 2100, 301 Grant Street, Pittsburgh, PA 15212.

LEGAL ADVERTISING

INVITATION FOR PROPOSALS
Sealed bids will be received for: MCQ Jazz Concert Hall Lighting Upgrade
Manchester Steel Corporation
1815 Metropolitan Street
Pittsburgh, Pennsylvania 15233
until 2:00 p.m. prevailing time Friday, May 13, 2014, at the office of Mr. Jeffrey Teasdale, Vice President and Chief Financial Officer.

Contract Documents will be on electronic file by May 1, 2014 and may be purchased from E. J. Haus Company; telephone 412.231.7700, or www.ejhaus.com.

General Contract work will include general construction and electrical construction for a new finished ceiling and suspended pipe grid over the stage, new houselights in the auditorium, provisions for new and enhanced existing theatrical lighting systems, and associated electrical work.

Project is to be substantially completed by August 1, 2014.

Bids must be made on the prepared form of Proposal that will be transmitted to Bidders, including Bid Breakdown form. Bidders return and statement of qualification must accompany each bid. Bids must be marked on the outside of the envelope "PROPOSAL - MCQ Jazz Concert Hall Lighting Upgrade". Bids will be opened publicly.

A Pre-Bid Meeting and Walk-through will be held at the MCQ Jazz Concert Hall at 8:00 a.m. May 6, 2014. Technical questions will be answered via e-mail by David Nash, Principal, StoneNash Associates, (david@stonenash.com).

The Owner reserves the right to refuse any and all bids or parts thereof, or items therein, and to waive any technicalities or informality in the bidding.

COURIER CLASSIFIEDS
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The New Pittsburgh Courier is not responsible for any advice given by Soul Reader advertisers.

LEGAL ADVERTISING

PORT AUTHORITY OF ALLEGHENY COUNTY

Electronic Proposals will be received online at the Port Authority of Allegheny County's EBusiness website (<http://ebusiness.portauthority.org>). Submission date for all of the proposals will be until 11:00 AM on May 29, 2014 and read at 11:15 am, the same day, in Port Authority's Public Meeting Room, 345 Sixth Avenue, Third Floor, Pittsburgh, Pennsylvania 15222-2527 for the following:

B14-04-31: Business Agreement
B14-04-28A: Lease and Operation of Westech HOV Parking Facility
B14-04-32: Subway Escalator Tread and Optional Handrail Replacement
B14-04-33: Printers and Kiosks
B14-04-34: LRV Head and Side Signs Replacement
B14-04-35A: Microsoft Enterprise Agreement
B14-04-36: Cutaway Vans
B14-04-41: Relief Vehicles

No bidder may withdraw a submitted Proposal for a period of 75 days after the scheduled time for opening of the sealed bids.

A Pre-Bid Conference will be held on each of the above items at 8:00 AM, May 13, 2014 in the Port Authority's Board Room at 345 Sixth Avenue, Pittsburgh, PA. Attendance at this meeting is not mandatory, but is strongly encouraged. Questions regarding any of the above bids will not be entertained by the Port Authority within 48 hours of the scheduled bid opening.

These contracts may be subject to a financial assistance contract between Port Authority of Allegheny County and the United States Department of Transportation. The Contractor will be required to comply with all applicable Equal Employment Opportunity laws and regulations.

Contractor is responsible for expenses related to acquiring a performance bond and insurance where applicable. All items are to be FOB Pittsburgh unless otherwise specified. Costs for delivery, bond, and insurance shall be included in bidder's proposal pricing.

Port Authority of Allegheny County hereby notifies all bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, disadvantaged business enterprise will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award. The Board of Port Authority reserves the right to reject any or all bids.

ALLEGHENY COUNTY SANITARY AUTHORITY
LEGAL NOTICE
CONTRACT NO. 1618

Sealed Bids for Biosolids Management Services shall be received at the office of the Allegheny County Sanitary Authority, 3300 Preble Avenue, Pittsburgh, PA, 15233, until 2:00 p.m., Prevailing Time, Thursday, June 12, 2014, and then shall be publicly opened and read. ALCOSAN encourages businesses owned and operated by minorities and women to submit Bids or to participate as subcontractors or suppliers to successful Bidders. Successful Bidders are to use minority and women's businesses to the fullest extent possible.

A mandatory Pre-Bid Meeting and tour of the related Plant facilities will be held at the Authority's Plant on Tuesday, May 13, 2014 at 10:00 a.m., Prevailing Time. Prospective Bidders must attend this meeting.

Bidding Documents may be examined and obtained at the office of the Authority. Bid Security shall be furnished by providing with the Bid a Certified Check or Bid Bond in the amount of \$10,000.

Any questions regarding the Bidding Documents should be directed to Arthur M. Tamilla, Esq., Director of Environmental Compliance at (412) 734-8718.

The Authority reserves the right to reject any or all Bids, to waive any informality in any Bid, and to accept any Bid should it be deemed in the interest of the Authority to do so.

ALLEGHENY COUNTY SANITARY AUTHORITY
Arthur M. Tamilla, Esq.,
Director of Environmental Compliance

OFFICIAL ADVERTISEMENT
THE BOARD OF PUBLIC EDUCATION
of the
SCHOOL DISTRICT OF PITTSBURGH

Sealed proposals shall be deposited at the School District of Pittsburgh, Administration Building, Room 251, 241 South Bellefield Avenue, Pittsburgh, PA, 15213, on May 13, 2014, until 2:00 P.M., local prevailing time for:

VARIOUS SCHOOLS
Paving Repairs
General Print

Project Manual and Drawings will be available for purchase on April 28, 2014 at Modern Reproductions (412-488-7700), 127 McKean Street, Pittsburgh, Pa., 15219 between 9:00 a.m. and 4:00 p.m. The cost of the Project Manual Documents is non-refundable. Project details and dates are described in each project manual.

We are an equal rights and opportunity school district.

TO PLACE AN AD IN SOUL READERS
Call 412-481-8302, Ext. 140

The deadline for all ads to be placed is Monday at 4 p.m. All ads must be paid for in advance. We accept Money Orders, Credit Cards and Western Union "Quick Collect" payments.

SONNY BOY

DOC, I'M TAKING BETTER CARE OF MY HEART...

I'VE STARTED PUTTING ASPICONS AND A TOPPING...

...ON MY PIZZA!

SELL MURRAY