

Appendix B County Human Services Plan

PART I: COUNTY PLANNING PROCESS

County Planning & Leadership Team and Stakeholder Engagement

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

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

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

AC DHS has participated in the Human Services Block Grant since the year it was initiated, and, in FY 25-26, will continue to leverage the Block Grant's flexibility to address the comprehensive needs of children, adults, and families through integrated services. Importantly, this includes critical investments in upstream services and supports that prevent crises and the overuse of restrictive settings and involuntary services, where at all possible. Through its Block Grant and other investments, AC DHS plans to:

Improve access to care. AC DHS aims to ensure people can access the services they need, quickly. In 2024, AC DHS made progress toward this goal—we:

- Invested in the United Way's 211 helpline so they could expand staff and answer calls more quickly.
- Reduced wait times at the Allegheny Link, the place people call when they need housing or help avoiding eviction.
- Built a cadre of super navigators to answer questions for agencies helping clients.

In the upcoming year, Allegheny County will further improve access to care through:

- Identification of services that have the greatest opportunity to serve more people through non-traditional hours or self-service options.
- Redesigned referral management and client experience processes for high-acuity, community-based mental health treatment services that are critical for people with serious mental illness (SMI) to live successfully in the community.
- An integrated front door to all AC DHS housing services, so that this scarce resource is allocated to those who need it most.
- An expanded supply of housing and services for individuals with significant needs. This includes supportive housing for people in recovery and people who have experienced homelessness or justice-system involvement, as well as Long-Term Structured Residences for people with behavioral health needs, often complicated by histories of trauma, criminal justice involvement, and/or intellectual disabilities.

Prevent harm. AC DHS works to prevent harm by investing in upstream services and responding quickly and appropriately to crises. Last year, AC DHS made progress toward this goal through:

- Success engaging a larger share (51%) of the highest-need Allegheny County families in [Hello Baby](#) and [Family Center](#) programs, which offer parents of new babies a network of supports to meet families' individual needs.
- Improvements in how AC DHS and its partners respond to Intimate Partner Violence (IPV), including creation of an IPV response team, training of mediators and court staff, and creation of an IPV 'flag' for child welfare case workers so they can be alerted to check on and protect children.
- The [500 in 500 campaign](#). This initiative began in June 2024 and is on pace to identify 500 units of housing in 500 days to help people in emergency shelters move quickly into housing. The effort aims to reduce length of homelessness even as the lack of affordable housing has resulted in nationwide increases in homelessness.
- Reduced waitlists for people with SMI to access housing that meets their needs. This resulted in 60% of highly vulnerable clients being served through housing in 2024 (compared to 23% in 2021).
- Increased availability of, and access to, Medications for Opioid Use Disorder (MOUD) in Allegheny County Jail (see publicly available data [here](#)). MOUD, which includes the medications buprenorphine, methadone, and naltrexone, is a critical component to helping individuals who are incarcerated avoid overdose and relapse upon release. Individuals receiving MOUD are more likely to continue treatment post-incarceration, which leads to better long-term recovery outcomes, like lower recidivism rates.

Preventing harm remains a top AC DHS priority. Looking forward, AC DHS will:

- Create quick response teams to jump in when people with special vulnerabilities (e.g., someone with intellectual disability or autism, a frail older adult) enter shelter or jail – ensuring appropriate plans of care are in place and relevant resources are accessed.

- Use innovative approaches to improve engagement in behavioral health services – like incentivizing the use of long-acting, injectable medications.

Reduce use of involuntary services. AC DHS has been working to reduce the use of involuntary services, such as child welfare involvement or incarceration, while still protecting individuals and the community.

In the past fiscal year, AC DHS and its partners safely reduced the use of:

- Child Protective Services. Each year, AC DHS receives 15,000 calls of concern about children. Many of these referrals are related to a family need (for example, housing), rather than abuse. Where possible, instead of opening a child protective services “case,” AC DHS works to connect families with community partners who can help. AC DHS increased by 25% the share of families who received services and support without needing to become a case (2024 compared with 2022).
- Law Enforcement Encounters. Three new initiatives are helping divert people with human services needs from citation and arrest in Allegheny County—
 - o Instead of law enforcement responding solo to calls to 911 involving a behavioral health crisis, a new team of trained behavioral health first responders is being dispatched to accompany, or respond in lieu of, police.
 - o The Law Enforcement Assisted Diversion (LEAD) program is deflecting people from possible arrest to social services like job training, employment, and treatment. DHS and its partners have expanded LEAD to accept referrals from 16 municipalities outside of the City of Pittsburgh and a number of community organizations. The City of Pittsburgh also has a LEAD program.
 - o New crisis teams in Downtown Pittsburgh and on the City’s North Side were launched to respond quickly to calls and engage people who are unhoused in those areas. Through 2024, the new Downtown team responded to nearly 700 calls and helped hundreds more people through their outreach. (The North Side team was added in 2025).

AC DHS is continuing its work to reduce the use of involuntary services through:

- Development of new crisis support teams to join child welfare caseworkers in supporting families. AC DHS will establish crisis teams to assist families facing BH crises. These specialized teams will be on call to accompany case workers to the locations where families are experiencing crises, stabilize the situation, identify next steps, connect family members to resources, and then provide follow-up care.
- Opening more services to high need families. AC DHS will make the same family-serving programs available whether we meet families through a child welfare referral, through our Early Learning Resource Center, a Family Center, or through Early Intervention.
- Implementing a multi-system care team designed to engage, stabilize, and treat individuals with serious mental illness who are experiencing unsheltered homelessness. While existing community-based services help those with high behavioral health needs remain in the community through treatment, medication management, and support (such as housing and employment assistance), some high-acuity individuals lack stable housing and may not be ready for these services. To address this challenge, we will launch a new targeted, persistent

engagement model focused on building therapeutic relationships and improving health outcomes.

Increase Economic Security. Human services needs are closely linked to income-related needs. Poverty significantly impacts access to basic needs like food, housing, healthcare, and education, all of which are addressed by human services programs. Conversely, robust human services systems can help individuals and families achieve economic mobility and move out of poverty. In light of this, AC DHS strives to contribute to the economic security of our clients and Allegheny County residents. Last year, AC DHS launched a permanent discounted transit fare program – Allegheny Go. Beginning June 2024, every Allegheny County resident eligible for SNAP was able to apply to receive a 50% discount on PRT transit fares. Through the end of 2024, more than 6,000 people enrolled. See <https://analytics.alleghenycounty.us/2024/07/10/allegheny-go-program-interactive-dashboard/> for more information.

Looking forward, AC DHS plans to increase support for relative and kin caregivers of human service-involved clients. AC DHS has engaged (and compensated) relatives to care for older adults, their family members with intellectual disabilities or autism (ID/A), and their grandchildren. Since relatives are trusted, caring family members, they're welcomed into the home more readily than staff-and they can do the necessary work at least as well. DHS will expand its investment in these family caregivers to include the "home supports" program for families. By enlisting kin to do this work and compensating them for it, we will strengthen the network of family support while investing in the skills that exist within relatives and communities.

Ensure Quality. AC DHS has an important responsibility for ensuring quality services. Last year, AC DHS improved its use of community feedback to improve services, gathering input from a larger number of clients, community members and providers — asking them how to best meet community needs and where we could do better. We heard from 41% more people in 2024 compared with 2023, and used their feedback to add and change programs, shift funding, and improve our program monitoring.

In the upcoming year, AC DHS will continue to redesign its contracting and payment processes that impact service providers, incorporating updated technology—making the processes faster, removing duplication, and improving data quality. Through this work, we will reduce the time to execute initial contracts and amendments, reduce the time to pay providers, increase visibility of the status of any contract (for staff and providers), and improve the quality and usability of data.

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

PART II: PUBLIC HEARING NOTICE

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

The 2025 public hearings were held through six sessions from March 10, 2025 through May 9, 2025, with attendees invited to join via weblink or phone. Questions and comments were accepted orally, by email or through a Q&A chat box and were answered by the Director of AC DHS live. The six sessions had over 2,600 total participants, representing over 1,200 unduplicated individuals, including community members, advocacy groups, service providers and AC DHS staff. A participant list from all public hearings were submitted as attachments to this plan.

More information, including recordings, about the 2025 State of Human Services can be found online at Allegheny Engage (<https://engage.alleghenycounty.us/en/projects/sohs25>). This platform is designed to serve as a central hub to share information about current projects, programs and initiatives and get invite the public to share their ideas with the County. Projects that are currently active are shown on the homepage and are accessible for anyone to browse. Each project may have a different mode of engagement, whether it's adding an idea, commenting on a proposal, voting on and prioritizing projects, or taking a survey.

PART III: CROSS-COLLABORATION OF SERVICES

1. Employment

AC DHS is committed to promoting economic security for our clients and invests in programs and services that connect people to appropriate training and employment opportunities and support them in maintaining employment. AC DHS also partners with local stakeholders, including our region's public workforce investment board, Partner4Work, to ensure clients have a clear pathway to training and employment resources and supports.

Sustaining Summer Youth Employment Program

Allegheny County, in partnership with the City of Pittsburgh and Partner4Work (P4W), continues to invest in and support Learn & Earn (L&E), a summer youth employment program, developed as a community effort to empower young adults in the region. Since inception in 2015, Learn & Earn has connected nearly 13,500 young people with jobs at more than 400 worksites and returned more than \$6 million in wages to the local economy. For many participants, Learn & Earn is their first paid job experience. The program provides a positive and safe work environment with tailored work-readiness training that focuses on soft-skills, professional development, and financial education, as well as offering exposure to potential careers and the opportunity to build a professional and social network and mentorship.

In 2024, Learn & Earn established partnerships with seven application support centers, 22 providers, and more than 240 worksites to employ 1,065 young adults in a combination of in-person and virtual work experiences. Young adults participated in a range of projects, from managing local markets and supporting school staff to learning podcast production and exploring career paths through job shadowing and community-based projects. During the 2024 program year, participants earned a total of \$1,151,029.11 in wages and worked over 126,000 hours. The program also continued its Summer Jobs Connect initiative, offering banking support and access to help participants build financial literacy, understand pay stubs and taxes, and develop budgeting skills. Learn & Earn will publish its next annual report in December 2025, highlighting outcomes and stories from the 2025 summer experience.

Investing in Transitional Employment Services to Reduce Gun Violence

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

Participants progress through four "levels" of the ACTES program, starting with outreach, followed by an introduction to the CBT and job-coaching elements, then engaging in transitional employment, and finally engaging in more robust career training that enables participants to receive job placement services upon completing the program. In each level, participants are compensated at a flat rate for their participation in both the CBT and job-coaching components

and hourly for their scheduled transitional work time. Paying young men to participate in the ACTES program incentivizes them to engage with CBT while also intervening with the socioeconomic influence of violence perpetration and victimization.

By the start of FY 2024-25 all three ACTES sites advanced participants into Level 2, allowing the program to serve a total of 41 individuals at one time. Over the course of the year, ACTES Stowe-Rox advanced six participants into Level 3, all of whom completed the program in March 2025. ACTES Stowe-Rox then onboarded a new cohort of 11 individuals into Level 1, preparing them for more rigorous schedules of CBT and Professional Development to advance into the transitional work component. In early 2025, ACTES Woodland Hills advanced eight participants into Level 3 and ACTES South Pittsburgh advanced six. Level 3 requires ACTES staff to develop and maintain strong partnerships with employer partners— vetting mission alignment, safety considerations, and collaborating to supervise participants and mediate any workplace challenges that may arise.

In FY 2025-26 Allegheny County will work with ACTES sites to build out Level 4 of the program which intends to pair participants with longer-term employment bridges (e.g., internship) and job training programs, increasing their chances of obtaining full-time, unsubsidized employment. Participants will work with ACTES staff through Level 3 to develop a Pathway Plan which empowers participants to identify personal and professional goals and strategies to accomplish them. Allegheny County envisions forming a variety of partnerships with local agencies and job-training programs so that ACTES participants can select a Level 4 experience that is meaningful to them. While the intention of Level 4 is to foster participants' independence, they are still able to engage in CBT sessions to work through triggers and access ACTES staff for 1:1 support.

2. Housing:

AC DHS recognizes that homelessness is a complex problem often intertwined with unemployment, lack of affordable housing, substance use disorder (SUD), serious mental illness (SMI), intimate partner violence and poverty. Homelessness also contributes to severe negative outcomes for individuals and families, including hunger, inadequate medical care, social isolation, mental illness and school absenteeism. Because of this complexity, most of the individuals who receive homeless services work with multiple service providers. In 2024:

- 78% of adults active in the homeless service system received publicly funded mental health services at any point since 2002
- 50% of adults received publicly funded substance use disorder at any point since 2002
- 49% of adults had a booking with Allegheny County Jail at any point since 2002
- 35% of all clients (adults and children) had been active with County child welfare services at any point since 2002

Using federal, state and local funds, AC DHS contracts with over 30 nonprofit service entities to serve over 8,000 individuals experiencing or at risk of experiencing homelessness annually. These programs, along with other government and social services agencies, comprise a Continuum of Care (CoC) that includes:

- Street Outreach and Day Drop-in Programs
- Eviction Prevention and Rental Assistance
- Emergency Shelter
- Bridge And Transitional Housing

- Rapid Rehousing (RRH)
- Permanent Supportive Housing (PSH)
- Case Management
- Supportive Services Programs

This service array is the result of ongoing strategic planning by AC DHS and the CoC's working board, the Homeless Advisory Board (HAB), to make homelessness in the County rare, brief, and non-recurring. A key component of administering a system that is responsive to the needs of households experiencing homelessness is integrating services across systems. In FY24-25 this important cross-collaborative work included:

Operated '500 in 500' affordable housing initiative

As housing costs have increased and pandemic-era supports expired, more and more people have been unable to afford housing. Because of this, like jurisdictions across the country, homelessness has increased in Allegheny County. Between 2021 and 2024, the [County's annual point-in-time \(PIT\) count](#) demonstrated a 79% increase in the number of people staying in emergency shelters or experiencing unsheltered homelessness. In early 2024, Allegheny County Executive Sara Innamorato and DHS Director Erin Dalton engaged municipal governments, housing authorities, developers, and local foundations to focus opportunities to increase availability of affordable housing in a relatively short term. Rather than depending on ground up construction of new affordable housing, 500 in 500 relies on intergovernmental and public/private partnerships to: (1) prioritize some existing publicly-held and privately-held rental units for those exiting shelter; (2) accelerate efforts to make repairs to empty public and private rental units so that people exiting shelter may access those units; and (3) convert facilities that do not require extensive modification (such as nursing homes or motels) to residential use for people exiting shelter. Processes were established within DHS to connect households in shelter with available units and effectively support their transition into housing. In FY24-25, 304 housing units were created, and 484 individuals moved from shelter to housing. Additional analysis of the data further demonstrates an increase in successfully moving people to housing from homelessness—in 2023 the monthly average number of people moving from adult shelter to non-CoC rental units (i.e., rental units that are not RRH or PSH programs within the homeless system) or bridge housing units (i.e., non-congregate housing that supports individuals in transitioning into stable housing from homelessness) was 22. In FY24-25, the monthly average has been 34—a 55% increase.

Cross-System Engagement for Homeless and Housing Strategic Plan

AC DHS, as the lead agency for the Allegheny County Continuum of Care (CoC), brought on a highly experienced consultant team to lead a community planning process that will result in an updated strategic plan to guide the CoC in its efforts to prevent and end homelessness through prioritized activities and the most effective use of available resources. The strategic plan will focus on prioritizing objectives, action steps and resources, and is expected to answer the following questions: (1) What evidence-based interventions, best practices and/or validated quality improvement measures are applicable to Allegheny County to further our goals of making homelessness rare, brief and non-recurring? (2) How can we make the best use of existing CoC resources to realize our objectives? (3) What resources and programs should we prioritize for future system growth? Since September 2024, the team has been actively engaging housing and homelessness stakeholders to inform the plan, inclusive of the cross-system and sector representatives necessary to impactfully address homelessness—including but not limited to,

physical, mental and behavioral health systems, criminal legal systems, workforce development entities, and affordable housing developers. The final plan is scheduled to be completed by Fall 2025, with implementation beginning immediately thereafter.

Expanding housing capacity for people with multi-system needs

As identified above, individuals experiencing homelessness often have experiences and needs that intersect with other systems. In centering the individuals served and providing holistic supports, AC DHS has intentionally sought to expand services that can effectively meet the dynamic and multi-system needs of the county's most vulnerable residents. In FY24-25 this included efforts to expand housing programs for individuals experiencing homelessness with additional vulnerabilities.

- In July 2024, AC DHS fully implemented a new PSH project, via Reinvestment Plan funds, for individuals experiencing homelessness with mental illness and/or co-occurring substance use disorders, whose ability to acquire and maintain housing is complicated by unmet behavioral health needs. The implementation of this new program within the homeless system continuum of care was a significant step toward more fully integrating mental and behavioral health expertise, while continuing to utilize our Coordinated Entry System to prioritize the most vulnerable households to evidence-based PSH services. The program has served 63 clients (44 households) to date. In May 2025, two additional supportive housing providers were identified from a competitive procurement process to expand capacity. Contracts with these agencies have been established, with operations anticipated by September 2025. With this addition of the two providers, we anticipate serving 72 additional individuals in the next year.
- In April 2025, AC DHS, through a highly experienced provider of supportive housing and behavioral health services, began serving individuals experiencing homelessness with mental health and co-occurring substance use disorder (COD) in a new site-based PSH program. Coordinating U.S. Department of Housing and Urban Development (HUD) and SAMHSA Treatment for Individuals Experiencing Homelessness (TIEH) funding, this program provides around-the-clock support and recovery-oriented safety practices, as well as adaptive service coordination to meet the needs of individuals who are more apprehensive to engage in traditional care models. The implementation of this program expands the county's continuum of services, in particular diversifying the models of housing support available and responsive to the needs of individuals with COD who may benefit from the supports of a facility setting, while accessing support services that are adaptive to their acuity of need and readiness for service engagement.
- Just Home is a MacArthur Foundation-funded initiative focused on breaking the link between housing instability and incarceration. Beginning in fall 2024, a project team of County, community, and criminal legal system stakeholders have met regularly, planning new housing units for people who have been incarcerated and are at risk of homelessness. In the coming year, the County anticipates finalizing a plan for these units that utilizes an anticipated \$5 million loan from the Foundation and beginning development work on the units.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

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

During FY24-25, AC DHS continued to work toward this vision and improve available behavioral health resources and supports through the following notable initiatives:

Efforts to improve access to mental health services

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

From FY 24 - FY 25, OBH and CCBH acted on the findings of an Assertive Community Treatment Teams (ACT/CTT) review of clients to identify those who were medically appropriate to transition to a less intensive form of care. This resulted in more than 70 clients moving to a lower intensity level of care best matched to their needs, and increased CTT capacity up for those in need of this higher intensity service, thus minimizing waitlists. Ongoing client reviews continue to improve access to appropriate services for clients and minimize waitlists.

To improve accessibility further, Allegheny County has also invested in staffing capacity initiatives. The Behavioral Health Fellows program continued in FY 24-25 and marked the inclusion of the first participants set to work in Community Treatment Team services. Current fellows are working in Family Based Mental Health, Blended Service Coordination, Crisis Services, Child Residential Treatment - Diversion and Acute Stabilization, Targeted Case Management for Substance Use Disorder, Integrated Dual Diagnosis Treatment, and Community Treatment Teams.

In recognition of the ongoing and growing need for housing with supportive services, AC DHS also made progress on its priority to improve access to these services in FY24-25. Specifically, AC DHS improved processes through which people with serious mental illness access housing, resulting in a reduced wait list and larger share of highly-vulnerable people being served. From 2021 to 2024 the people waitlisted went from 169 to 19 and the proportion of highly vulnerable clients served increased from 23% to 60%. Since 2021, AC DHS also successfully transitioned 128 people to community-based housing. This was done in partnership with the housing provider, the client's treatment team and DHS to ensure that each individual had the appropriate levels of treatment and social supports to be successful in more independent housing.

Addressing critical gaps through new service development and expansion

Supports for children and adolescents with unmet behavioral health needs

High acuity youth, who face complex and severe mental health challenges, benefit from specialized and intensive mental health services that are responsive to their safety and well-being needs. Without appropriate and timely interventions, their conditions can escalate, leading to further harm to themselves or others. By expanding the availability of services for these youth, AC DHS is continuing its commitment to providing the most effective services at the level that is most appropriate. AC DHS's work to improve the continuum of mental health supports for youth in FY24-25 included:

- Delivery of psychiatric rehabilitation to youth, beginning at age 14: While the State regulations had already expanded eligibility to include youth age 14 and over, local providers had not yet expanded their offerings to include these youth. In FY24-25, AC DHS was able to begin offering both mobile and site-based psychiatric rehabilitation to youth through two experienced providers. Psychiatric Rehabilitation services provide coaching, teaching and education of needed skills based on the completion of a functional assessment focused on the five domains of wellness—living, learning, working, socializing and wellness. The availability of this service for this age group, particularly with the flexibility of mobile and site-based options, is significant as these youth with serious mental illness prepare for independent living.
- Expansion of inpatient beds: Southwood Hospital built a new hospital for inpatient level of care, providing 30 additional beds in the region. The facility is a safe, comfortable, and therapeutic environment that helps children develop healthy coping skills by delivering evidence-based treatment in a personalized manner to address the specific challenges that have kept them from thriving at home, in school, or in the community. Through a series of therapeutic interventions, including group and family sessions along with art, music, and yoga, we deliver high-quality care in an age-appropriate atmosphere of dignity and respect.
- Planning for new Short-term Psychiatric Residential Treatment (ST-PRTF) facility: AC DHS continued to work with Southwood Hospital on the development of a ST-PRTF that will provide youth ages 12-17 a space for acute stabilization and diversion or step-down from inpatient mental health treatment before successfully returning to the community. The County committed its Behavioral HealthChoices Program savings (e.g., "Reinvestment") to the facility's start-up and, in FY24-25, renovations were nearly completed, Penn Collaborative provided all staff with training on Cognitive Behavioral Therapy for Residential Settings, and all paperwork for OCYF licensure was submitted. With a goal of opening before the end of calendar year 2025, the ST-PRTF will offer youth a longer stay

than an inpatient hospital, enabling stabilization while preventing long-term RTF stays. This development is also an opportunity to provide families in the southwestern part of the state with a local option when their child's mental health needs require the level of care ST-PRTF can provide.

Mental Health Temporary Supportive Housing

Allegheny County has been coordinating with OMHSAS and completing analyses and reviews with the provider network to refine MH housing services, so they are more cost-effective by right-sizing spending on room and board, ensuring that Medicaid compensable services are being billed to Medicaid, and reinvesting savings to meet the needs of people with serious mental illness. In FY24-25, this included the implementation of MH Temporary Supportive Housing. With this implementation, four different programs across CRR and 24/7 Supportive Housing were converted to the MH Temporary Supportive Housing model. This model incorporates a flexible staffing schedule that can adjust to client's current well-being and the implementation of a robust real-time feedback mechanism that provides weekly information on each client's well-being to DHS, the housing provider and the client's treatment team. The county is reinvesting the cost savings to expand the housing supply for people with behavioral health needs. The county plans to continue exploration of all MH housing services to ensure we have a system that meets current needs.

Mental Health Supportive Services for Individuals Experiencing Homelessness

A significant percentage of individuals experiencing homelessness, whether unsheltered or sheltered homelessness, have behavioral health needs. For many, these needs are left unmet, or previously existing connections to behavioral health services are disrupted or discontinued due to the specific barriers that people experiencing homelessness face. Without consistent and effective connections to services and supports, behavioral health needs can further exacerbate barriers to long-term stability for individuals experiencing homelessness. Unmet behavioral health needs can manifest as behavioral presentation that shelters are not equipped to appropriately respond to or cause termination from shelter; result in individuals disengaging from services and prolonging crisis; and/or establishing a cycle of crisis service utilization that does not facilitate planning for successful transition and long-term stabilization.

In recognition of this, AC DHS and CCBH collaborated to develop and implement a modification to the county's Acute Service Coordination (ASC). The established ASC assists individuals leaving inpatient psychiatric care in making the transition to outpatient services and community supports. ASC was developed within Pennsylvania's Intensive Case Management (ICM) and Blended Case Management (BCM) model but modified with several important differences to be adaptive to individuals who have not responded to traditional models of care. Additionally, ASC employs a modified Brief Critical Time Intervention (BCTI) model designed to bridge the transition to outpatient care and facilitate ongoing engagement in community-based services. For the current effort, the ASC model was modified to connect individuals who are experiencing homelessness and have behavioral health challenges to crucial services and supports during the transition period to housing. Acute Service Coordination for Adults Experiencing Homelessness (ASC-H) was fully operational in FY24-25, and works to achieve the following:

- Improve care coordination so behavioral health services are not interrupted due to a housing crisis
- Increase access to services for individuals who are experiencing homelessness

- Reduce terminations from shelter due to behavioral health presentation/escalation
- Reduce police intervention in shelters for behavioral health needs.
- Reduce utilization of all emergency services (EDs, Resolve, 302s and arrests) by implementing a stabilization plan for individuals who are experiencing homelessness

AC DHS will continue to expand on its array of tailored acute mental health services for individuals experiencing homelessness in FY25-26, with implementation of Street Stabilization. The Street Stabilization Team will bring together mental health care, physical health care, substance use treatment, developmental disability services, homeless services, and criminal justice to implement targeted, persistent engagement model focused on building therapeutic relationships and improving health outcomes for individuals experiencing unsheltered homelessness and have a complex set of care needs (which may include any combination of severe and persistent mental illness, severe substance use disorders, lack of housing, extreme poverty, chronic medical conditions, and/or physical or cognitive disability).

Addressing the intersection of behavioral health and the criminal-legal system

Mobile Competency Restoration Support Team

Individuals found not competent to stand trial due to significant symptoms or behaviors that interfere with their ability to participate in legal proceedings, including serious mental illness, cognitive delays, or conditions like dementia that prevent them from understanding court proceedings or assisting in their defense must receive specialized services designed to restore competency so their case can proceed. ‘Competency Restoration’ is a court-ordered process in which an individual receives mental health assessments, treatment, interventions and education about court processes, with a goal of increasing their understanding and effective participation in court proceedings. However, until recently, the only option for competency restoration for people held in the Allegheny County Jail (ACJ) is Torrance State Hospital, a facility operated by the state with extremely limited capacity. In 2024, individuals committed to Torrance for competency restoration spent a median of 81 days in jail awaiting a bed. That waiting period added up to more than 13,000 jail bed days in 2025 alone, often for people charged with low-level crimes. Nearly half (49%) of that population had only a misdemeanor as their highest charge.

To address this, AC DHS and its partners in the ACJ and local Courts system implemented a Mobile Competency Restoration and Support Team (MCRST) in FY24-25. MCRST is the only mobile competency restoration team in Pennsylvania that offers both clinical treatment and psychoeducational support in a community-based model. The multidisciplinary team includes a psychiatrist, mental health nurse, dual diagnosis therapist, certified forensic peer counselor, competency support specialist, and a Justice Related Services liaison to ensure coordination with the courts and community providers. The MCRST provides 24/7 on-call crisis support and continuity of care for participating individuals throughout the course of their court proceedings and until longer-term community services are in place. The team began accepting referrals in March 2025, serving 34 individuals through June 2025. In support of this work, the courts implemented a competency docket in June 2025, streamlining cases where competency is found to be an issue. Historically, around 125 individuals from Allegheny County have been committed to Torrance State Hospital each year for competency restoration. The MCRST gives courts a less restrictive, faster alternative, and gives individuals the care and respect they deserve.

Crisis Services and Reducing Law Enforcement Involvement

AC DHS continues to prioritize efforts that support residents, their families and first responders during crises by building a robust crisis response system that reduces the overuse of the criminal justice system or emergency services for people with human service needs. "Crisis" is a term commonly applied to any situation in which an individual experiences an event or situation as an intolerable difficulty, beyond their capacity to handle or endure. Even with the best access and prevention services, people still need help through emergencies like homelessness or behavioral health crises. Crisis intervention aims to reduce the intensity of an individual's reaction in a crisis, return them to a more functional state, and help them develop new coping skills to forestall another crisis in the future. AC DHS is working with its partners to build a system that provides quick help from human services and the community instead of expecting law enforcement or other first responders to do the work alone. In FY24-25 this was supported through:

- Crisis Services: The crisis services organization for the entire County (UPMC Western Psychiatric Hospital "resolve", who is also the 988 provider) added teams to the Downtown and North Side areas of Pittsburgh in FY24-25. Each of these place-based teams respond to crisis calls, make rounds, and engage people who are homeless. Through 2024, they responded to nearly 700 calls and helped hundreds more people through their outreach.
- Law Enforcement Assisted Diversion (LEAD): LEAD creates a pathway for law enforcement to divert individuals who are struggling with substance use or mental health needs and are accused of low-level crimes away from arrest and toward case management. LEAD Case managers offer long-term support to individuals in any and every aspect of their lives including, but not limited to, finding housing, applying for employment, getting education, acquiring government documents, enrolling in treatment, finding a doctor, finding clothing resources or mediating conflicts. Allegheny County launched its LEAD program in September 2022 with a cohort of three municipalities and is now serving 20 municipalities. In FY24-25, six more police departments (serving eight municipalities) and two community organizations joined the LEAD initiative. Across all departments and organizations, there were 46 referrals to LEAD over the fiscal year. AC DHS was also awarded \$1.6 million in federal funding via the Bureau of Justice Assistance to help sustain this program. At the end of FY24-25, AC DHS welcomed an additional LEAD case management agency that will help support case management responsibilities in the next set of municipalities we launch.
- Alternative 911 Response: While AC DHS is working toward a system in which most people with behavioral health needs call 988 instead of 911, the goal is to have the right kind of responder available no matter where someone calls. Alternative Response (The "A-Team") launched in October 2024 in Monroeville and Penn Hills, two of the four pilot police departments. The other two pilot police departments (McKees Rocks and certain sites patrolled by the Allegheny County Housing Authority) joined in January 2025. Since January, the pilot initiative has gathered interest and AC DHS has been able to expand to serve additional police departments and municipalities: Churchill, Wilkins, Stowe, Ingram, Pitcairn, Wilmerding, East McKeesport, Wall, and areas of Boyce Park in Plum. The A-Team responded to over 500 calls over the life of the program so far, and AC DHS is planning to expand to more municipalities in the coming months.

b) Strengths and Needs by Populations:

1. Older Adults (ages 60 and above)

Strengths in Allegheny County include:

- A robust network of highly regarded services to support residents as they age, such as Older Adult Protective Services, Caregiver Support, and over 40 neighborhood based Senior Community Centers, managed by AC DHS's Area Agency on Aging (AAA).
- A Behavioral Health Aging Resource Coordinator who works within AAA and connects individuals served in its Options Care Management and Older Adult Protective Services programs with appropriate behavioral health services.
- Participation in the Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) statewide initiative, a program that provides intensive, specialized interventions to identified older adults who have either signs of depression or a formal diagnosis.
- Geriatric mental health services offered to seniors in their homes, in personal care homes or in a Long-term Structured Residence ensuring rapid access to high quality care. Further, mobile services, including ACT, CCT, IDDT and Mobile Medications, provide supports and coordination with physical health providers, that contribute to meeting the needs of aging population.

Needs persisting in Allegheny County:

- With the second highest concentration of adults 65 and older in the U.S., our County needs more funding for Aging services to meet the growing need for service capacity.
- Additional behavioral health services that focus on addressing SUD and suicide among older adults.
- Access to the combination of affordable housing and health care supports that meet the needs of aging adults, while keeping them in their communities.
- Increased coordination is needed among the myriad partners within the Aging Services ecosystem to ensure continuity of care.
- Ensuring eligible older adults are enrolled in Medicaid and have access to services via Community HealthChoices.

2. Adults (ages 18 to 59)

Strengths in Allegheny County include:

- A data-driven model to increase access to services for individuals with the highest need by improving waitlist management for residential services.
- The Behavioral Health Fellows program which aims to increase workforce capacity through a paid training and leadership development experience that matches recent graduates with work opportunities in various service areas. This program benefits numerous populations in addition to adults, including TAY and people with co-occurring MH and SUD needs.
- The Measurement Based Care (MBC) Initiative – an evidence-based practice that helps to facilitate decision making in treatment and supports collaboration amongst clinical teams. MBC has produced positive outcomes in symptom improvement, response to treatment, shortened time to symptom improvement and improved member engagement.
- Contracting with providers to ensure an array of services are available to meet the needs of residents when in crisis, including telephone, mobile, walk-in and residential services. This includes implementation and expansion of models that are responsive to the

presenting behavioral health needs and help reduce arrests and divert people from unnecessary incarceration.

- A growing array of peer supported services, including the Peer Support Advocacy Network (PSAN) telephone-based warmline, Certified Recovery Specialists, Certified Peer Supports, the Allegheny County Coalition for Recovery (ACCR) serving as the County's Community Support Program (CSP), and the in-process implementation of Peer Run Respite, which is described in further detail in the ROST section.
- Justice-Related Services (JRS), which are available for justice-involved adults with mental illness, co-occurring mental and substance use disorders, and/or an intellectual disability. Additional information regarding JRS can be found on page 19.
- An intentional TAY initiative to bridge the transition from the child to adult MH service systems to sustain individuals in effective mental health services and reduce occurrences where lapses in service engagement occur and individuals reconnect to the system via crisis services.

Needs persisting in Allegheny County:

- Continuing the review of all mobile community-based services, ensuring that clients are receiving the appropriate dosage and type of services based on their need, reserving the most intensive levels of care for those with the greatest need.
- An expanded housing stock, with services and/or supports as needed and desired, for people leaving treatment, being released from jail, individuals with serious mental illness, people with co-occurring disorders, and people with sexual offending behaviors.
- To ensure mental health housing and residential services are well matched to people's needs. Additional information about AC DHS's progress in transforming the mental health housing system can be found in the ROST section on pages 22-27.
- Resources and programs to assist individuals with hoarding and related disorders.

3. Transition age Youth (ages 18-26)

Strengths in Allegheny County include:

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

Needs persisting in Allegheny County:

- Mental health services that are responsive to the needs of high acuity youth and supportive of their long-term stability in the community.
- Improving continuity of care for youth transitioning from the child to adult mental health systems.
- Increased availability of diverse staff and peers so that TAY clients can be supported by individuals that understand their identity in all its components, including race, ethnicity, gender, and sexual orientation, in addition to having lived experience relevant to serving clients in this population.
- Improved coordination of services for older youth with behavioral health needs, many of whom come to the attention of our child welfare and juvenile justice systems.
- Age-appropriate housing and treatment including stable, supportive housing for TAY with integrated skill-building and housing tenancy supports.
- Improved and expanded D&A services, including expanding access to inpatient and outpatient services and adding Certified Recovery Specialist services specifically for TAY.
- Supported job skills training and independent living skills training.
- Increased suicide prevention, intervention and treatment services for this age group, particularly for TAY who stop engaging in services.
- Technology-focused services and engagement strategies.

4. Children (under age 18)

Strengths in Allegheny County include:

- Integrated services for children with complex needs or multi-systems involvement:
 - RESPOND (Residential Enhancement Service Planning Opportunities for New Directions) – an intensive residential program that uses a collaborative recovery model to integrate effective clinical treatment with principles of psychiatric rehabilitation and community support.
 - Joint Planning Team (JPT) – utilizes the high-fidelity wraparound model where services are highly collaborative and family-driven supporting the development of highly individualized plans that addresses children’s needs.
 - Juvenile Justice Related Services Program (JJRS) – service coordination and connections to the BH system for youth involved in the justice system, ensuring that services are client-driven and provided in the least restrictive settings.
 - Living in Family Environments (LIFE) Project – service coordination, primarily for children and adolescents who require intensive BH treatment.
 - Intensive Behavioral Health Services (IBHS) – in-home therapeutic and behavioral support services for children and adolescents according to their strengths and needs. Using the least-restrictive setting possible, IBHS aims to develop stability, improve the child’s functioning in the family, at school and in the community.
- Long-standing commitment to the provision of appropriate and high-quality intervention services at no cost for all children who have or are risk for developmental delays and their families through Early Intervention.
- Continued investment in a variety of school-based programming. This includes school-based liaisons in all 43 school districts who provide ongoing guidance to school districts to improve school-based services as resources allow, Student Assistance Program (SAP)

with SAP Liaisons coordinating teams to identify and assist students whose unaddressed behavioral health needs act as barriers to learning, and Stand Together, a peer-to-peer behavioral health anti-stigma program that trains, inspires and equips middle and high school youth to act against stigma towards peers with mental and/or substance use disorders.

- Development and active assessment of an ePortal providing organization's capacity to accept new clients for children and adolescents in an ambulatory level of care including Outpatient Services, Partial Hospitalization Programs, Family Based Mental Health, Blended Case Management, and Intensive Behavioral Health Services including individual, group and ABA

Needs persisting in Allegheny County:

- Across human service settings workforce shortages have prevented AC DHS from offering a continuum of care as it envisions. Rebuilding and stabilizing the direct care workforce, particularly in community-based and residential programs is a high need and priority.
- Earlier identification of BH conditions in children (prevention).
- Improved and expanded D&A services for children and youth, including expanding access to inpatient and outpatient services and adding Certified Recovery Specialist services specifically for this age group.
- Workforce development to provide infant and early childhood MH services.
- Specialized services for high acuity youth, including psychiatric residential treatment facilities for youth with autism, intellectual disabilities, and mental health needs—in response to this need Allegheny County is in process of implementing such a facility.

5. Individuals transitioning from state hospitals

Strengths in Allegheny County include:

- Specialized LTSR for individuals with a history of forensic involvement.
- Community support planning processes for individuals in state hospitals.
- Full continuum of care for individuals needing residential supports, intensive mobile mental health, and/or other community supports upon discharge.

Needs persisting in Allegheny County:

- An increased number of people transitioning from state forensic units to state civil units in need of higher intensity treatment than is available at the LTSR level of care.
- Alternatives for individuals discharged from state hospitals, services for people who previously would have been served in state MH facilities or community inpatient facilities, and services for those who are being diverted from those levels of care.
- Increase in community-based alternatives to institutionalization for those with complex needs, including aggressive behaviors and sexual offenses as well as severe mental illness and other co-morbidities.
- Additional support and capacity for providers to serve individuals with histories of aggressive behavior or sexual offenses

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

Strengths in Allegheny County include:

- A strong array of justice-related services, built through consistent collaboration among AC DHS, courts and jail.

- Co-occurring disorder training and consultation to improve providers' capacity to assess, treat, and coordinate care – and an enhanced Behavioral HealthChoices outpatient rate for MH and SUD providers that demonstrate a benchmark level of co-occurring disorder services.
- A broad peer support network including both Certified Peer Specialists and Certified Recovery Specialists
- Assertive Community Treatment Teams and an Integrated Dual Disorder Treatment Team (IDDT) are that deliver integrated mental health and substance use services to individuals with severe and persistent mental illness (SPMI) in a mobile, multi-disciplinary, team-based approach.
- Crisis services directly related to SUD challenges, available by phone, mobile and/or a short-term residential stay if necessary.

Needs persisting in Allegheny County:

- Integrated, coordinated care across physical, mental, and behavioral health needs – particularly for individuals in crisis, people with complex needs, and those experiencing homelessness. This includes care that is responsive for individuals with SUD.
- Continuing work to mitigate the silos in funding and administration of mental health, physical health, substance use and other human services, so that coordinated and responsive care can be delivered, and in a manner where service providers are appropriately compensated for the level of care and cross-sector competencies.
- Housing for individuals with co-occurring disorders, including supportive housing

7. Criminal justice-involved individuals

Strengths in Allegheny County include:

- Expanded services for individuals with substance use disorder in the jail, including significantly increased availability of peer support and Medication Assisted Treatment, including MOUD, which is evidenced to support better long-term recovery outcomes, like lower recidivism rates.
- Involvement in the Allegheny County Jail Collaborative (ACJC), a 20+-year initiative of DHS, the Jail, Courts (probation and pre-trial services) and service providers that aims to reduce recidivism and improve the employment, health and housing outcomes of people with justice system involvement.
- Community Violence Reduction Initiative (CVRI), a partnership with AC DHS, Allegheny County Health Department (ACHD) Office of Violence Prevention, and the City of Pittsburgh to implement evidence-based, comprehensive, and well-coordinated public health approaches to reducing community violence.
- Justice Related Services – specialized service coordination and advocacy for individuals involved in the criminal justice system who have serious mental illness or co-occurring mental and substance use disorders. JRS serves individuals from pre-arraignment through sentencing with behavioral health evaluations and support in reaching treatment goals.
- Justice Related State Support services for people who have served their maximum sentence at a State Correctional Institution or who will be paroled and have an approved home plan
- Operational Mobile Competency Restoration and Support team and a dedicated Competency Docket to improve outcomes for people found not competent to stand trial and treat them in the least restrictive setting possible.

- Benefits Counselor available at the jail to assist individuals who are being released with enrollment in Medicaid, SSI or SSDI or through the Marketplace making hundreds of people eligible for Medicaid-funded treatment.
- Implementation of the CRIT curriculum training for all new and existing correctional officers plus additional jail staff to respond more compassionately to incarcerated individuals with BH and developmental needs.
- Successful implementation of alternative response and Law Enforcement Assisted Diversion (LEAD) models that aim to connect people who encounter the justice system due to their behavioral health needs with supportive human services rather than arresting and/or charging them.
- Improved intake processes at the Allegheny County Jail including expanded medical and behavioral health screening and pre-arraignment diversion
- Workgroups focused on reducing detainers related to underlying behavioral health needs, discharge planning for complex and critical cases and establishing a mobile competency restoration team.

Needs persisting in Allegheny County:

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

8. Veterans

Strengths in Allegheny County include:

- In-jail PTSD self-assessments, using a validated tool
- Seeking Safety, a treatment for PTSD and substance use disorder, in the community
- Peer support at the VA and with Veterans Leadership Program
- Supporting veterans involved with Veterans Court who are not eligible for VA services through Justice Related Services (JRS). This includes collaboration with the Veterans Justice Outreach specialist of the VA, who determines veteran status and VA eligibility. Local agencies offer VA-ineligible veterans trauma-specific services by staff trained in the Seeking Safety (trauma-specific) treatment model.
- Allegheny County Veterans Services is part of AC DHS, enhancing collaboration across human services, with Veterans Services providing a wide array of services to help veterans navigate federal, state and county benefits system and ensure they receive the supports they have earned.

Needs persisting in Allegheny County:

- Increased providers of evidence-based treatment for PTSD and major depression
- Continued expansion of trauma-informed care
- Expansion of peer support services
- Services and supports for veterans with traumatic brain injury
- Housing

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

Strengths in Allegheny County include:

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

Needs persisting in Allegheny County:

- Case management services for LGBTQIA+ residents offered by a provider with specific knowledge of community-based treatment and services who deeply understand the needs of LGBTQIA+ identities
- Family counseling and support
- Self-harm and suicide prevention
- Culturally accessible and competent MH services
- Welcoming and affirming housing and placement options for LGBTQIA+ individuals
- Lack of gender affirming care: with Medicaid coverage ending, providers and patients will need access to private insurance, sliding-scale clinics, or self-pay alternatives.
- Communities must build stronger local pipelines for HIV testing, mental health, and trans-affirming care, independent of federal Medicaid.
- We need greater investment in capacity-building, emergency funds, and operational support for LGBTQ-focused nonprofits to survive the loss of federal grants.
- Local initiatives and partnerships are needed to replace SNAP shortfalls, especially for queer and trans individuals facing economic precarity.

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

Strengths in Allegheny County include:

- Availability of neighborhood-based psychosocial support groups for immigrants and refugees, conducted in native languages by trained community volunteers. These support groups help immigrants and refugees face obstacles to accessing existing services and navigate unique concerns arising from experiences of trauma, loss, dislocation, changing family roles, drug and alcohol abuse, and family violence.
- The AC DHS Immigrants and Internationals Advisory Council which engages members of the immigrant and international communities, and service providers that work with the immigrant and international communities to understand the human services needs of immigrant and international county residents.
- The Immigrant Services and Connections program (ISAC) which provides culturally and linguistically appropriate service coordination to immigrants and refugees and aims to self-sufficiency and community empowerment by employing culturally competent service

coordinators and navigators (specialists from local immigrant communities) to focus on unmet needs across a broad range of human service domains.

- The Our Health Access Initiative for Recovery (Our HAIR) – two Behavioral Health (BH) consultants/hair stylists developed an initiative aimed at better engagement of RELM members in BH services by creating partnerships between BH experts and local hair stylists and barbers to offer training on suicide and overdose prevention that can benefit clients in their shops and salons.
- Participation in the Minority Psychiatric Resident Recruitment and Retention Workgroup facilitated by the Pennsylvania Psychiatric Leadership Council to address the lack of psychiatrists from the BIPOC community.
- Commitment to diversity, equity and inclusion in all services, policies and processes, guided by the Office of Equity and Engagement, including racial equity training.

Needs:

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

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

N/A

c) Recovery-Oriented Systems Transformation (ROST):

Previous Year List: Fiscal Year 2024-25 ROST Priorities

Priority 1: Mental Health Housing

AC DHS is continuing its work to improve the efficiency, effectiveness and quality of the local Mental Health (MH) Housing system. While ongoing, in FY24-25, MH Temporary Supportive Housing was implemented. More information about the progress and next steps of this initiative can be found among the ‘*Coming Year*’ ROST priorities outlined below.

Priority 2: Reentry and Diversion Services

In FY24-25 AC DHS identified three efforts of particular importance to highlight as a ROST priority regarding availability of in-jail and community-based services that aim to reduce recidivism and improve quality of life, educational attainment and employment outcomes.

Development of an Enhanced Comprehensive Reentry System—AC DHS awarded 8 contracts to Reentry providers and began implementation of 4 new programs in FY24-25. Another 4 programs are set to launch in Q1 of FY25-26. The new programs include services in the areas of: Cognitive Therapy for Recovery (CT-R) Course Facilitation; Job Training and Development Curriculum-based Programming; Mental and Physical Health Curriculum-based Programming; Relationship Building and Maintenance Curriculum-based Program; Activities-based Programming and Library + Resource Coordination. All of the new providers are collaborating with the Beck Institute, a nationally recognized leader in cognitive behavior therapy, to learn how to infuse CT-R into their programs. CT-R is an evidence-based approach that offers concrete, actionable strategies to

promote recovery, resilience, and empowerment—tools that help people avoid future justice involvement and thrive in the community. Beck is also training probation officers and other jail staff to incorporate CT-R into their daily interactions with incarcerated and formerly incarcerated individuals.

Establishing a Mobile Competency Restoration Support Team—FY24-25 progress on this priority is included in the Program Highlights section on page 13.

Formalizing Processes for Pre-Arrest Diversion—In FY 24-25, biweekly planning and implementation meetings were held to continue to develop the program and begin implementation. Evidence based screenings were identified for use in jail intake, and a build was completed to include in the jail's existing electronic health record. Additionally, AC DHS set up a tracking mechanism to complete the pre-arrest diversion assessment, track screening results, and generate diversion plans. As of July 2025, four diversion coordinators have been hired and onboarded. Additionally, the Unity Reentry Peer contract was expanded to include 24/7 peer coverage in intake and arraignment. Unity has onboarded many of the staff needed and they are expected to complete jail security training before the end of July, Funding was approved to support weekend coverage of public defenders for arraignments and the MOU with the union was signed so recruitment has begun. Diversion coordinators began screening individuals in intake on one shift in late January 2025 and are currently screening 18 hours a day/5 days a week. They have screened 2,140 individuals to date. Diversion plans are expected to begin in August 2025.

Priority 3: Crisis Services

In FY24-25 AC DHS identified three efforts of particular importance to highlight as a ROST priority regarding crisis interventions to reduce the overuse of the criminal justice system or emergency services for people with human service needs. More information on the progress of Law Enforcement Assisted Diversion (LEAD) and Alternative 911 Response can be found in the Program Highlights section on page 14. In addition, progress was made on Peer Run Respite, which in FY24-25 was approved to receive \$1.7 million in reinvestment funds for the purchase of two Peer Respite Homes. The Peer Run Respite provider, Unity Recovery, has onboarded a program manager and supervisor to support planning and implementation. As part of the planning effort, we have been focused on developing a program manual. We have identified McKees Rocks and Braddock as the two municipalities to launch this service and are developing a community engagement strategy for each.

Coming Year List: Fiscal Year 2025-26 ROST Priorities

1. Mental Health Housing

☒ Continuing from prior year ☐ New Priority

Allegheny County's Mental Health (MH) Housing system provides eligible individuals with supervised housing and additional support to prepare them to live safely and stably in an independent community setting. AC DHS envisions a system for MH Housing that is well-matched to client needs and serves individuals with the highest risk, first.

AC DHS took steps toward its vision state in FY 2022-23, by implementing a new data-driven tool¹ to improve prioritization of clients who receive MH Housing. Allegheny County has since begun work with the provider network to refine MH housing services, so they are more cost-effective by right-sizing spending on room and board, ensuring that Medicaid compensable services are being billed to Medicaid, and reinvesting savings to meet the needs of people with serious mental illness. In FY24-25 this included implementation of MH Temporary Supportive Housing, based on the assessment and realignment of CRR and 24/7 supportive housing program. With the MH Temporary Supportive Housing model, clients receive room and board at a consistent and fair cost and have their mental health services met through public and private insurance. This work will continue to progress through FY25-26 as AC DHS moves from working with CRRs and 24/7 programs, to the rest of the mental health housing system.

AC DHS is also progressing on its goals for MH Housing by improving access through actions to increase available capacity for LTSR and integrating housing access regardless of funding sources. Whether a person comes to need housing through an experience of homelessness, a discharge from an inpatient substance use treatment stay, or a mental health crisis that led to a 911 call, AC DHS is developing and implementing a system that will use a consistent process to assess individuals for eligibility for any of our housing programs and deliver these scarce resources based on degree of need. This approach will open more housing options to vulnerable people, ensuring they are getting access to all the housing resources we have available for them.

Key milestones for this priority in FY25-26 include:

- In Q1 of FY25-26 AC DHS will begin working with providers of two new MH residential program types to develop a standardized scope of work and budget for the housing programs. Once developed, a solicitation for any needed expansion may be released.
- A Request for Proposals for two additional LTSRs was released in FY24-25. Following the selection of one qualified provider, in FY25-26 AC DHS will execute a contract with this provider and identify a facility site. AC DHS will also issue a new RFP to identify a second provider.

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

- In FY25-26, AC DHS will improve access to all housing supports by integrating housing supply and creating a shared lobby for anyone who needs housing supports, regardless of the door they come in. As part of this, AC DHS will reduce barriers to referring to mental health housing, create and automate the rules for each housing type and collect client housing preferences to best match individuals earlier.

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

2. MH System Access Improvement

☐ Continuing from prior year ☒ New Priority

AC DHS has identified several points across the process of connecting to mental health services that could be adjusted to improve access for individual with Serious Mental Illness (SMI). These include: (1) referrals for high-intensity community-based mental health services currently occur through a fragmented, manual process involving emails, faxes, and physical documents; (2) the MH system is reactive in identifying clients who could benefit from a given service, requiring that care coordinators wait for a client to be referred rather than engaging with those who would benefit from services regardless of referral status; and (3) there is limited, ad hoc visibility and strong inertia fighting the disposition and stepping down of clients to lower intensity services. In response, AC DHS is assuming responsibility for managing access to community-based treatment for individuals with SMI. AC DHS will manage the wait lists for the programs that are crucial to their being able to live in the community but are oversubscribed: Mobile Medication Management, Community Treatment Teams (CTTs), Integrated Dual Disorder Treatment (IDDT) Program and Enhanced Clinical Service Coordination. Within this management, AC DHS will use consistent criteria and tools to manage access and identify vacancies and opportunities for clients to step down in their level of care and receive additional human services. In the first quarter of FY25-26, AC DHS will begin with the following milestones:

- Starting with CTT and IDDT, AC DHS will launch an updated referral form and technology solution for referral management and develop and implement a report for monitoring that management. AC DHS Technology and OBH teams are near completion with technology development and are working with CCBH and CTT providers to integrate new tech into referral and intake process. Launch of the new referral process for CTT is expected by the end of August 2025, followed in September with IDDT and Mobile Medications, and in October for MTAY and ECSC.
- AC DHS will test model-based identification to engage and enroll clients into MTAY as the initial service test, with a Q2 of FY25-26 target.
- AC DHS will collaborate with CCBH to conduct additional transition readiness case reviews and monitor the referral management of CTT and IDDT, with AC DHS's risk score data informing identification of potentially transition-ready clients.

Resources: Technology team resources (personnel, budget) for development work (forms, integrations, deployment). These are scoped and available thus far.

3. New approaches to improving behavioral health

☐ Continuing from prior year ☒ New Priority

Individuals who are involuntarily hospitalized have elevated risks of adverse outcomes. In Allegheny County, within 5 years of their first evaluation, 20% of the population has died—a rate that is higher than that for individuals exiting jail, enrolling in homeless shelters, or living with severe mental illness (SMI). Over 23% have been charged with a crime within 5 years of release and 60% use an emergency room within one year of release. Further, these individuals account for nearly \$1 of every \$4 of behavioral health Medicaid spending in Allegheny County despite only making up 1.5% of Medicaid enrollees.

One major obstacle standing in the way of better outcomes for this population is medication non-adherence. Medication non-adherence is documented in both the medical literature and in Allegheny County data as a leading pathway into involuntary hospitalization and other negative outcomes (Mongkhon et al., 2018). In Allegheny County, only 41% of individuals on Medicaid attend outpatient services within 90 days of an involuntary hospitalization, despite being discharged from the hospital with a referral to outpatient care. For Medicaid enrollees with schizophrenia, for example, adherence to oral formulations of medication 6 months prior to involuntary hospitalization is 18% and only 20% in the following 6 months. Similar trends are present for individuals with bipolar disorder. Altogether, individuals with schizophrenia or bipolar disorder comprise 62% of individuals involuntarily hospitalized in Allegheny County. While these individuals often face myriad challenges – including with housing, employment, and other health issues – our research, understanding of the literature, and conversations with practitioners on the ground suggest that increasing medication adherence is a tractable part of a significant social problem that has significant returns.

With a goal of increasing medication adherence for antipsychotics, reducing involuntary hospitalizations, and reducing behavioral healthcare spending, AC DHS is undertaking a program to educate individuals on the benefits of injectable forms of medication and offer incentives for those who may benefit from and want to try an injectable form of the medication that lasts a month. This long-acting version of the medication aims to decrease the number of missed doses, which can lead to crises and hospitalizations. With IRB approval and funding awards at the end of FY24-25, this priority area will progress in FY25-26 with the Q1 hiring and onboarding of lead staff, and enrollments beginning by Q2.

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

1. Describe telehealth services in your county

As an urban county with a breadth of behavioral health services and investment in ensuring access to and the quality of those services, Allegheny County has been thoughtful about its approach to implementing telehealth. AC DHS, in partnership with CCBH and providers, has engaged in the following strategies to support access to services via telehealth and hybrid methods:

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

Telehealth offerings in Allegheny County became more prevalent during the COVID Public Health Emergency (PHE), with telehealth expansion among the Medicaid population being particularly noteworthy. When comparing the 3-year pre-PHE period (2017-2019) to the 3-year PHE period (2020-2022), use of telehealth for behavioral health services among the Medicaid population, per claims data, increased dramatically from less than 0.1% of all Allegheny County Medicaid behavioral health services delivered prior to the PHE to 18.1% during the PHE. Among Medicaid clients who used at least one behavioral health service during the PHE, most used at least some telehealth services, with 45.3% using a combination of in-person and telehealth services and 17.7% using only telehealth services during the period. Inpatient and residential mental health and substance use services were delivered almost exclusively in-person, with occasional psychiatry, counseling/therapy and support services delivered via telehealth when staff or clients had an impending physical illness or immunological sensitivity.

Through interviews and surveys, Allegheny County's CART tracked and compared client and family members' telehealth satisfaction before, during and after the PHE to see if telehealth services were meeting their needs. The last survey in CY2023 found that clients and family members that used Allegheny County Medicaid behavioral telehealth services reported that it was easier (75.8%) or about the same (16.7%) as in-person behavioral health services, and they were generally satisfied or very satisfied with the services (81.8%). Those who were dissatisfied or had mixed feelings with telehealth preferred to receive their services in-person, found that telehealth was not as effective for their particular behavioral health conditions or personal circumstances, or noted frustrations with the technology, connectivity/reliable internet or cell service, or their comfort or digital literacy with using telehealth to receive services. Given the consistency of responses across and after the PHE, the telehealth questions were discontinued after 2023.

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

☒ Yes ☐ No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 25-26. (Limit of 1 page)

Upon publishing Solicitations for new services, AC DHS requests that staff be trained and have experience in delivering trauma informed services. Specifically for services related to children, AC DHS strongly recommends that providers be trained on using the Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network and that families also receive trauma education and support to develop skills to identify secondary traumatic stress they may experience and effective coping strategies.

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

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

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

☒ Yes ☐ No

AC DHS through its Office of Behavioral Health (OBH) funds the Suicide Awareness for Everyone (SAFE) task force of Allegheny County through the National Alliance for Mental Illness (NAMI). The task force has various subcommittees of members with knowledge of specific populations impacted by suicide, including committees focused on Youth, Veterans and Older Adults, with committee members bringing a variety of perspectives such as Faith-based approaches to grieving and loss, people with lived experience and survivors of suicide loss. The SAFE task force hosts an annual conference, participates in outreach efforts by tabling at community events, and conducts informational events in communities with high rates of suicide. In addition, SAFE has a website containing information about various suicide awareness and prevention trainings that are available, other conferences being offered locally and nationwide, and a data dashboard. In the upcoming year, the SAFE Task Force will work to identify bridges throughout Allegheny County that are most often the locations of suicide attempts and completed suicides and, in partnership with PennDOT, has placed signs with crisis services information and other supportive resources on those bridges.

Allegheny County Department of Human Services facilitates several evidence-based trainings to support awareness, prevention, and intervention regarding mental health and suicide.

1. **Crisis Intervention Training (CIT):** CIT best practice trainings are organized by Pittsburgh Bureau of Police in collaboration with AC DHS to prepare City of Pittsburgh law enforcement officers - and other departments when space allows - to recognize behaviors associated with possible mental illness or substance use disorders, de-escalate crisis situations, and help individuals access treatment and support. These trainings are embedded as core curricula within the county training academy.
2. **Mental Health First Aid (MHFA):** AC DHS promotes and facilitates train-the-trainer courses for prospective trainers to be certified to deliver MHFA courses and MHFA courses for the public, provider organizations, and local government offices, among others. MHFA is a component of This evidence-based, early intervention course teaches participants the skills needed to recognize and respond to signs and symptoms of mental health and substance use challenges, as well as how to provide someone with initial support until they are connected to appropriate professional help. The course is offered as either an in-person 7.5 hour or a blended 2-hour self-paced online with a 5.5-hour instructor-led virtual or in-person course. Curricula are available for adults to learn how to help adults (Adult MHFA), adults to learn how to help youth (Youth MHFA), teens to learn how to help their peers (Teen MHFA), and adults at work to learn how to help peers or customers (At Work MHFA). There are additional specialties for Adult MHFA focused on Corrections Professionals, Fire/Emergency Medical Services, Higher Education, Military, Veterans, and Their Families, Older Adults, Public Safety, and Rural Communities. There are also specialties for the At Work courses focused on Manufacturing, Restaurants, and Retail.
3. **Question, Persuade, Refer (QPR):** ACDHS promotes and facilitates QPR trainings for the public, provider organizations, and local government offices, among others. This

suicide prevention training teaches participants to learn to recognize the warning signs of a suicide crisis, know how to offer hope, and know to get help to save a life.

4. **Conversation/Counseling on Access to Lethal Means (CALM):** ACDHS promotes evidence-based CALM trainings to improve understanding about suicide and how to reduce access to lethal methods people use to prevent suicide. These include strategies for raising the topic of lethal means, advising on off-site and in-home storage options, and developing a plan to reduce access to lethal means.

In addition, AC DHS partners with CCBH in embracing a Zero Suicide Model to care for the Medicaid (HealthChoices; HC) BH Program, which CCBH promotes with the behavioral health provider network through education and expectations provided through provider alerts, newsletters, and meetings; performance standards and quality record reviews/quality improvement activities; care management activities; other activities. Behavioral health providers across levels of care are expected to complete a depression screening, suicide risk screening and assessment, and create a crisis/suicide care plan if there is risk of suicide as part of their intake processes.

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

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

Previous Year: FY 24-25 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A and provide a brief narrative explanation. <i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i> 		
Data Categories	County MH Office Response	Notes
i. Total Number Served	688	
ii. # served ages 14 up to 21	5	
iii. # served ages 21 up to 65	616	

iv. # of male individuals served	407	
v. # of female individuals served	281	
vi. # of non-binary individuals served	N/A	
vii. # of Non-Hispanic White served	288	
viii. # of Hispanic and Latino served	4	
ix. # of Black or African American served	321	
x. # of Asian served	3	
xi. # of Native Americans and Alaska Natives served	2	
xii. # of Native Hawaiians and Pacific Islanders served	2	
xiii. # of multiracial (two or more races) individuals served	4	
xiv. # of individuals served who have more than one disability	N/A	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	139	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	49	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	7	
xviii. # of individuals served with highest hourly wage	181	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	N/A	

7. Supportive Housing:

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

Name: Cassandra Collinge
Email address: Cassandra.collinge@alleghenycounty.us
Phone number: 412-350-2430

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

☒ Yes ☐ No

1. Capital Projects for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 24-25 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 25-26 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
129 N 2 nd St	2025	Reinvestment		\$250,000	0	2	2	30 years
Bry Mard Apartments	2025	Reinvestment		\$500,000	0	5	5	30 years
Totals				\$750,000	0	7	7	
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 24-25	10. Number of Individuals Transitioned to another Subsidy in SFY 24-25
TSI PSH Adult	2015	Reinvestment & CBCM	\$984,000	\$1,200,000	134	150	134	\$1,150	19
TSI PSH TAY	2012	Reinvestment & CBCM	\$420,000	\$650,000	31	65	31	\$1,354	3
Chartiers Janus	2022	HSBG	\$215,000	\$511,000	30	35	30	\$1,000	5
CHS Deep Rent	2015	HSBG	\$395,000	\$395,000	20	20	20	\$950	3
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 24-25	10. Average Subsidy Amount in SFY 24-25
TSI PSH Adult	2015	Reinvestment & CBCM	\$516,000	\$800,000	30	40	28	28	\$1,354
TSI PSH TAY									
	2012	Reinvestment & CBCM	\$180,000	\$250,000	9	16	10	10	\$1,354
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
Totals								
Notes:								

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25

Allegheny County Human Services Plan

Mercy Life Center Corporation	2003, 2007	State	\$3,282,500	\$2,525,514	116		44	25
Western Psychiatric Hospital	2020	State	\$1,220,000	\$1,220,000	74		96	
TSI	2020	State	\$1,225,000	\$1,225,000	82		108	
Wesley Family Services	2020	State	\$411,000	\$411,000	53		90	
Milestone	1992	State	\$110,000	\$1,220,682	13		66	2
Residential Care Services	1992	State	\$1,162,000	\$3,005,238	44		96	8
Mon Yough	2013	State	\$184,000	\$169,000	49		50	2
Chartiers	1968	State	\$511,000	\$511,000	32		32	4
Turtle Creek Valley				\$1,036,435			31	
Community Human Services	1998	State	\$740,018	\$395,000	80		20	7
Fayette Resources	2007	State	\$2,000,000	\$2,000,000	13		12	25
Light of Life	2003	State	\$110,000	\$110,000	9		8	1.5
Jewish Residential Services	1992	State	\$227,000	\$227,000	28		35	4.5
Passavant		State	\$6,000	\$6,000	1		1	.5
RHD	2008	State	\$1,405,000	\$1,405,000	7		7	6
Totals								
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Average Contingency Amount per person
TSI PSH Adult	2015	Reinvestment	\$45,000	\$60,000	30			35	\$1,500
TSI PSH TAY	2012	Reinvestment	\$15,000	\$20,000	10			13	\$1,500
Totals			\$60,000	\$80,000	40			48	
Notes:									

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other .							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 24-25	5. Projected \$ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25		7. Projected Number to be Served in SFY 25-26
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist (CPS) is defined as:

An individual with lived mental health recovery experience who has received the Department approved peer services training and certified by the Pennsylvania Certification Board.

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

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Lacey Agresta
	Email: lacey.agresta@alleghenycounty.us
	Phone number: 412-350-7332
Total Number of CPSs Employed	66
Average number of individuals served (ex: 15 persons per peer, per week)	327
Number of CPS working full-time (30 hours or more)	45
Number of CPS working part-time (under 30 hours)	21
Hourly Wage (low and high), <i>seek data from providers as needed</i>	\$16.24/hour-\$28.59/hour
Benefits, such as health insurance, leave days, etc. (Yes or No), <i>seek data from providers as needed</i>	Yes, for full time
Number of New Peers Trained in CY 2024	44

f) Existing County Mental Health Services

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

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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured ?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	517	TMACT	CCBH, ACDHS	Annually	Y	Y	
Supportive Housing	Y	470	Fidelity Scale	Agency	Annually	Y	Y	
Supported Employment	Y	284	SAMHSA EBP	ACDHS	Every 1-2 years	Y	Y	Include # Employed 152. Includes 5 ACT Providers and 2 Standalone Supported Employment Services.
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	57 9,800	IDDT Fidelity Scale DDCAT/ DDCMHT Index	CCBH, ACDHS ACDHS CCBH Case Western Reserve University	Annually At Baseline and with Enhanced Rate	Y Y	Y Y	1 IDDT Provider 11 COD/DDC Initiative Providers
Illness Management/ Recovery	N	N/A	N/A	N/A	N/A	N/A	N/A	
Medication Management (MedTEAM)	Y	140				Y		Clinical Model developed by CCBH
Therapeutic Foster Care	N	N/A	N/A	N/A	N/A	N/A	N/A	
Multisystemic Therapy	Y	65						
Functional Family Therapy	N	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	Y	350				Y		Delivered by NAMI

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1,230	
Compeer	No	N/A	
Fairweather Lodge	Yes	10	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	440	
CPS Services for Transition Age Youth (TAY)	Yes	50	18 to 26
CPS Services for Older Adults (OAs)	Yes	55	>65
Other Funded CPS- Total**	No	N/A	
CPS Services for TAY	Yes	N/A	Not disaggregated in billing
CPS Services for OAs	Yes	N/A	Not disaggregated in billing
Dialectical Behavioral Therapy	Yes	30	
Mobile Medication	Yes	140	
Wellness Recovery Action Plan (WRAP)	Yes	1,500	
High Fidelity Wrap Around	Yes	250	
Shared Decision Making	Yes	N/A	Not disaggregated in billing
Psychiatric Rehabilitation Services (including clubhouse)	Yes	480	
Self-Directed Care	Yes	N/A	Not disaggregated in billing
Supported Education	Yes	200-2,000	
Treatment of Depression in OAs	Yes	N/A	Not disaggregated in billing
Consumer-Operated Services	Yes	40	
Parent Child Interaction Therapy	Yes	N/A	Part of Outpatient Treatment
Sanctuary	Yes	N/A	Part of Outpatient Treatment
Trauma-Focused Cognitive Behavioral Therapy	Yes	5	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	N/A	Not disaggregated in billing
First Episode Psychosis Coordinated Specialty Care	Yes	40	
Other (Specify)	No	N/A	

i) Involuntary Mental Health Treatment

1. During CY 2024, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
 - ☒ No, chose to opt-out for all of CY 2024
 - ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - ☐ Yes, AOT services were available for all of CY 2024

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2024 (check all that apply):
 - ☐ Community psychiatric supportive treatment
 - ☐ ACT
 - ☐ Medications
 - ☐ Individual or group therapy
 - ☐ Peer support services
 - ☐ Financial services
 - ☐ Housing or supervised living arrangements
 - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2024:
 - a. Provide the number of written petitions for AOT services received during the opt-out period.
_____0_____
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)).
_____0_____

4. Please complete the following chart as follows:

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2024	0	0
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2024	0	0
III. Number of AOT modification hearings in CY 2024	0	
IV. Number of 180-day extended orders in CY 2024	0	0
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2024	0	0

Additional note on AOT: As part of a broader, community-centered behavioral health system, Allegheny County is exploring the implementation of Assisted Outpatient Treatment (AOT). Many individuals in Allegheny County with serious mental illness struggle to connect with behavioral health services. This lack of care can lead to their mental and physical health deteriorating until friends, family, law enforcement or providers become so concerned about their and others' welfare that they file a petition for AOT. Allegheny County is exploring how AOT can be used as a tool to engage with people with serious mental illness sooner and connect them with care and resources so that they can avoid involuntary inpatient hospitalization and remain stable within their communities.

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISE, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. <http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf>)

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

- ❖ Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? ☒ Yes ☐ No

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

AC DHS relies on County Mental Health (MH) Base funding to provide behavioral health services that cannot be billed to Behavioral HealthChoices (i.e., Medicaid Managed Care) or private insurance. In 2024, AC DHS used MH Base funding to provide services to more than 14,000 people. The largest portion of AC DHS's MH Base spending is used to keep people with serious

mental illness stably housed. MH Base funding also supports preventative supports, treatment for people who are un-/under-insured, and reentry services to support people with mental illness and co-occurring disorders leaving the Allegheny County Jail and to reduce recidivism. All of these funding needs are increasing as AC DHS experiences inflating costs of goods and services, as well as the shifting of costs from HealthChoices due to disenrollments from the Public Health Emergency's (PHE) unwinding (and, soon, anticipated additional disenrollments due to the implementation of federal work requirements and other cost saving measures).

After state cuts in 2013, County MH Base funding remained flat for more than a decade, despite increased needs and costs. Thankfully, AC DHS's MH Base allocation in SFY 2025 increased. While this is helpful, the increase is equivalent to less than 4% AC DHS's MH Base spending in each of the last three SFYs and does not provide the support needed to correct a long-term underinvestment in mental health.

Further investment in County MH Base funding is necessary in SFY 2026 to address gaps in capacity, meet workforce needs, and ensure adequate housing, preventative and reentry supports. In addition, increased base funding would enable AC DHS to sustain and expand key initiatives, many of which were outlined in the ROST section on page 24. These programs and services represent investments in Allegheny County's priorities to increase access to behavioral health services, prevent harms that may occur in crisis situations, and prevent the overuse of coercive services, particularly the criminal justice system. Examples include but are not limited to:

- Crisis prevention and response: AC DHS used time-limited American Rescue Plan Act funds and competitively awarded grants to start up many of the crisis prevention and response services described in this narrative including Law Enforcement Assisted Diversion (LEAD), Alternative Response, and Peer Respite. Reliance on time-limited funding streams means that programs are at risk of being discontinued when current funding expires. Having access to additional base funding ensures that AC DHS can make sustainable investments without sacrificing program fidelity or limiting their reach.
- Reentry services to reduce recidivism: As stated throughout this narrative, AC DHS works to prevent incarceration and other involuntary system involvement due to unmet behavioral health and human service needs. This includes the provision of services to people re-entering the community after incarceration, both in the jail and throughout their transition back to the community. Similar to its crisis prevention and response services, AC DHS largely depends on time-limited and competitively awarded grant funding to start-up needed behavioral health services to reentrants. Due to funding limitations, AC DHS and the ACJ have historically been unable to offer behavioral health and human services to this population at the scale needed. With additional base funding, more people can be engaged in the services outlined throughout this plan, improving wellbeing for those incarcerated and enhancing public safety. Additional base funding in this area can also help Allegheny County to demonstrate readiness to participate in PA DHS's proposed Medicaid 1115 Waiver demonstration.

D) Categorical State Funding-FY 25-26 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

N/A

m) Federal Grant Funding

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

Allegheny County utilizes CMHSBG Non-Categorical funds to provide Housing Support Services and MH Crisis Intervention services for individuals with mental health needs. Housing Support Services will be provided within AC DHS's MH Housing system. As described in the FY25-26 ROST priorities, AC DHS is continuing to prioritize improvements in the administration of effective housing services for individuals with mental health needs, and CMHSBG Non-Categorical funds support our ability to ensure vulnerable people are getting access to all the housing resources we have available for them. AC DHS has also been prioritizing enhancements to crisis interventions to reduce the use of involuntary services. In FY25-26, this will include development of crisis support teams to join child welfare caseworkers in supporting families, implementing a multi-system care team designed to engage, stabilize, and treating individuals with mental illness who are experiencing homelessness, and continuing services to reduce law enforcement encounters.

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 24-25:**

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

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

Allegheny County utilizes CMHSBG Non-Categorical funds to provide Community Residential Services for individuals with mental health needs and those with intellectual disabilities, as well as community-based services for individuals with intellectual disabilities, including supported employment, community participation and other community-based services.

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022)**

Allegheny County does not have KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE funds.

SUBSTANCE USE DISORDER SERVICES

AC DHS, through its Bureau of Drug and Alcohol Services, believes that individuals with substance use disorders (SUDs) can recover and build connections to family, community and peers when they have access to quality, evidence-based treatment and supportive services. Allegheny County's Drug and Alcohol (D&A) continuum is built upon partnerships with health and other service providers, funders, consumers, peers and family members, and it leverages community resources so that the county's children, youth, adults and families have a network of services and supports that make a positive impact in their lives. As Allegheny County's Single County Authority (SCA), DHS plans, coordinates and evaluates its partners' work to ensure that systems are accessible, trauma-informed and culturally competent. AC DHS also holds a high standard for its investment of resources and seeks a strong base of evidence, expecting that service providers tap each consumer's internal motivation for recovery, and evaluate the impact of services upon individuals and this community. To combat the devastating effects of the opioid epidemic, in particular, AC DHS continues to coordinate efforts to serve people most in need in the most effective way, such as by offering Medication for Opioid Use Disorder (MOUD) within Allegheny County Jail, increasing treatment accessibility for vulnerable populations by offering mobile MOUD sites, providing naloxone training and distribution and focusing on early prevention – more information on specific initiatives can be found below and on the [Opioid Settlement Dollars](#) webpage. Allegheny County residents looking to get immediate help with substance use or find longer term support can do so on [Allegheny Connect](#).

Notable initiatives in FY 2024-25:

MOUD Access in the Allegheny County Jail

In response to the opioid epidemic and rising prevalence of overdoses in Allegheny County since 2015, DHS is committed to improving access to, and uptake of, MOUD among those who need it most. Individuals who are booked in the Allegheny County Jail (ACJ) and have opioid use disorder (OUD) are among those with the highest risk for overdose and negative outcomes. In addition, individuals with stimulant use disorder are relatively under diagnosed and lack effective treatment options, exacerbating negative health outcomes, particularly in communities of color.

MOUD, which includes the medications buprenorphine, methadone, and naltrexone, is a critical, evidence-based component in helping incarcerated individuals reduce risk of overdose and relapse upon release. In 2024, DHS and ACJ expanded access to MOUD by 1) making more medications available so incarcerated individuals with an active prescription can continue treatment using their medication of choice and 2) improving efforts to identify those with OUD and inducting them into treatment. In FY 24-25, DHS supported the Allegheny County Jail (ACJ) to further expand access to MOUD by contracting with Pittsburgh Comprehensive Treatment Centers (CTC) to provide comprehensive methadone services, which included on-site induction. Methadone continuation services transitioned to Pittsburgh CTC in October 2024. DHS, CTC and ACJ collaborated on the creation and implementation of a licensed Opioid Treatment Program (OTP) Medication unit inside of the jail, the first licensed medication unit in Pennsylvania. In March 2025, final licenses for the unit were approved and methadone induction services began. In FY 24-25, MOUD was provided to 2,063 incarcerated individuals at ACJ—75% buprenorphine, 19% methadone, and 6% naltrexone.

Additionally, reentry peer services through Unity Recovery were provided to 985 unique individuals between May 31, 2024 and June 1, 2025, with peers providing over 12,000 sessions with participants. Participants working with a forensic peer specialist at Unity Recovery have seen an increase in recovery capital (BARC-10) scores from 44.67 to 47.65, indicating statistically significant increasing recovery capital over time.

A [public dashboard](#) was released in January 2025 to track outcomes and increase transparency related to the provision of MAT at the Allegheny County Jail.

Strengthening Community Based Organization Recovery Staffing

In FY 24-25, recognizing the disproportionate impact of the opioid epidemic on Allegheny County's Black community and in particular neighborhoods, AC DHS used Opioid Settlement Funds to continue investing in approaches led, designed and operated by affected communities. These investments included:

- The hiring of a Substance Use and Recovery Counselor at the Women's Center and Shelter to meet the complex needs of residential clients experiencing interpersonal violence (IPV) and SUD. In addition to individual and group counseling and support, the counselor connects clients to SUD and mental health treatment providers qualified to address their combined needs. She also provides SUD, harm reduction and naloxone training for WC&S staff and connects residents to harm reduction supplies. In 2024, the counselor served 62 clients and provided 257 hours of direct service. She conducted 155 individual counseling sessions, 52 group counseling sessions, six IPV/SUD education and awareness trainings, and 26 consultations for nine community organizations. Her services remain available to clients after they leave the shelter.
- Working with Hugh Lane Wellness to increase support for the LGBTQ community in Pittsburgh. AC DHS used Opioid Settlement funds to support Hugh Lane Wellness' community health team, which provides legal, financial, transportation and food assistance. The funding enabled the team to increase service referrals and community outreach, and to distribute naloxone, fentanyl test strips and wound care supplies to people at community events or at Hugh's Kitchen, the agency's food pantry. Opioid Settlement funding also funded an expansion of Hugh Lane's on-site afterschool program from one day per week to three days per week.
- Sojourner House offers rehabilitation and housing services to women in recovery and their children in the Pittsburgh neighborhoods of Homewood, Negley and the East End, and is well connected with faith communities in these neighborhoods. AC DHS' Opioid Settlement funding enabled the agency to hire a community health worker and two people with lived experience to target outreach to previously unserved areas, referring community members to treatment providers and distributing naloxone, fentanyl test strips, COVID-19 test kits, food and water. The team also raises awareness of naloxone and the Good Samaritan Law, which grants legal immunity to people who are trying to help someone who has overdosed, including through erecting a billboard on Frankstown Avenue to promote knowledge of this law and decrease stigma and fear. Future plans include the development of a trauma response team to help communities grieve after traumatic local events.

Recovery Housing

In FY24-25, AC DHS served 296 individuals (232 men; 64 women) through its SCA-contracted recovery houses. AC DHS continues to focus on expanding the availability of safe and supportive substance-free recovery housing for individuals recovering from SUD. Using reinvestment funding, AC DHS began a contract with First Step Recovery House in FY 24-25, which added 60 male beds to the recovery house network. Additionally, using Opioid Settlement Funds, AC DHS partnered with JADE Wellness Center to provide extended recovery housing, intensive outpatient and outpatient treatment programs, psychiatric care, peer support, MOUD and contingency management at three location in Allegheny County. JADE delivered evidence-based, individualized treatment to meet the needs of individuals living with SUD—particularly those who are low-income, unhoused, or have limited access to care following release from ACJ, hospitalization or other institutional settings.

For FY25-26, plans are in place to bring on another recovery house, operated by Renewal, that will add 14 male and 14 female beds. The addition of Renewal will bring the total capacity of SCA-contracted recovery house beds to 161, an increase of 83 beds over FY23-24 capacity.

Low-barrier Medication Services

Allegheny County used Opioid Settlement funds to expand mobile MOUD services operated by Prevention Point Pittsburgh (PPP) in partnership with Allegheny Health Network's Center for Inclusion Health, serving 600 unique patients in 2024. PPP takes MOUD services, specifically the medication buprenorphine (one of the safest and most effective in this class), directly to communities in need and provides them to uninsured and underinsured patients at no cost. These mobile services are key to engagement and retention in treatment when transportation and/or cost is a barrier. There are no other MOUD programs in the area operating in such a low-barrier manner. The high number of people engaging in this service is an indication of the significant need it meets.

Another investment is the UPMC Bridge Clinic, which provides fast-turnaround MOUD prescriptions via telemedicine to people at high risk for overdose and other poor outcomes who need but cannot access care immediately – like people leaving the jail, people without long term providers, and people experiencing homelessness. Through this program, patients can usually access medication within two hours. Telemedicine provides a valuable option for patients who have transportation limitations or who do not have providers willing to prescribe MOUD. Since it opened in 2020, the Bridge Clinic has grown steadily and has reduced the number of emergency department visits amongst individuals who used the service, and it has allowed patients to maintain access to MOUD prescriptions.

Community Engagement and Training

Notable events led by AC DHS's Bureau of Drug and Alcohol Services (BDAS) in FY 24-25 include:

- 36 community engagement pop-up events were held in collaboration with the Allegheny County Health Department in communities around Allegheny County with approximately 1400 individuals attending
- 14 community resource days held at Carnegie Libraries of Pittsburgh with approximately 244 individuals attending

- 5 Community and Coffee Happy Hour events held at the downtown Carnegie Library of Pittsburgh with approximately 200 people attending

The purpose of these events continues to be the facilitation of connections to drug and alcohol support services, educating and distributing harm reduction items and materials, and collaborating with community partners to provide valuable information and resources to the community. BDAS attended 7 other resource events and community fairs with approximately 1,000 individuals attending, as well as offering support to International Overdose Awareness Day and the Pittsburgh Recovery Walk in Allegheny County. BDAS also distributed 17 naloxone boxes and Narcan to business owners, hair salons, barber shops and churches throughout Allegheny County.

BDAS, in partnership with a D&A program representative, also implemented a “Don’t Panic” training program targeting DHS employees, especially those working in downtown Pittsburgh (a high drug traffic area), to increase compassion for people struggling with SUD and better understand how stigma affects quality of care; increase the ability to spot crises and alert the appropriate responders; expand awareness of available resources; and promote community safety, respect, and teamwork. In FY 24-25, BDAS supported two ‘Don’t Panic’ presentations in a virtual Lunch and Learn structure

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

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

<i>D&A Service</i>	<i>Description</i>	<i>Populations served</i>	<i>Funding sources</i>
Prevention services	Educational programs that increase self-understanding and interpersonal skills and offer methods for coping with stress. Designed to be of value to the total population and delivered in cooperation with schools, media, family, community agencies and groups.	Adults Adolescents Children	D&A Base Compulsive & Problem Gambling Prevention Base Prevention W/C Prevention SAP SOR Opioid Settlement Funds
Intervention services	Services that discourage people who are experimenting or substance-abusing from further involvement by suggesting alternative ways to cope with problems	Adults Adolescents	D&A Base SAP Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C County Match Drug Court SOR

Residential treatment	For persons with serious SUDs. Includes individual and group counseling daily and family education and counseling as needed. This treatment is typically offered in a non-hospital residential setting. The length of treatment varies with the severity of the SUD. Ongoing treatment typically occurs on an outpatient basis after completion of the residential program.	Adults, Adolescents	D&A Base Act 2010-01 Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR HealthChoices Opioid Settlement Funds
Outpatient services	Screening, Outpatient, Intensive Outpatient, Partial Hospitalization	Adults, Adolescents	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR HealthChoices Opioid Settlement Funds
Recovery housing	A semi-protected, home-like environment to assist clients in their gradual re-entry into the community. No formal treatment takes place at the facility. This is a live-in/work-out situation involving short-term housing.	Adults	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Opioid Settlement Funds
Case/care management	Supportive services for clients of drug & alcohol treatment. Includes referrals to support services such as education and vocation, employment, physical health, emotional/mental health, family social issues, housing and living arrangements, legal issues, basic needs such as food, clothing, and shelter, and life skills such as cooking, cleaning, and grocery shopping.	Adults, Adolescents	D&A Base SAP Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C Drug Court SOR Housing/ODU HealthChoices (fee for service) Opioid Settlement Funds
Recovery supports	Non-clinical services, such as mentoring, education and telephone support, that assist individuals in their recovery from SUD	Adults, Adolescents	D&A Base Alcohol Treatment Base Alcohol Treatment W/C Drug Treatment Base Drug Treatment W/C SOR SOR Housing/ODU Opioid Settlement Funds

- 1. Waiting List Information:** If Waiting List data is not reported, please provide a brief narrative explanation.

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

*Average weekly number of individuals

**Average weekly wait time per person

The individuals on the wait list for court-mandated 3.5 are considered referrals by the provider while they are awaiting release from jail or prison. The ASAM Level 3.5 services listed above with waitlists are specialty programs with lower bed capacity and higher demand for the unique residential services. Individuals waiting for an opening at these programs receive supportive services while on the waitlist. Waitlists for these specialized services do not signal a lack of capacity in the network. Outpatient services, OTS and PHP are listed N/A because they do not maintain waitlists as there are enough slots available to not mandate one. The other residential services also do not maintain waitlists and are listed N/A as there are enough beds across the continuum for individuals to be served at their time of need.

- 2. Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 24-25.

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

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

3. Levels of Care (LOC)

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	7	2	0
4	4	1	0
3.7 WM	28	3	0
3.7	8	1	2
3.5	47	9	3
3.1	19	1	0
2.5	16	7	0
2.1	41	22	2
1.0	74	27	2

4. Treatment Services Needed in County

Although there is treatment service capacity across the D&A network, ensuring access to these services is a priority; particularly how to widely share information about how to access services in under-resourced communities and to high need populations. Through the development of a centralized coordinated entry system, AC DHS worked to make it easier for individuals in need to access treatment and better utilize available County resources. The next step is making sure all residents of Allegheny County who need these services, or want to assist someone in accessing these services, have all of the necessary information at hand to do so.

One way BDAS is attempting to reach under-served populations and communities, especially Black, Indigenous, and People of Color (BIPOC), is through an ongoing collaboration with MEE Productions on the Connect Protect Recover Campaign. This campaign is aimed at supporting the families of people who misuse substances through offering resources such as prevention and harm reduction tools and education for families and substance use providers.

Historically, BIPOC communities face inequities and barriers in accessing resources and treatment for substance use. Between 2020 and 2023, Black residents in AC experienced a rate of fatal overdose that was more than twice as high as White residents. A sharp decrease was observed between 2023 and 2024, but the rate remains disproportionately high. To address this ongoing disparity, BDAS will work closely with the Office of Equity and Engagement and MEE Productions over the coming fiscal year to ensure that outreach to high need communities continues and SUD providers are trained in how to best build trusting and meaningful relationships within these communities.

5. Access to and Use of Narcan in County

Every five years, the Allegheny County Health Department (ACHD) develops a plan to improve the health of residents. Currently, it is operating under the [Plan for a Healthier Allegheny 2023-27](#). The plan establishes goals and objectives for improving health outcomes, and metrics for evaluating progress including those related to behavioral health. One of the priority areas for behavioral health improvements continues to be reducing mortality and morbidity from substance

use and improving access to SUD treatment. More specifically, the 2023-27 plan presents strategies for reducing the overdose mortality rate for Black residents.

In previous years' plans, ACHD in collaboration with AC DHS published specific objectives for increasing distribution of and access to Narcan complemented by educational resources. AC DHS continues to prioritize efforts that put Narcan in the hands of people who may need it most, including community-based organizations and first responders as well as increasing access through distribution to pharmacies, libraries and university campuses. In addition, AC DHS ensures that anyone leaving the jail can obtain Narcan, and AC DHS partnered with CYF staff at its 412 Youth Zone to make sure that staff have access to Narcan. Through these efforts, 22,137 Narcan kits were distributed in the past year, in addition 14,750 fentanyl test strips and 13,102 Xylazine test strips were distributed to organizations and individuals across the county.

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

6. County Warm Handoff Process

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

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

In July 2025, Allegheny County launched a new platform, MATTERS- *Medication for Addiction Treatment and Electronic Referrals*, that allows providers to get individuals connected to (or reestablish) existing substance use and peer support services including Medication for Opioid Use Disorder (MOUD) and has increased hours for MOUD bridge telehealth services. These services have direct patient follow up care coordination at 72 hours, and 30, 60, and 90 days. These efforts intend to reduce barriers in access to treatment and can provide transportation vouchers and medication vouchers as needed for first appointment. MATTERS is available to all enrolled providers and is another option available to providers seeing individuals post-overdose.

a. Warm Handoff Data:

# of Individuals Contacted	778
# of Individuals who Entered Treatment	461
# of individuals who have Completed Treatment	N/A

INTELLECTUAL DISABILITY SERVICES

Background

AC DHS's Office of Developmental Supports (ODS) maintains an Operating Agreement with the Pennsylvania Department of Human Services (PA DHS) Office of Developmental Programs (ODP) to perform delegated operational and administrative functions, including assuring quality service and promoting quality improvement. ODS is Allegheny County's Administrative Entity (AE), and its FY 24-25 Quality Management Plan included four objectives that reflect ODP's priority areas:

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

ODS accomplishes these goals through quality management strategies that include:

- Facilitating a workgroup for each focus area. Workgroups implement a Plan-Do-Check-Act methodology for quality improvement, including target objectives and quarterly reviews of progress and performance measures.
- Working with Supports Coordination Organizations (SCOs) to identify (through Prioritization of Needs for Services (PUNS) reviews) people who may require specialized supports for complex needs.
- Collaborating with local provider workgroups and associations.
- Evaluating Individual Support Plans (ISPs) on a regular basis, to ensure that all registrants have an active and current plan that is implemented according to standards required by the AE Operating Agreement. AC DHS reviews each plan to confirm that assessed needs are addressed, outcomes relate to individual preferences and needs, updates are completed as needed, and support team members are involved in the planning process.
- Collaborating with a group of counties in the region to provide management oversight for the Southwestern PA Health Care Quality Unit (HCQU) through Acentra Health. While Allegheny County does not hold the direct contract with the Southwestern PA HCQU, it utilizes available services that include provider training, complex technical assistance on individual cases and local healthcare resource development.
- Providing oversight on Independent Monitoring for Quality (IM4Q), the quality management effort that is offered through a contract with Chatham University.

ODS has implemented system changes and expanded choice and will continue to do so, whenever possible, with the resources available. AC DHS will continue to participate in projects that support Pennsylvania's statewide transition process to improve the efficiency and availability of direct services in ID services.

Continuum of services

AC DHS will use its Human Services Block Grant funding to meet the needs of those with ID whose services are not covered through waiver funding. AC DHS estimates that it will serve 1,782 individuals in FY 25-26

Individuals Served

	<i>Estimated Number of Individuals served in FY 24-25</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 25-26</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	52	2.9%	52	2.9%
Pre-Vocational	N/A	N/A	N/A	N/A
Community participation	15	0.8%	15	0.8%
Base-Funded Supports Coordination	1,454	81.6%	1,454	81.6%
Residential (6400)/unlicensed	29	1.6%	29	1.6%
Life Sharing (6500)/unlicensed	0	0.0%	0	0.0%
PDS/AWC	0	0.0%	0	0.0%
PDS/VF	0	0.0%	0	0.0%
Family Driven Family Support Services	0	0.0%	0	0.0%
Assistive Technology	1	0.1%	1	0.1%
Remote Supports	0	0.0%	0	0.0%
Other Base Services	232	13.0%	232	13.0%
TOTALS	1,782	100.1%	1,782	100.1%

Supported Employment

AC DHS will continue to use Block Grant funds to provide employment supports to approximately 100 individuals in FY 25-26. Examples of the types of supported employment that AC DHS will provide include:

Base-funded employment supports are available for adults through a targeted funding allocation originating from the 05-06 ODP Base Employment Pilot, providing support to individuals with minimal needs (see below table) through integrated, community-based employment. AC DHS distributes BEP funds through individual allocations. These participants work in a variety of fields, including childcare, food service, custodial services, hospital/medical support, customer service, nutrition services and grocery stores (stocking shelves and bagging). ODS has removed the age

restrictions of the original ODP Base Employment Pilot to include any workers with minimal supports needs who might otherwise require waiver-funded supports to maintain ongoing employment. Though the ODP Pilot has ended, AC DHS has recognized the success and value of this model, maintaining its commitment to it for over 18 years. As of June 2025, the Base Employment Project supported 104 unduplicated individuals in maintaining competitive and integrated employment at an average allocation of just over \$2,200/person.

Community Partnerships. Other examples of AC DHS's work to expand supported employment opportunities include its partnership with the Transition Coordination Council of Pittsburgh & Allegheny County (TCCAC), which provides information and networking opportunities for school district transition and special education staff, counselors, AC DHS education & transition staff (ODS & OBH are represented), community rehabilitation agencies, students and families. The TCCAC annually hosts a Mock Interview Event for students. The 2025 event was held at Biz Town in Bridgeville, included 20 employers and provided over 100 High School age students with opportunity to meet employers and practice their interview skills in a real-world setting. AC DHS is also considered a funding partner in two Project SEARCH sites within Allegheny County. Project SEARCH is a trademarked training-to-work program which partners students in their last year of school with a large employer (UPMC Mercy & UPMC Passavant) along with an established employment supports provider (Goodwill Industries) to provide work site training and support.

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

Supports Coordination

AC DHS estimates that it will serve approximately 1,782 individuals with base-funded supports coordination in FY 25-26. AC DHS will provide supports coordination, in-home supports, community participation, employment, habilitation, transportation, and residential services (e.g., group home and supported living) that serve individuals in the least restrictive environment appropriate to meet their needs. Without the support provided through Block Grant-funded services, AC DHS estimates that all the individuals who receive Block Grant community-based and residential services could potentially end up in higher levels of placement through the waiver programs. The service definition set forth by ODP (Approval ODP waiver renewals Appendix C) establishes the supports available to individuals receiving services through ODS.

A total of 6,335 individuals with Intellectual Disabilities and/or autism (ID/A) in Allegheny County receive waiver, base and/or supports coordination services; this includes those residing in Intermediate Care Facilities for those with Intellectual Disabilities (ICF-ID) settings (private and state center). Currently, 65 of the 6,335 reside in a state center. One of the various ways we collaborate with the SCOs is through our work transitioning individuals out of state centers and state hospitals.

Two state centers are still open in PA: Ebensburg and Selinsgrove State Centers. As individuals and families and substitute decision makers discuss community options and resources available to them, we will continue to participate in transition activities.

Community-Based Services and Residential Services. In FY 25-26, AC DHS estimates that 232 individuals will receive community-based services and 29 individuals will receive residential services. Supports may include, but are not limited to residential (e.g., Life Sharing, 24-hour residential, or less than 24-hour residential supports), community participation, employment supports, habilitation aide, nursing, respite care, companion services and behavioral supports.

Participant Directed Services. We continuously work with the SCOs to remind and promote those situations that can and should be participant driven. See more about specific projects and activities related to this under the section titled **Participant Directed Services**.

Life Sharing and Supported Living

FISA Foundation Grant Work with The Imagine Different Coalition

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

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

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

While the grant work was completed in February of 2025, the work identified in the bullets above continues to be active. The toolkit for supporting permanency planning has been utilized statewide.

Promising Practice Team representative participation on the ODP workgroup

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

Continued involvement with the Western Region Office (WRO) Life Sharing group.

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

Cross-Systems Communications and Training

AC DHS will continue to engage in several collaborative efforts with local and regional counties and stakeholders to provide training and improve cross-system communication. Together, these efforts are designed to help stakeholders understand emerging needs and to increase the effectiveness of care delivered to individuals and families in the least restrictive environments. Examples of AC DHS's cross-system communication and training opportunities include:

Collaborating with Support Coordination Organizations (SCOs)

AC DHS regularly collaborates with SCOs to encourage consistent implementation of ODP policy and practice. AC DHS and the SCOs discuss their joint expectations, waiting lists and implementing initiatives. Management staff regularly meet virtually or in person to facilitate open lines of communication, problem-solving and opportunities to enhance service delivery. The ODS Promising Practice team builds rapport and relationships with the SCOs, share resources and education materials, and offer insight into the values and mission of the Promising Practice Team and ODS. The Promising Practice Team continues to implement a monthly Complex Case Review process as a means of offering technical assistance to the SCOs and teams supporting people with complex needs. The review is focused on identifying resources and planning activities for individuals with intensive and/or complicated needs, with an anticipated outcome of diversion from restrictive settings.

Integrating services for children and youth with complex needs

AC DHS offices collaborate on the Residential Enhancement Services Planning Opportunities for New Directions (RESPOND) program to better integrate services for children and youth with complex and multi-system needs. Created in 2003, RESPOND is a highly selective and intensive residential program currently offered by three licensed providers (Fayette Resources, Family Links, Community Options) in three homes for a total of six beds. RESPOND uses a collaborative recovery model integrating effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential program staff are highly skilled individuals with experience working with children and youth with complex needs. Fayette Resources concluded their work with the RESPOND program in 2025. Future planning to support the program remains underway.

The RESPOND group homes are supported by a shared Mobile Treatment Team (MTT) which includes a psychiatrist, psychiatric nurse, behavior specialist, behavior analyst and social worker with a range of clinical expertise in ID and child psychopathology.

Multisystem Teaming for children with Complex Needs

For the last 20 years, ODS staff have participated along with representatives from OBH, Community Care, Children, Youth & Family, Probation, and families to address the needs of our most complex children and youth. This activity is facilitated through the DHS Multisystem Team. Here, the individual and family's voices are part of planning for the right combination of services to meet the youth's immediate and long-term needs. Connections are made across systems to ensure each is bringing their expertise to the planning team.

Engaging families and individuals through school districts

AC DHS staff participate in the Pittsburgh and Allegheny County Local Task Force on the Right to Education as well as the Allegheny County – Pittsburgh Transition Council. These are crucial pathways to convey information to families, individuals, and professionals during critical school years. ODS staff also visit schools throughout the year, informing families, individuals and school district personnel on the importance of planning and registration and participating in outreach activities in schools. ODS staff also use these opportunities to share community supports and other human services.

ODS continues to promote outreach to Allegheny County schools. This community partnership has helped establish connections and contacts for collaborative learning as well as promoting early registration with ODS. Through these activities we introduce the LifeCourse tools and framework. These tools are designed to promote conversation with the individual and family that assists in developing a path towards meaningful community involvement and natural supports that enhance an individual's vision for their good life. Each plan is individually tailored, reflective of all elements of the person's life and not reliant on paid services as the only means of achieving life goals.

START (Systemic, Therapeutic, Assessment, Resources and Treatment)

PA START was initiated in Allegheny County in July 2023 and began accepting referrals for service. START is a crisis intervention and prevention model that enhances the capacity of systems to support individuals with intellectual disabilities and/or autism and co-occurring behavioral health needs, ages 6 and up. START acts as an additional support to an individual's system when experiencing challenges (risk of losing housing, in-patient stays, involvement with the criminal justice system, frequent crisis response, intensive staffing needs, and/or multiple community placements). Through Clinical Education Team trainings, the START program offers support and training to the systems involved with the participant and the overall community. As of July 2025, the program has 49 enrollees with the capacity to support 100.

Integrating services for adults with complex needs

The Dual Diagnosis Treatment Team (DDTT) has served over 100 individuals in Allegheny County, as well as individuals in neighboring counties. This collaborative effort between OBH/ODS, Community Care Behavioral Health (CCBH) and Merakey uses a recovery-oriented approach to support individuals with co-occurring behavioral health disorders and diagnosed ID or autism spectrum disorder. For 12-18 months, a psychiatrist, pharmacist consultant, behavior specialist, registered nurse and recovery coordinator provide support. The team offers support through face-to-face contact three times per week, staff/family training on support plans and diagnoses, assistance with medications and appointments as well as crisis intervention and hospital diversion when possible. Over time, Merakey has recruited additional staff and increased its capacity to 30 individuals. AC DHS continues to collaborate regularly with the DDTT, OBH, and CCBH to monitor progress as well as discuss and recommend appropriate referrals for the services/programs at discharge. Quarterly metrics reports are reviewed on a regular basis. The team has continued to demonstrate outcomes of decreased psychiatric hospitalizations, increased acquisition of stable housing, and increased access to support services and funding.

DDTT continues to note difficulty in proceeding with discharge for individuals who have met treatment criteria due to a lack of available outpatient psychiatric services in the community. At

times, it is taking upwards of four months to link the individuals to alternative outpatient mental health services.

Integrating Services for youth with ID/A and complex support needs

In collaboration with the AC DHS Office of Behavioral Health, ODS is working to implement a new short term psychiatric residential service for youth ages 6-21 with a primary diagnosis of autism spectrum disorder and/or an intellectual disability with concurrent serious behavioral concerns. This program is meant to support clients in becoming a productive, socially connected, and personally fulfilled member of their local community by utilizing evidence-based strategies to increase functional communication and ADL skills and reducing behavioral concerns. To date, AC DHS has selected Devereaux as the provider for this service and has identified a 10-bed facility that meets the safety and security standards to implement the program.

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

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

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

Collaboration with UPMC CONNECT Program

In 2009, The Congress of Neighboring Communities (CONNECT) was founded as a free program to bring together the City of Pittsburgh and surrounding municipalities in Allegheny County to identify common public policy challenges. One of these initiatives was recognizing the dire situation facing many emergency medical service (EMS) agencies. The CONNECT Community Paramedic Program was born out of this initiative and aimed to provide non-emergent, customized care to county residents struggling to manage chronic health conditions. The CONNECT Community Paramedic Program can help connect individuals to existing resources for medical care and other important factors which may be negatively affecting the individual's life. Some of these factors may include transportation, housing, diet and exercise, or financial resources. Since 2019 ODS and UPMC CONNECT have engaged in collaborative activities to help individuals manage their overall health, including meeting monthly to review the referrals that have been submitted from the SCOs.

Expansion of continuum of service

In FY 24-25, ODS assumed the contract from the Area Agency on Aging for Landmark. Landmark is an agency that provides homemaker services for those with a disability. Clientele need to be between the ages of 18 and 59 with a disability. They cannot have any other primary funding (like Waiver). This option is specifically designed for those who live alone or with other functionally disabled or dependent persons or have no family member or other responsible person available and willing to perform life essential tasks for this person or their dependents.

This service type is allowing ODS to expand across the lifespan and address various levels of ability with the focus on keeping individuals safe and healthy in their environment – the least restrictive environment.

Virtual Office Hours (VOH)

Virtual Office Hours was implemented in September 2023 and continues on a monthly basis. The topics and coordination of the educational offering are managed by the Promising Practice Team. In addition to SCO participation, internal AE staff join regularly as well as other stakeholders invited in relation to topic relevance. External subject matter experts are often coordinated to lead the Virtual Office Hours topic. Office Hours covers topics such as: An Overview of Social Security, Life Sharing, PA START Allegheny, Changes in Waiver Requirements, Changes in Service Definitions, Restrictive Procedures, UPMC Connect and Social Stories in ISPs. This curriculum of topics was developed from SCO survey results and technical assistance trends.

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

Collaboration with the Justice/Court System

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

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

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

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

Furthermore, we have developed a closer relationship with the County Orphans' Court to allow earlier communication and possible intervention when someone has reported the potential need for

guardianship directly to the court. This has enabled us to work with the team to divert the conversation from substituted to supported decision making where appropriate.

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

Collaboration with Legal System through the LeCSI Program.

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

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

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

LeCSI is currently tracking 941 individuals who have current or historical legal system involvement. While this number is ever-growing as we identify more people, a snapshot of a typical month of LeCSI's involvement in the criminal divisions of the courts in which we work includes approximately 150 active cases, from investigation through unresolved fines and fees, and 150 recently resolved cases. At least 120 of these individuals work directly with a LeCSI Program Coordinator, with approximately 35-40 identified as a high priority wait list (priority is based on severity of an individual's situation—incarceration, active case, open summary, unresolved fines, etc.).

Having begun our program in the Allegheny County criminal court divisions in partnership with our Office of the Public Defender, LeCSI is dedicated to diverting expressions of neurodivergence and nontraditional forms of disability-based communication from those courts as much as possible and providing meaningful accountability and restorative programs where appropriate. With the

successes from this partnership in Allegheny County, we have expanded to other counties and divisions within the court system, with a presence in 29 Counties across the Commonwealth. LeCSI has further expanded its reach into delinquency, dependency, civil, family, and Orphans' Court matters, supporting victims, witnesses, parents, children, respondents, defendants and any other type of legal system interaction. Over the past few years, LeCSI has also greatly strengthened our partnership with the Allegheny County Jail (ACJ), enabling more incarceration diversion and accommodations when necessary.

LeCSI team members participate in multiple local, regional, and statewide committees to increase our collaborations and their efficiencies. These committees include reentry and other community support organizations, the local and statewide taskforce on Autism in the Courts, the Executive Committee of the AOPC's Behavioral Health in the Courts Initiative and others.

Emergency Supports

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

- Enacting ODP's Unanticipated Emergency Request Process when an individual's health and safety is at immediate risk.
- Exploring alternative waivers and services to meet the individual's needs, such as Community Health Choices, OBRA, Autism Waiver, Dom Care, or Personal Care Boarding Homes.
- Partnering with Aging Services to review service delivery to meet the needs of aging caregivers and individuals.
- Working in conjunction with OBH, Resolve and MH housing to meet the needs of individuals dually diagnosed with mental health issues and ID.
- Relying on community resources, such as the Allegheny Link, low-income housing, homeless shelters and natural supports.
- Coordinating efforts with Dom Care, PCHs, Resolve, Allegheny Link, Community Care and system options meetings.
- Coordinating efforts with the Allegheny County Department of Human Services Disaster Crisis Outreach and Referral Team.

AC DHS ODS has a 24-hour on-call protocol in the event of an emergency. This on-call protocol includes contacts with providers who may have available capacity when individuals need a temporary residential placement and other supports. All available funds are allocated to providers through contracts. ODS does not reserve any base dollars for emergencies. Any crisis situations would involve Resolve as appropriate.

Administrative Funding

PA Family Network

AC DHS ODS will continue to have a working relationship with the PA Family Network. AC DHS will facilitate wider knowledge of PA Family Network, including with county staff, SCOs and providers. This will be done through email and planning a meet-and-greet with listed stakeholders. The group has opportunities to arrange information sessions through their working relationships with several locations that could accommodate larger groups of stakeholders. AC

DHS ODS will continue ongoing collaboration in training activities, family forums and events.

AC DHS communicates and shares information with stakeholders through Key Communicator Announcements. This is an e-mail distribution list of over 750 interested stakeholders. These stakeholders include families, human services and education professionals and other community members. In addition to email, the information is made available on the AC DHS Facebook page and on the Key Communicators Announcement page. AC DHS will continue to use this mechanism to educate about the activities related to PA Family Network.

Charting the LifeCourse

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

AC DHS ODS has successfully completed the Charting the LifeCourse Ambassador training series. The LifeCourse Ambassador series was designed to include training, professional development, and implementation coaching to provide foundational understanding of the key principles of the framework and to introduce the application of the principles for a specific focus area and/or practice. There are currently 8 LifeCourse Ambassadors. The LifeCourse Ambassadors have trained all ODS staff.

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

HCQU

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

IM4Q

AC DHS continues to work with its local IM4Q program on the annual identification and interview of individuals in the system. IM4Q and National Core Indicator (NCI) reports of survey results are shared with providers, County ODS Programs and others for quality improvement purposes. The reports also are shared with the community via the Allegheny County AC DHS Website. Two separate reports are developed for each program year: one reports findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania; the other report is specific to each county and reports findings of consumer, family and guardian satisfaction for persons receiving supports and services funded by those specific programs.

Other reports include:

- The Independent Monitoring for Quality (IM4Q) Allegheny County Report, which is specific to this county and details aggregate data collected during the interview process for persons receiving supports and services that are funded by the Allegheny County AC DHS Office of Developmental Supports/Developmental Disabilities.
- The Independent Monitoring for Quality (IM4Q) Statewide Summary Report, which details findings of consumer, family and guardian satisfaction across the Commonwealth of Pennsylvania.
- The Independent Monitoring for Quality (IM4Q) State Centers Report, which is specific to state centers in Pennsylvania and presents information collected through face-to-face interviews with 119 individuals living in state centers and receiving supports through the Office of Developmental Programs.

IM4Q surveys are now being used to assess the satisfaction of those participating in the START pilot mentioned earlier. Trends from these reports have been incorporated into our Quality Management (QM) Plan. In previous years, IM4Q has informed our QM Plan around objectives such as Relationship Building and Choice of Day Activity. AC DHS actively uses IM4Q data and Considerations to enhance opportunities for employment, and this objective will continue in the QM Plan for FY 25-26.

Increasing local provider competency in supporting individuals who present with higher levels of need

Regarding our efforts to assist local providers to gain competency and capacity to support individuals who present with higher levels of need, ODS has already mentioned the DDTT, collaboration with our AC DHS partners (JRS, OBH, CYF), the RESPOND program and our capacity building efforts with Devereux Advanced Behavioral Health/TCV, initiating the START program and The Imagine Different Coalition. These resources are aimed at learning about and preparing for individual needs.

However, barriers to creating an expanded capacity to serve these individuals continues to be centered on the current residential rate development structure. Development of a new or creative site is difficult to do in the current climate. Licensing, rate development, requests for additional or enhanced staff support, as well as startup costs are all separate processes that are slow at best and disconnected at worst. In addition, the historic inability for the system to braid or blend funding and/or services has never been adequately addressed. Ultimately, the resulting service package for an individual with high/complex needs tends to be disjointed (or missing altogether) and often more expensive than necessary, quite often due to multiple in-patient admissions and coordinating services that do not match the needs/wants of the individual.

Risk management

Assessing and addressing areas of risk is a priority for the Office of Developmental Supports. ODS staff regularly participate in analysis of incident data. This includes reviewing priorities and methods of evaluation. The Risk Management process was designed to incorporate review of other relevant data sources (e.g., SCO and Provider Monitoring, Individual Support Plans, funding requests, IM4Q Concerns and the Supports Intensity Scale), with the following objectives:

1. Prevent adverse events before they occur
2. Minimize the effect of adverse events after they occur

The process has evolved over the years, based on valuable input from the Risk Management Committee participants and stakeholders, to include both Remediation and Quality Improvement activities.

The ODS Risk Management committee uses a distinct set of criteria to identify individuals who may be at risk and completes an extensive case review process. Findings are shared in writing with the individual's SCO, who then conducts a review of findings with the individual/family and support team, including providers. A service note about the review also is entered into HCSIS. The SCO responds to the ODS Risk Management Coordinator with any required follow-up, including an action plan, if warranted. The collective findings of the risk management process are analyzed and documented in an annual report. Findings are used to inform ODS quality improvement objectives, and several QM action plans have been implemented over the years to address these areas.

AC DHS and the Western Region Office of ODP have collaborated on this effort by sharing data and results of RM action plans. Also, a regional QM/RM stakeholder group is a forum for sharing experiences and developing strategies.

ODS added to risk management efforts by instituting processes to assess and mitigate provider risk. ODS formed a work group for Provider Risk Management which is comprised of managers and supervisors representing each of the ODS teams. The work group meets monthly. It is charged with completing risk screening for all providers assigned to Allegheny County to identify those with risk, conducting an in-depth review of performance factors for such providers and implementing mitigation measures. Risk assessment and mitigation may also be conducted on an ad hoc basis for a given provider as recommended by work group members.

PRE-T

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

Providers' emergency preparedness plan

AC DHS continues to enforce the bulletins and regulations that require providers to have contingency plans (also known as Emergency Disaster Response Plans) for both individual and provider-based situations. These plans are applicable in various settings including community homes and day and vocational programs. AC DHS is available to offer technical assistance in the development of these plans, regardless of funding source, since the safety of all individuals in our system is of the utmost importance.

Finally, ODS functions as the local AE and AC DHS/ODS personnel deliver all components of the AE Operating Agreement with AC DHS, including:

- Financial processes (cost reporting and other financial analysis)

- Managing the Prioritization of Needs for Services (PUNS) and waiver capacity functions
- ISP development and authorization
- Provider monitoring
- System planning
- Quality management services

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

Participant Directed Services (PDS)

AC DHS has been involved in the implementation and coordination of Participant Directed Services (PDS), with both Agency with Choice and Vendor Fiscal models as options. The office works with the SCOs in promoting PDS as a viable choice to families and individuals and, through waiver, both options have grown. However, expanding PDS through Block Grant funds has proven to be challenging: a guarantee of funding available on a large scale is currently not possible. There also are barriers related to the implementation of a Vendor Fiscal model under the current structure.

Hand in hand with this, it is beneficial to families using PDS to consider supports broker services. This service is designed to assist participants or their designated surrogate with employer-related functions to be successful in self-directing some or all the participants' needed services.

Here in the western part of the region, PDS continues to grow. For FY 24-25, we had 648 individuals and families participating in the Agency with Choice model which represents a 37% increase and 88 active with Vendor Fiscal which represents a 17% increase from last year. There are three support broker providers with authorizations and 52 participants currently using this service, which represents a 24% increase from last year.

ODS participates in regional meetings with ODP and other regional AEs to continue oversight and development of quality supports under PDS. ODS continues to provide the technical assistance that SCOs and families need. ODP can assist in improving necessary communication by allowing ODS to communicate directly with PPL, the statewide VF/EA entity, as this would greatly improve our efficiency and effectiveness in addressing family concerns.

Community for All

Based on the data on individuals in congregate and carceral settings, ODS will continue to be actively engaged in planning for their return to the community through its available initiatives. ODS also will continue its collaborative efforts with other systems to use supports such as housing for individuals returning to the community. As previously mentioned, this includes activities for those in state center, jail and other congregate settings. ODS will implement its current transition activities with the SCOs to ensure choice for individuals returning to the community.

Racial Equity and Diversity

AC DHS continues to prioritize racial equity and cultural competency as key principles that guide our work. ODS Racial Equity Core Team has been in place since November 2020.

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

Towards the end of FY 24-25, Allegheny Department of Human Services conducted a Universal Assessment of Racial Equity. Once compiled, our department will be able to see whether or not improvement has been made regarding general understanding of issues of race, as well as comfort in discussing such issues as they relate to our work.

In FY 25-26, we hope to accomplish the following:

- Utilize a dashboard we developed to look at trends in service delivery as well as other outreach efforts.
- Develop accountability measures in our department to hold ourselves accountable through measurable outcome statements
- Review our practices to make sure they are aligned with our values
- Communicate in a way that is respectful, appreciative and supportive of the cultural differences, experiences and expectations of the individuals and families we interact with, especially when we engage with them in their own homes

Technology

Allegheny County hosts quarterly technology touch base meetings with SCOs that focus on current remote support and assistive technology options. The meeting's purpose is to inform the SCOs of what technology is new and available, and to support them with any questions or concerns. It is an open forum format that allows for learning and discussion between all attendees. The meetings are mainly attended by a core group of leads from each SCO, but anyone from an SCO is welcome to attend if they are working on a technology plan, or have anything technology related that they would like to discuss.

There are now three qualified remote support agencies, and the County works very closely with them. The County continues to assist in developing partnerships between residential providers and agencies that provide remote supports.

The county now has two qualified Assistive Technology providers. Pathways and Onewell are agencies who are part of our organized health care delivery system (OHCDS). Their service offerings include assessment, procurement of equipment and technical assistance for as long as the person may need. As always, an individual can independently request equipment via the vendor fiscal model as well, and the County works closely with SCOs to assist in ensuring they acquire all required documentation to have a request approved.

HOMELESS ASSISTANCE PROGRAM SERVICES

AC DHS serves as the Unified Funding Agency (UFA) and Infrastructure Organization (IO) of the Allegheny County Continuum of Care (CoC), which is governed by a local Homeless Advisory Board (HAB). The board oversees planning, coordination and operation of a system within Allegheny County that addresses the needs of individuals and families experiencing homelessness. With our community partners, AC DHS has built an integrated continuum of prevention and intervention services designed to prevent evictions, reduce the time people spend in a housing crisis and connect people to permanent housing. The county's continuum of services includes:

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

Achievements and Improvements

In FY24-25, AC DHS continued to make system improvements to prevent homelessness and housing instability, apply the principles of Housing First, and increase the flow of positive exits from homelessness services, while also adapting processes and responding to the growing demand on homeless response services due to the tightening housing market and continued economic strain on county residents since the COVID pandemic.

Increasing successful transitions out of homelessness

Allegheny County, which includes the City of Pittsburgh, is experiencing a decline in the stock of subsidized housing and pressure on the private market from new city dwellers with higher incomes. According to data from the National Low Income Housing Coalition, for every 100 extremely low-income families, seniors, and people with disabilities renting in Allegheny County, only 36 affordable rental homes are available. A Realtor Rental Report indicated that in June 2024, the median asking rent in Pittsburgh was \$1,484, \$404 (37.4%) higher than the pre-pandemic level, and that Pittsburgh outpaced New York, NY, becoming the top Northeast market for rent growth over the past five years. As the affordable housing crisis deepens, low-income households become increasingly vulnerable to eviction/foreclosure and homelessness. Further this rent burden has racial equity repercussions. Renters of color are more likely to face unaffordable rents, with 51% of Black renters paying more than 30% of income on rent². When looking at individuals staying longer than two weeks in an adult shelter, local data indicate that 64% are at [relatively lower risk](#) for adverse events of high concern, including mental health inpatient stays, jail bookings and frequent hospital ER visits, with 76% of those experiencing homelessness for the first time and 46% of those having some income. Together, these results suggest that many of the individuals staying in shelter could successfully sustain housing with a relatively low level of support, if it were accessible to them. Increasing the flow out of shelters supports those who are in shelter in

² Housing Alliance of Pennsylvania, Allegheny County Housing Needs Snapshot. https://housingalliancepa.org/wp-content/uploads/County-Fact-Sheet_2022_Allegheny.pdf

their move to stability and makes shelter beds available to those who have nowhere else to turn and who are living on the street.

Within this context, Allegheny County chose to invest in getting people out of shelter and into stable, affordable housing, with the goal of identifying 500 affordable units in 500 days. In collaboration with housing authorities, developers, foundations and local municipalities, the ‘500 in 500’ initiative focuses on prioritizing existing rental units for people exiting shelter, accelerating efforts to repair empty rental units, and converting facilities that do not require extensive modification to resident use. As of May 31, 2025, 286 housing units have been created, and 449 individuals have moved from shelter to housing. Included in these successes was an expansion of bridge housing, adding more than 50 additional units at a time, in a community setting with dedicated staff working with residents to identify and move onto long-term stable and sustainable housing.

Supporting the long-term stability of households who have moved into housing after experiencing homelessness, AC DHS began administering new tenancy sustaining support services in January 2025. Tenancy sustaining support services expand our continuum of service offerings to help people maintain their new housing and avoid returning to homelessness. The program engages with both tenants and landlords and provides low-intensity support, focused on core housing stability issues. The specific supports provided are guided by the needs of each tenant and may include: education on tenant and landlord roles, rights and responsibilities; eviction prevention planning and coordination; coaching on developing/maintaining relationships with landlords/property managers; coaching and/or education on independent living and life skills including, but not limited to budgeting, financial literacy and credit improvement; assistance resolving disputes with landlords and/or neighbors; and referrals for additional and/or more intensive supports, such as mediation, credit improvement, benefit enrollment, life skills and resources and services for behavioral health needs. From program implementation in January 2025, through June 2025, over 210 households (nearly 350 people) have been supported.

Reducing Wait Times

The Allegheny County Coordinated Entry System covers Allegheny County in its entirety, with the objective to ensure streamlined access to the homeless response system for all households that are facing housing instability or experiencing homelessness and ensure they are matched to an appropriate intervention to end their crisis or homelessness. AC DHS is the Coordinated Entry lead, and the Allegheny Link & Office of Community Services (OCS) Field Unit function as the single access point for Coordinated Entry in Allegheny County. All households seeking service are provided fair and equal access regardless of their location or method by which they access the system. While the number of calls answered by Allegheny Link increased from 2022 to 2024 by nearly 17%, the average wait times experienced has decreased by a staggering 94%, from 18 minutes to 1 minute.

Enhancing Winter Shelter Capacity

Second Avenue Commons (2AC) was opened in November 2022, bringing to life the vision of a place where anyone over the age of 18 can go to receive immediate access to shelter and housing assistance that is not contingent on sobriety, income requirements, criminal records or program demands. Filling a gap in the community, 2AC houses four complementary services—a 24/7 low-

barrier shelter, a day-time engagement center, a clinic providing routine physical and behavioral health services, and two floors of single room occupancy units available for stable housing—and was the result of a multi-year planning and collaboration effort anticipated to meet the demand for shelter. However, the significant increase in need for homeless services experienced in Allegheny County, and across the country, has left AC DHS and the community to grapple with how to keep people safe during the coldest months of the year when existing shelter capacity has been reached. In FY24/25, AC DHS administered an expanded winter shelter system that included a network of 12 facilities across the county, including the addition of a dedicated winter shelter opened nightly for the duration of the season. This network of shelters brought the total shelter capacity to over 600 beds for single adults, and provided overnight and daytime accommodations, hot meals, warm clothing, and access to critical support services such as medical care, counseling, and case management. Included in those facilities was the reopening of Second Avenue Commons on October 28, 2024, following a mechanical fire that caused the facility to be shut down for four months. Starting the next day, on the 2AC Engagement Center re-opened with expanded daytime hours of 7:00AM - 7:00PM, 7 days per week, 365 days per year. The new dedicated winter shelter was opened in early December, in partnership with Northside Partnership Project and Community Family Advocates. Located at the Community Resource Mall on Maple Avenue, this program provided sufficient capacity to anyone who needed a safe place to stay this winter. This program was a result of a proposal submitted to DHS as part of a competitive solicitation process. Free transportation to the Northside Partnership Project shelter has been provided each evening from Second Avenue Commons, making it easier for individuals to access services.

Services, efficacy, and proposed changes

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

Service	How AC DHS evaluates efficacy
Bridge Housing provides homeless individuals and families with temporary housing and supportive services for up to 12 months, enabling them to move on to permanent housing.	In FY 24-25: 158 individuals (132 households) were served in Bridge Housing programs. 74% of exits with a documented destination were to housing owned/rented by the participant, or with family/friends—an increase from 68% in FY24-24.
Case Management assists individuals and families experiencing homelessness in achieving self-sufficiency through client centered service plans that may include goals for basic life skills, financial management, job preparation skills and/or employment skills. Case Management is provided across several community-based service providers to households at risk or experiencing homelessness, as well as to individuals and families in shelter, and to individuals experiencing unsheltered homelessness through Street Outreach. Homeless Service Support Coordinators have continued to successfully help families access and maintain connections to community services, help families secure and maintain, conduct very targeted housing search assistance to move families into affordable	In FY 24-25: 2,853 individuals (2,309 households) were provided with case management services. Of the individuals supported by the HSS team, 76% of exits in FY24-25 were to permanent destinations, well above the 33.8% national

housing within the community without having to continue through the homeless system, and follow the family into the community once housed to ensure it is a supported transition. Housing Solution Specialists provide dedicated, specialized housing navigation, to support individuals in shelter in identifying and stabilizing in housing that they can sustain. HSS help households navigate the affordable housing system by assisting them to compile the documents necessary to apply for such housing, assisting them in identifying subsidized and other affordable housing units, working through any appeals to get into such units, and ensuring a smooth transition into the units once they are accepted. Additionally, in FY24-25, DHS implemented Tenancy Sustaining Support Services, providing individual driven, low-intensity case management to assist households in remaining stably housed after moving into housing from homelessness.	average reporting by HUD ³ in 2024 for successful exits from shelter, safe haven, transitional housing and rapid rehousing.
<p>Rental Assistance provides payments for rent, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.</p> <p><i>Note: In addition to the rental assistance administered through State and local funds, Allegheny County provided assistance to more than 2,250 households in FY 24-25 through ERAP.</i></p>	In FY 24-25, 770 households received rental assistance to prevent eviction or stabilize into housing from homelessness.
Emergency shelters provide safe and secure overnight facilities to people who are in immediate need of a place to sleep. In FY24-25, Allegheny County operated a network of adult, family, and domestic violence shelters year-round to provide safe environments for households experiencing homelessness. Additional capacity was added in the winter, through four overflow spaces, and one dedicated winter shelter, to ensure individuals had refuge from the elements during the coldest months of the year.	<p>In FY24-25, 3,405 individuals (2,611 households) were served by emergency shelter programs.</p> <p>The monthly average number of people moving from adult shelter to market rental units or bridge housing in FY24-25 was 34—an increase from 22 in FY23-24.</p>
Other Housing Supports include the Innovative Supportive Service (ISS) program, which uses a multi-disciplinary team to provide street outreach and homelessness prevention through case management, resource coordination, transportation assistance, food, clothing and furniture, and utility assistance. One of the program’s primary goals is supportive relocation, which moves individuals to safe, stable and secure housing by using rental assistance, housing location services, and information and referral.	In FY 24-25: AC DHS provided 446 individuals (244 households) with other housing supports to stabilize them into housing

³ HUD CoC System Performance Measures:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures/M1LengthofStay>

Proposed changes in FY 25-26:

Implementing the strategic plan to continue improving the system of critical emergency and housing services that help the most vulnerable neighbors escape homelessness. Following a nine-month process to develop an updated plan to address homelessness, the new strategic plan is scheduled to be completed in Fall 2025 and will guide AC DHS's and the CoC's in taking meaningful and strategic actions to prevent homelessness, quickly support households in reconnecting with stable housing when homelessness does occur, and ensure households maintain stability once housed.

Enhancing access to housing through the expansion of supported housing supply and the integration of housing services. AC DHS provides housing and services to over 2,000 people, but many others need access to the healing and stability that this kind of housing provides. In FY25-26, AC DHS is aiming to add 300 supportive housing beds for people with behavioral health needs, those who have been homeless, and those in the justice system. This will include over 70 beds expected to be available by September 2025, with funding through AC DHS's Reinvestment Plan for Permanent Supportive Housing for individuals experiencing homelessness with unmet mental health or co-occurring needs. Additionally, AC DHS is actively progressing on our integration of all AC DHS housing services, regardless of funding source. Whether a person comes to need housing through an experience of homelessness, a discharge from an inpatient substance use treatment stay, or a mental health crisis that led to a 911 call, AC DHS will use a consistent process to assess them for eligibility for any of our housing programs and deliver these scarce resources based on degree of need. This approach will open more housing options to vulnerable people, ensuring they are getting access to all the housing resources we have available for them.

Establishing quick response teams for particularly vulnerable individuals, including frail, older adults, and individuals with intellectual disabilities or autism. Building upon existing models at AC DHS, we will create rapid response teams to jump in when our intake data alert us that a very vulnerable person is in the shelter or criminal justice system. The team will help those individuals by safeguarding them, enrolling in benefits and services (e.g., nursing home Medicaid eligibility), conducting screenings and assessments, consulting with staff and partners, exploring resources, and ensuring individuals have appropriate plans of care. The teams also will identify root causes/ systems issues that need to be addressed to prevent these harmful situations.

Optimizing Coordinated Entry processes to reduce the time it takes for households experiencing homelessness to be housed and maximize the utilization of available housing units. AC DHS has been collaborating with the Harvard Kennedy School Government Performance Lab on an initiative to improve referral management, lower barriers for enrollment, enhance supports for participants prior to housing program enrollment, and centralize landlord information. The full toolkit of updated processes and practices will be implemented in FY25-26. Specific activities include, but are not limited to, regularly sharing clients' post-referral status, case conferencing for complex cases to establish agreed upon housing plans, trainings for service provider staff on documentation, maintaining a centralized up-to-date repository of projects and their eligibility, utilizing a proactive engagement model with clients prior to the housing program entry, and maintaining a registry of available units which providers will receive daily updates on.

Identifying those most at risk for homelessness and targeting them for prevention supports.

AC DHS has provided rental assistance in Allegheny County through various funding sources for many years and took the lessons learned from those experiences, as well as from our recent administration of the U.S. Department of Treasury's Emergency Rental Assistance Program (ERAP), to develop an improved rental assistance program for Allegheny County. The Rental Assistance Program was implemented in April 2023 and combines four funding sources to provide short- and medium-term rental and utility assistance to households at risk of eviction, while also coordinating linkages to the array of resources making up the comprehensive response to eviction and homelessness prevention. To enhance our ability to effectively identify those most at risk for experiencing homelessness, AC DHS is partnering on an array of data analysis activities to develop validated predictive risk models and research embedding models. These models use AC DHS's nationally recognized Data Warehouse to combine person-level data from multiple systems and identify a likelihood of that household becoming homeless. Early application of these models is being used to identify those most likely to become homeless among those with eviction filings. Initial results have also identified increased likelihood among those with jail bookings, and those utilizing behavioral health crisis services.

Homeless Management Information Systems

Provider agencies that contract with AC DHS utilize Allegheny County CoC's HMIS, for which AC DHS is the lead⁴. AC DHS, in partnership with the CoC and its working board, HAB, uses HMIS data to measure and track homeless system performance and to inform policy decisions about homelessness for the community. AC DHS's dedicated HMIS staff and a homelessness/housing analytics team continue to produce analysis and reports that guide planning and decision-making. Most Homeless Assistance Program providers enter data into HMIS; in accordance with federal law, IPV providers use a comparable database. In FY23-24, AC DHS transitioned its HMIS to Green River, a leading HMIS software company. This change supports AC DHS in maintaining its compliance with HUD data and reporting standards more efficiently, while enhancing the user experience for service providers and continuing to leverage the integration of Coordinated Entry and HMIS data. Examples of HMIS data use in FY24-25 related to service needs of families/individuals experiencing homelessness include the [annual Point-In Time Count](#) and examining trends related to [older adults using homeless and housing supports](#).

⁴ This is inclusive across funding sources, including but not limited to state Homeless Assistance Program funding (e.g., Human Services Block Grant), HUD Continuum of Care Program funding, HUD Emergency Solutions Grant Funding, HealthChoices Reinvestment funds, and Foundation grants.

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

Adult Services

Homemaker Services

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

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

Aging Services

Program Name: OPTIONS Care Management

Description of Services: AC DHS allocates a portion of funds to Familylinks to provide Care Management services to older adults enrolled in the OPTIONS program and to Caregivers enrolled in the Caregiver Support Program (CSP). Familylinks Care Management assist older adults who are in the OPTIONS program from going into more costly placement by addressing their unmet needs that are impacting their Activities of Daily Living. Familylinks completes assessment and arrange for In-home services to address needs, such as Home Delivered Meals, Personal Care, and other services which help the older adult to be able to remain in their homes. Familylinks Care Management also assists caregivers to identify needs and community resources to meet those needs, beyond those offered by the AAA. Administer the CSP which through training, support and financial reimbursement assists in reducing caregiving stress.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Program Name: OPTIONS Home Modifications

Description of Services: AC DHS allocates a portion of funds to Residential Resources which assists older adults enrolled in the OPTIONS program by providing home modification to assure safety and increase functioning. Residential Resources provides a crucial service for home repairs like adding grab bars, handrails, repairing steps and adding a Stair lift. These home modification services help older adults be able to remain safe and increase their functioning at home so that that

they can avoid costly placement. As Personal Care Home and Nursing Facilities continue to close and there is less affordable housing available, Home Modification services are vital in the ability to extend an older individual remaining in their residents

Service Category: Home Support - Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc.

Program Name: Senior Centers

Description of Services: AC DHS allocates a portion of funds to Eastern Area Adult Services (EAAS) for the operation of two senior centers. The senior centers operated by EAAS provide much needed social engagement, wellness programs and nutritional support to older adults. EAAS coordinates both meals served in their senior centers as well as home delivered meals for older adults who have a greater need. The nutritional support provided by EAAS to older adults is vital for their health, disease prevention and their ability to continue to live independently. Additionally, the wellness programs and socialization opportunities for older adults at EAAS senior centers provide essential support to combat social isolation. Social isolation in seniors is a frequent contributing factor in instances of elder abuse and/or neglect. Reports of elder abuse and neglect have risen every year in Allegheny County over the past decade. This trend looks to continue to rise, particularly if funding cuts at the federal level impact programs that seniors in our area currently rely upon to meet their nutritional and care needs.

Service Category: Socialization, Recreation, Education, Health Promotion - Meets the socialization, recreational, educational and enrichment needs of older persons within a senior center facility or at other locations. Services are available to all older Pennsylvanians.

Program Name: Protective Services

Description of Services: AC DHS allocates a portion of funds to Eastern Area Adult Services (EAAS) to operate a unit of Protective Services investigators. The support provided by EAAS' Protective Services staff is essential in ensuring the safety and well-being of abused and neglected older adults in EAAS' service area. Reports of elder abuse and neglect have risen every year in Allegheny County over the past decade. This trend looks to continue to rise, particularly if funding cuts at the federal level impact programs that seniors in our area currently rely upon to meet their nutritional and care needs.

Service Category: Protective Services - Older Adult Protective Services provides for the investigation and intervention for older persons who are at risk of being abused, neglected, exploited or abandoned.

Children and Youth Services

Program Name: Legal Representation

Description of Services: AC DHS strongly supports legal representation for parents and youth involved in the child welfare system. Over the past several years, there has been a national focus on the connection between high-quality representation for parents and youth and improved outcomes for children and families. These improved outcomes include children reuniting with their parents more quickly and safely, children reaching other permanency options sooner, children and families having more frequent and better family time/visitation while the children are in care, and an increase in the use of kin for placement and family support.

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

Generic Services

AC DHS did not use the Generic Services cost center in FY24-25

Specialized Services

Program Name: Landlord Incentive Program

Description of Services: Affordable housing for people experiencing homelessness is a major barrier to getting people housed. The majority of our homeless system is reliant on private landlords to identify housing that people can move into and stabilize in. The county's homeless system supports about 2,000 permanent housing units at any given time, and almost all of these are leased through private landlords. Incentives are important to recruit potential landlords, with national and [local research](#) showing that the issue of risk is something landlords weigh when making decisions about who to rent to, and that acknowledging the risk with the addition of an incentive payment is an avenue for encouraging new landlords to be open to the opportunity of renting to households they would otherwise deem too risky. Through this program, new landlords can receive a \$2,000 sign-on payment for any apartment newly rented to a person or family exiting homelessness. The incentive payments are part of the county's Housing Navigation Unit, wstaffed by housing navigators that help homeless individuals find and maintain an affordable apartment, recruit landlords who will rent to homeless system clients, and work to resolve complaints or problems that arise.

Program Name: Greater Pittsburgh Community Food Bank

Description of Services: AC DHS allocates a portion of funds to the Greater Pittsburgh Community Food Bank (GPCFB) in order to address both the immediate needs of clients and the long-term well-being of the community. The GPCFB provides essential food for individuals and families facing hunger, which is often a primary need for those interacting with human services agencies. Access to nutritious food is a crucial element in preventing chronic diseases like obesity, diabetes, and heart disease, and it can also support better mental and emotional health. Food insecurity is often intertwined with other social determinants of health like poverty, unstable housing, lack of healthcare access, and social isolation. Investing in GPCFB helps address these interconnected challenges.

Program Name: Integrating lived experience in service planning

Description of Services: Engaging people with lived experience in human services planning is crucial for creating more effective and equitable programs. Their unique insights, gained from personal experiences with the issue the program addresses, can help identify unmet needs, improve service delivery, and ensure that the program is truly responsive to the needs of the target population. More specifically, individuals with lived experience can pinpoint specific challenges and barriers within existing systems that may not be apparent to those without direct exposure. This allows for the development of programs that are more tailored to the actual needs of the target population. Their input can also inform the design of program elements, service delivery models, and communication strategies, ensuring they are practical, accessible, and culturally appropriate. Further, when individuals feel that their perspectives are valued and integrated into the planning process, they are more likely to trust and engage with the program, leading to better participation

and outcomes. AC DHS allocates some HSDF funds to Allegheny Family Network to support the participation of people with lived experience in advisory boards and on review committees; and also, to offer feedback opportunities like surveys to people who participate in our programs.

Program Name: Literacy Pittsburgh

Description of Services: AC DHS funds Literacy Pittsburgh to offer digital skills training for low-income adults and youth. Digital skills training can enhance clients' job prospects, improve access to essential services, and promote greater independence and self-sufficiency. Digital literacy is increasingly important for navigating modern life, and training can bridge the gap for individuals who may lack these skills.

Interagency Coordination

Reentry Services

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

Batterer's Intervention Programs

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