Building an Interoperable Human Services System

*How Allegheny County Transformed Systems, Services and
Outcomes for Vulnerable Children and Families*

A Case Study by:

STEWARDS OF CHANGE™
THE BUSINESS OF PUBLIC BENEFIT™

I.   *Historical Context*

Since the introduction of Roosevelt's New Deal, government's role in providing social services to vulnerable children and families has changed dramatically. Originally intended to bring relief from the Great Depression, the Social Security Act of 1935 became the cornerstone of a vast and dynamic human services network serving millions of Americans with multiple challenges. What began as a "safety net" for America has now become a vast bureaucratic ecosystem of federal, state, and local agencies, all with different functions, funding streams, and service offerings.

Building on the foundation of the New Deal, the capitalization of human services continues to be a fiscal priority for the federal government over the last seventy-five years. As support for government programs continued to grow throughout the mid-twentieth century, funding levels reached historic levels in 1960 with government expenditures for human services representing 10.6 percent of the Gross National Product[1]. Despite ongoing debates about the limits of government's role in providing direct social and financial supports for people in need, the United States continues to devote almost one-tenth of its overall resources to this spending priority. In 2007 alone, the United States spent 8.5 percent of its Gross Domestic Product for human services programs[2].

In addition to philosophical arguments regarding appropriate spending levels for human services, there is also widespread controversy over the most efficient way to direct current dollars. The proliferation of multiple human services programs, the changing needs of the individuals and families, and sometimes competing goals have resulted in fragmented human services "silos" – separate power structures with distinct sources of government and legal authority, oversight, and funding. Although initially designed to provide specialized services to meet the specific needs of challenged populations (e.g., cash assistance, health insurance, treatment for alcohol and drug addiction, etc.), these "siloed" systems often end up serving the same client populations without the necessary cross-agency coordination, integrated funding and information-sharing to maximize the effectiveness of the service delivery or client outcomes.

While vulnerable children and families face multiple, often overlapping challenges, most human services agencies have failed to adapt and coordinate their current systems to meet this reality. For example, a family that comes to the attention of the child welfare system – the agency tasked with the prevention and remediation of child abuse and neglect –may also be served by half a dozen other government service programs (e.g., child care, TANF and food stamps, Medicaid, and alcohol and drug treatment agencies). All of these programs are intended to stabilize families and improve their chances of becoming productive citizens, but the chronic lack of coordination among the many agencies they approach for help makes a more effective and targeted approach difficult. Instead of being assigned to one caseworker who coordinates a service plan to serve the totality of their social service needs, families instead interact with workers from four or five different agencies, many of whom may be recommending duplicative and sometimes contradictory services. This lack of coordination not only adds to the barriers troubled families already face, it also wastes the caseworker's time and taxpayer dollars.

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[1] Trattner, p294
[2] GAO Report, 2007

A Framework for Interoperable Human Service Systems

The efficient coordination of resources and services is particularly important given current government spending levels on human services and the high number of citizens seeking help. Today, between 20-30 percent of any given state's population receives some form of human services -- utilizing more than 40 percent of all current federal, state and local spending. In particular, the federal government's fiscal contribution to human services totals more than $42 billion annually, with $9 billion – or just under 25 percent -- directed towards the cost of technologies to track, manage and analyze service trends[3]. While the federal government funds more than 50 percent of the cost of human services delivery[4], state and local governments are responsible for the service delivery, often sub-contracting service provision through contracts with local non-profits (NGO's) and private providers. This use of widespread outsourcing adds another layer of complexity to the service delivery puzzle, especially when community organizations lack the necessary resources and management experience to deliver care in an efficient and coordinated manner. As a result, many jurisdictions are left with grossly inefficient human services systems that are unable to achieve the best possible outcomes for the children and families they serve.

In the face of entrenched human service silos, there are promising developments many of which have tracked similar innovations in the for-profit world. Over the past two decades, businesses that were historically structured around narrow operational silos have transformed their approach to delivering services and products. In the process, companies have also changed their relationships with and results for their clients. Instead of simply selling a discrete product or service, many businesses now strive to "sell solutions" to consumer needs, integrating multiple products and services to serve their customers better – sometimes in collaboration with direct competitors.

A sharp departure from the structured competition of the past, an increasing number of businesses have found that this integrated approach improves their performance and profits by increasing customer satisfaction and increasing their client base. Moreover, businesses that have been unable to adapt to this new model are finding themselves at a distinct disadvantage. As Ranjay Gulati, Professor at Northwestern University's Kellogg School of Management explains: "few companies are actually structured to deliver products in a synchronized way that is attractive from a customer's perspective. It's not that the *status quo* doesn't reward collaborative behavior – although the right incentives are critical. It's that the connections literally aren't in place.[5]"

As in business, individual human services silos have been focused historically on sustaining their individual services and processes with limited success in pairing services with those of another silo to increase value to the end user or client. One of the most important opportunities and key challenges for the human services field is developing comprehensive and accessible strategies to create new structures, policies, and practices needed to capitalize on the potential of silo integration. As in the business world, dedicated leaders in the human services arena have long

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[3] Gartner 2005
[4] GAO Report - 2007
[5] Gulati, Ranjay. "Silo Busting: Transcending Barriers to Build High Growth Organizations." Harvard Business Review (May 2007)

explored and, in some cases, begun to implement new strategies for integrating service across silos. Recognizing that multiple agencies often serve the same children and families, thoughtful innovations have been developed to coordinate systems, eliminate the duplication of services, and most importantly, improve outcomes for clients. In spite of categorical funding streams, strict legal requirements and varied accountability measures, an increasing number of human services systems are actively experimenting with creative new ways to break down antiquated silos in ways that serve their consumers – or clients – better. This process is referred to as interoperability – a term that implies the ability of two or more systems (organizational or technological) or components to exchange information and to use the information that has been exchanged.

The Role of Technology in Achieving Interoperability

While attempts to integrate multiple human services delivery models are not new, marked changes in the human services landscape and beyond have created a brave new world for innovative agency leaders. First, human services, like health care, have continued to evolve from using a reactive, crisis-driven approach to a more proactive, preventive-service-delivery model driven by the needs and outcomes of the clients – the ultimate consumers of the services. Just as important, are the revolutionary changes in technology that have made it possible to facilitate interoperability in ways that could not have been imagined even a few years ago.

The disruptive technologies of the twenty-first century have created an unprecedented opportunity for human services organizations. In government, as in business, however, many organizations make the mistake of adopting new technologies as a preconceived solution to serve the existing service delivery model without taking the time to develop a larger business plan. In these cases, the technology often drives the mission of the organization instead of being used to complement and facilitate a well designed new business model. As Jim Collins explains in his book *Good to Great*: "thoughtless reliance on technology is a liability, not an asset. *Good to Great* companies use technology as an accelerator of momentum, not a creator of it. None of the good to great companies began their transformations with pioneering technologies, they all became pioneers in the application of technology once they grasped how it fit.[6]"

For technology to play a meaningful role in the "desiloization" of human services organizations, agencies must first align their policy, practice and structures to meet their institutional mission. In addition, agencies must pay attention to their technology "yield" – the ways in which the service coordination and data their technology systems produce directly improves performance and outcomes. While billions of dollars have been spent in building technologies to improve human services, much of the technology spending to date has been used to generate and report back transactional data to meet funding and accountability requirements, not to help build more holistic and effective models of care. As a result, many human services agencies are data rich but knowledge poor, lacking the most fundamental information needed to improve the lives of their consumers: children and families at risk.

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[6] *Jim Collins. "Good to Great", p152*

Holistic, Consumer-centric Human Services Systems

While achieving true interoperability in human services delivery is a tall order, several states and counties across the country are implementing new strategies designed to achieve a more holistic, consumer-centric approach to improve the lives of the children and families they serve. Unlike the historical human services approach that carefully delineates where, when and how each agency provides which services, the goal of the consumer- centric model relies on a combination of agencies, services and staff to meet the needs of clients – the ultimate consumers of services. For example, some progressive systems today have established a "no wrong door" system which allow clients to access the full range of services and supports they need regardless of the agency they approached first. Instead of having to visit multiple offices to apply for food stamps, Medicaid, disability benefits and other services, for example, consumers can go to a single full-service office, where all of their needs will be assessed. Similarly, clients who approach an agency for housing subsidies or help with energy assistance will also have the opportunity to learn about other benefits and services for which they may be eligible. Since the goal of all human services programs is to increase individual, family and community stability, providing a more comprehensive array of supports increases agencies' collective chances of reaching this fundamental goal.

II.   Allegheny County: Blueprint for an Integrated Human Services System

Despite ongoing challenges in breaking down ineffective human service silos, several state and local systems have successfully achieved interoperability to improve outcomes for individuals, families, and communities. One of the most promising examples of a holistic, consumer-centric human services approach is the Allegheny County Department of Human Services (DHS) in Southwestern, Pennsylvania. With the support of County leadership and the broader community, the agency's innovative director, Marc Cherna, has blended visionary leadership, a cutting-edge management team, and a strong business and technology plan to build one of the nation's leading human services delivery models. Together, Cherna and his management team have planned for or succeeded in:

❖ Forging a shared vision of a consumer-centric system that transcends any single leader or political appointment;

❖ Building the political and public will needed to bridge internal and external silos;

❖ Ensuring openness and inclusiveness for all stakeholders in a trusting and respectful process;

❖ Aligning disparate funding streams and maximizing new and existing flexible funding sources;

❖ Clarifying the use and role of confidentiality and privacy laws;

❖ Establishing a defined "career track" for human services workers and building clear lines of accountability and recognition for new functions and roles;

❖ Creating a collaborative workforce of talented generalists and service specialists;

❖ Integrating and adapting technologies around new business processes;

❖ Building a data-driven culture that directly applies predictive analytics and other data resources to improve clinical decision making;

Key Questions

The purpose of this case study is provide students, practitioners, policy makers and others with the opportunity to identify and analyze the key elements of an effective interoperable human services system and to understand their impact on children and families. Using the Allegheny County Department of Human Services as the learning model, Stewards of Change poses the following questions to elicit several key discussion themes:

❖ In what ways can innovative human service leaders organize and deliver services differently within an interoperable system?

❖ Does an interoperable human services system serve consumers better? How?

❖ What strategies are needed to help human services agencies blend disparate funding streams and align accountability and regulatory compliance measures?

❖ What role does effective leadership play in breaking down traditional human services silos? What are the most important leadership elements?

❖ What role does relationship-building play in achieving successful interoperability?

❖ What structural and cultural changes are needed to achieve human services interoperability and minimize risk?

❖ How can technology be used to support an agency's efforts to achieve interoperability?

❖ How can data be used most effectively to measure success and improve practice in an interoperable human services system?

❖ Does transparency (outside scrutiny of agency goals and performance) and increased public accountability improve human services systems?

❖ In addition to visionary leadership, which additional partners are needed to buy-in to a successful interoperable human services model? What are the most effective strategies to engage key stakeholders?

❖ What role does public opinion and media coverage play in the transformation of a human services system? How can leadership channel these resources as a force for positive change?

❖ What are the best ways to measure the effectiveness of a holistic, consumer-centric human services system?

III.   *From Crisis to Innovation: The Allegheny County Human Services Model*

Over the past decade, Allegheny County has transformed its human services delivery model from a widely-criticized fragmented system of disparate services silos into a single department with a cutting-edge business model for serving children, families and its vulnerable populations. The transformation began in the wake of the 1994 death of 2-year-old Shawntee Ford, who was tragically beaten to death by her father just one month after a judge returned the child to her father's custody. The tragedy, which received widespread media attention across the county, crystallized the public perception that Allegheny County Department of Children and Youth Services (CYS), the department charged with child protection and support for at-risk families was, as one report asserted, "Failing in its obligation to serve the needs of the children of dysfunctional families." As controversy and public dissatisfaction grew, so did the instability of the department which another news account described as an "under-funded, understaffed, usually overwhelmed agency" which had too long been "a political football.[7]"

In the months after Shawntee's death, the county lead by the Allegheny Board of Commissioners, the County's three-member administrative body, established an independent blue ribbon commission to review CYS's challenges. The commission was led by John E. Murray Jr. the president of Duquesne University and prominent Pittsburgh community leader. It also included Ruth Mayden, then Dean of the Bryn Mawr College Graduate School of Social Work and Social Research and the Honorable Patrick Tamilia, Superior Court Judge. The Board of Commissioners tasked the group with bringing together a broad range of system and community stakeholders (e.g., foster and adoptive parents, CYS staff, academics advocates, and judges) to identify the core issues facing CYS and provide a roadmap to guide reform efforts.

Recognizing the volatility of the current situation, the Board of Commissioners asked stakeholders "for a moratorium on the mudslinging and agency-bashing of the past five months," until the independent commission had an opportunity to assess challenges and make appropriate recommendations for change. After several months of deliberation, the independent commission released its recommendations in February 1995. Those findings, which came to be known as the "Murray Report," found the following:

1. CYS Administrative Failures

   ❖ Lack of public transparency and use of a "confidentiality shield" to protect itself from criticism
   ❖ Maintaining a highly centralized "bureaucratic and exclusive culture" that fails to interact effectively with resources essential to a viable system
   ❖ Excessively contracting family and casework services to private providers instead of developing necessary agency competencies
   ❖ Duplicative administrative processes that produce a "flood of paperwork" for agency staff
   ❖ A lack of cooperation and understanding between CYS and the courts

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[7] *Pittsburgh Gazette, Magazine Section December 1995*

2. Workforce Challenges

- ❖ Chronic problems in recruiting, hiring, training and retaining caseworkers
- ❖ Failure to follow required six-month probation periods
- ❖ Inability to terminate incompetent employees
- ❖ Hiring practices that cause unnecessary delays in filling vacant positions and result in higher caseloads
- ❖ Low entry-level salary for caseworkers
- ❖ Caseworkers lacked knowledge of court procedures, legal mandates, investigative procedures and the criminal investigation process.

3. Other Findings

- ❖ Inability to recruit and retain caseworkers and administrators of color
- ❖ Antagonistic relationship with communities of color
- ❖ Lack of modern management techniques, including computer technologies
- ❖ Inadequate funding levels

Upon reviewing the committee's findings, the Allegheny County Board of Commissioners unanimously adopted broad-based recommendations for child welfare system reform and the Murray Report became an important cornerstone of an innovative new vision for CYS. More specifically, the committee recommended that:

- ❖ The Board of Commissioners appoint a new CYS director;

- ❖ The new director should engage members of the public and agency workers, courts, police, community agencies, parents and other stakeholders to improve collaboration and guide continued reform efforts to create the highest quality systems of care;

- ❖ CYS establish more open communication with the public to ensure accountability and document its achievements;

- ❖ CYS should set up a continuous process for quality and performance improvement and establish benchmarks to measure success;

- ❖ The new director make a determined effort to regain the "respect and confidence" of front-line agency administrators and staff;

- ❖ CYS create a new culture that empowers personnel at all levels to suggest ideas and support innovations for more effective service delivery;

- ❖ CYS implement Total Quality Improvement, a process geared to ensure that organizations consistently meet or exceed consumer expectations;

❖ CYS shorten the placement timeline for new caseworkers, extend probation periods and improve training;

❖ The County and CYS create a culture of inclusion with the dependency courts and judges, improve the number of experienced family judges; and improve communication between lawyers and caseworkers;

❖ CYS improve criminal background checks for prospective foster and adoptive parents through more effective training and information systems;

❖ CYS use qualified outside experts to create a strong management information system and computer-literate workforce;

❖ CYS dramatically reduce current caseloads for frontline workers and supervisors;

❖ The new director create a realistic budget to meet the needs of the department and work with the County to secure state support of the department's fiscal requirements

❖ Improve the recruitment and screening of potential foster and adoptive families with a special focus on recruiting more families of color.

Rebuilding Child Welfare in Allegheny County

Building on the recommendations of the Murray report, Allegheny County began the arduous process of rebuilding CYS, re-engaging key community stakeholders and restoring public confidence in the child welfare system. Relying on unprecedented government, community and private sector partnerships, the County found itself at an important crossroads between sustainable reform and slipping further into a child welfare crisis. Following the resignation of the embattled CYS Director in February 1995, Allegheny County began its transformation by conducting a search for a dynamic new director to lead CYS reform efforts based on the Murray Commission's recommendations. After a comprehensive national search, the search committee chose Marc Cherna, an experienced child welfare administrator from the New Jersey Department of Human Services. A former frontline social worker, Cherna had a strong reputation in operations and coalition-building as a former Assistant Director with the New Jersey Division of Youth and Family Services in the areas of Policy, Planning and Support, Program Operations, and as a Special Assistant to the Deputy Commissioner. Regarding his decision to head CYS at this critical juncture, Cherna explained: "I was intrigued by the challenge of reforming a system so riddled with systemic issues. It was an opportunity I just couldn't pass up".

In February 1996, Cherna became the new Director of the Allegheny County Department of Children and Youth Services. He felt his experiences in New Jersey were going to be a good fit for the new position and he immediately addressed the most pressing issue facing CYS - getting case loads under control. Accordingly, his first task was to direct every appropriate resource at his disposal into the field to help stabilize clients and identify the suitable services for them. As Cherna remembers, "we asked for supervisors and administrators to volunteer to support cases." While this

was not a mandate, it was clear that there would be consequences for those who chose not to volunteer. It did not matter what your title was…everyone who could, took a direct role in serving children and families". Over the next three months, supervisors and administrators traded their desks jobs for field jobs and vulnerable children and families began to receive an improved level of service. To Cherna this was more than just a crisis, it was a true emergency and the emergency response effort he put in place was required to alleviate the situation.

This action represented a first look at the independent leadership style that Cherna would employ until he could properly assess his available management team and/or recruit new leaders. While everyone had expected him to "clean house" due to the years of mismanagement at CYS, Cherna chose to initially live with the staff he inherited and he personally interview and assessed everyone. This decision created an important level of trust within the department. A decade later, he attributes his long tenure and that of his core management team he pieced together as a part of the success he has achieved.

After caseloads were under control Cherna focused on his second big challenge, "building community involvement." Early on, he recognized the importance of assembling a diverse group of stakeholders involved in and impacting the child welfare system. As the Murray Report established, accountability and transparency were critical to the confidence of department staff, the public and the children and families receiving services. He spent much of the first year on a "Listening Tour" meeting one-on-one and with large groups of foster, adoptive and birth parents, private/contracted providers, and the children and youth served by the system. He solicited opinions about current challenges and new directions from local child advocates, lawyers and judges. This focus would help Cherna develop a broad consensus that protecting children is a community responsibility.

Cherna understood that solid partnerships built on trust and a shared commitment to helping children and families could provide the agency with the kind of creativity and flexibility it needed to create a fully-integrated service structure. The outreach process also helped to repair the adversarial relationships that undermined previous agency leadership. "The goal is for the child welfare agency to be viewed in the community as a friend, not a foe," explained Cherna. "The child welfare agency is an essential member of the community that collaborates with all other members of the community to keep children safe."

The third priority that Cherna focused on was to partner CYS with the courts. That effort has today created a dynamic friendship between Cherna and Justice Max Baer, then a family court administrative judge, who in November 2003 was elected to the Pennsylvania State Supreme Court. Cherna and Baer developed a strategy to engage the community and address head on the backlog of adoptions in the county. Upon Cherna's arrival there were 1,600 children waiting to be adopted. With a historical average of only 60 processed adoptions each year (at that rate it would take over 25 years to clear the backlog), hundreds of children were suspended in legal limbo without a permanent home or family. The duo adopted an aggressive new plan to finalize the adoptions of waiting children by engaging local attorneys to provide pro-bono assistance. Judge Baer personally took on the job and got the county's largest law firm, Reed Smith, LLC, to commit to the project. Cherna considered the County's adoption crisis as a community responsibility and strategically developed a press conference to announce CYS's plan to reduce the number of

waiting adoption. By highlighting the adoption issue, Cherna succeeded in helping significantly increase the "speed to permanency" for children. In addition, this program set the tone for a new agency approach that improved transparency, set measurable standards for public accountability (i.e. reducing the number of children waiting for adoption) and began a process of restoring public confidence. Cherna summarized it this way, "this partnership gave the message that we are worth working with… it got others engaged and taking ownership to help. We needed help to do this work and Max got the private sector to become part of the team."

While Cherna had accomplished addressing his first three priorities, there were still additional cultural and structural challenges to correct. Cherna was dealing with a multitude of critical issues: workers had no computers or cell phones and they used whistles for safety; the child welfare placement system was based upon favoritism with little or no transparency; and there was no system in place to count kids in care. In many cases this caused payments to continue to providers even after the child left care.

In September 1996, CYS issued a Six-Month Status Report to the Board of Commissioners outlining accomplishments to date and the initial plans to rebuild and institute a consumer-centric focus in service delivery. In particular, the report described the Agency's intentions to "stabilize and reinforce the inherent checks and balances in the system, to create a more efficient agency through the regrouping of staff, and to create the environment needed for the 'best practices' services delivery to families." The Six-Month Status Report focused on achievements/improvements and future tasks in four key areas: Administration; Case Practice; Community/Professional/Funding Outreach and Improving Communications. Cherna defines this six-month report to Commissioners as mainly to provide them with an update on what had been accomplished in our first 180 days.

Shortly after issuing the six-month progress report and continuing to address the most pressing and immediate needs of families in care, Cherna and his team began to focus on a more long-term vision. The 1996-1997 Annual Plan and Budget for Allegheny County CYS and Juvenile Court elaborated on this long-term reform and reorganization plan. The plan addressed through "aggressive changes in the agency's administration, policies and procedures, direct services and diverse outreach efforts" a new approach to provide a more holistic, child and family-based approach to care. The plan also created opportunities to vet and arbitrate issues, set meaningful and measurable goals, and create an open, inclusive environment. Most important, the plan recommended reducing caseworker workload to a maximum of 15 cases per worker. In all, Cherna and his team recommended 12 targeted initiatives designed to bring improved supports to frontline staff and to children and families.

Cherna also recreated a valuable tool from his last position in New Jersey for CYS. In October 1996, CYS introduced the "Director's Action Line (DAL)." This communications platform resided in the Office of Community Relations and was designed to be a complaint resolution mechanism outside of the core child welfare service line. The DAL gave citizens a vehicle to get a second opinion, have their complaints heard and identify case workers who were not diligent, professional or responsive to the families they were serving. This was also a validation of the Murray Report that had suggested the "*voice of the community*" be heard. Initially just a phone-based hotline for complaints about the agency, the DAL is now a phone and web-based system that responds to over

15,000 calls/inquiries annually for all publicly funded human services delivery in the county. To this day Cherna sees the DAL as one of the most important supports for accountability throughout Allegheny County's human services system.

A second tool that CYS introduced to bridge the divide between the community and the agency was a "Parent's Handbook", now in its 6th edition (courtesy of Highmark Blue Cross Blue Shield). Developed in collaboration with judges and parents, the handbook helps the agency's consumers understand how to navigate the system and courts and includes grievance procedures for those situations in which parents feel they are being treated unfairly. Every parent gets the handbook at first contact. To date, approximately 110,900 copies have been printed and distributed to consumers, providers and community-based agencies.

Through initiatives like the Director's Action Line and A Parent's Handbook along with the support of county's "*movers and shakers*", Cherna was able to begin repairing the widespread mistrust that the agency once faced and turn traditional adversaries into advocates for system change.

A Parallel Path of Integration and Transition

Prior to Cherna beginning his tenure as Director of CYS, the county had begun a progressive program to innovate government. Allegheny County was looking for new ways to improve the provision of all its services and create a more competitive community. Towards that end, the Board of Commissioners had established a "blue ribbon" expert panel, this time to prepare Allegheny County for governing in the twenty-first century. Also known as ComPAC21, the special commission made a variety of recommendations to improve the efficiency and effectiveness of a variety of County functions. ComPAC21 provided the context of how government would function in the future. The County's key leaders who made up this committee were lead by Dr. John E. Murray, Jr. (of the Murray Report). The extensiveness of the sweeping changes included:

THE ComPAC 21 Initiative

The Committee to Prepare Allegheny County for the 21st Century (ComPAC 21) was created by the County Commissioners to further Allegheny County's goal of enhancing economic growth while maintaining the highest attainable quality of life. The Commissioners appointed Dr. John E. Murray, Jr., President of Duquesne University, as Chairperson in March of 1995. Dr. Murray then selected the Committee to analyze and assess the structure, organization, function, finance and economic development activities of Allegheny County by utilizing a benchmark process to compare the county with others across the United States.

Governmental Functions – Reduce Fragmentation

- ❖ Pursue zero tolerance of service duplication
- ❖ Authorize the dis-incorporation of municipalities
- ❖ Develop a countywide land use plan
- ❖ Institute a fair share housing strategy

Governmental Organization – Continuous Improvement

- ❖ Reduce the number of departments
- ❖ Institute a merit-based personnel system including a model ethics code

❖ Appoint a standing government improvement commission

Governmental Structure – Provide Strong County Leadership

❖ Elect a single county executive
❖ Appoint a professional manager
❖ Elect a county council
❖ Reduce ten row offices to two

At this time, Allegheny County delivered a wide range of human services to its citizens through a network of independent county agencies and departments. Critics of this multi-siloed system observed, "while many individuals received services from several departments to address related challenges, there was little or no coordination of or coordination among these programs". Up until that time, there was also no mechanism to track who was receiving services or what impact those services had on the lives of children and families. Therefore, one of the major components of ComPAC21 became the establishment of an overarching Department of Human Services (DHS) of which the Department of Children and Youth Services would be a part.

The consolidation efforts of ComPAC21 at the County level provided the County with the ideal environment to integrate many of the functions needed to serve children and families better, eliminate the duplication of services, and improve outcomes. However, behind the scenes, the DHS consolidation was fraught with political infighting and hard-won concessions.

IV.   *An Innovative Vision for a New Department of Human Services*

In July 1996, Allegheny County adopted the initial elements of its consolidation strategy, along with other governance reforms. Based on ComPAC21 recommendation, the County Board of Commissioners, still a three-person body, created the first Allegheny County Department of Human Services (DHS), by consolidating Children and Youth Services (CYS), the Departments of Mental Health/Mental Retardation, Drug & Alcohol, the Homeless & Hunger Program, and the Department of Aging. The Department of Health and the Penn State Cooperative Extension, in 1996, initially part of the new DHS, were eventually pulled out of DHS because of reporting differences.

During his first nine months at CYS, Cherna developed strong relationships with foundation and local community leaders. His hard work created a community poised and ready to help in his quest to improve the lives of vulnerable families in Allegheny. These robust relationships turned into a new opportunity for the County and Cherna. In January 1997, less than one year after being appointed the head of CYS, Cherna was officially named Director of the newly-established Department of Human Services.

The ComPAC21 commission also provided a glimpse of the future state of human services in Allegheny County. With that understanding but no blueprint in place, Cherna moved quickly to create internal workgroups to identify and define the operational elements (administration, communications and information technology functions) within the current program offices in order to

be able to extract these functions and create support offices. Cherna continued to keep the community apprised of the direction of the workgroups, their strategies and focus.

Cherna's enduring relationships with the community ensured that businesses, foundations and academia would be poised and ready to help DHS when the time arrived. Once the internal workgroups had established their initial strategy and objectives for transition, Cherna then teamed each workgroup with foundations and local community leaders including the Greater Pittsburgh Chamber of Commerce, teams of experts from the Carnegie Mellon University - H. John Heinz III School of Public Policy and Management, the University of Pittsburgh Katz School of Business, and Duquesne University A.J. Palumbo School of Business Administration to review workgroup findings and assist in the development plans for an integrated DHS.

Two specific projects truly defined the strength of overall community buy-in that DHS achieved. Carnegie Mellon University (H. John Heinz III School of Public Policy and Management) helped to research and develop an overarching Management Information Systems (MIS) integration strategy and architecture to meet department needs. In addition, the Pittsburgh Chamber of Commerce led a group of local businesses and other universities to help the agency develop "best practices" benchmarks based on national comparison data to provide DHS with a relative and absolute comparison of their progress.

These institutions were instrumental in helping DHS operationalize the complexities of organizational restructuring, manage the relocation of facilities, and oversee the integration of human resources and information system[8]. This in-kind support provided thousands of hours in technical assistance and consulting that otherwise would have been unaffordable during this key transition, including 3,600 hours in organizational change, 750 in human resources, 420 hours in physical relocation and 500 hours in information systems.

With ComPAC21 offering a direction for the future and political support building for change, Cherna began to piece together the elements for establishing a centralized Department of Human Services that could focus on broader prevention strategies and more holistic service delivery. While the strategy was in place there was still opposition in the way of achieving DHS's goals.

DHS Oversight Committee

In addition to ongoing partnership building with business and academic leaders and other key stakeholders, the DHS transition was also guided by the work of a DHS Oversight Committee. In early 1997, Cherna was looking for an informal board or "kitchen cabinet" that could provide support and assist in offsetting the opposition he was facing. He made a personal request to Dr. John F. Murray, Jr. President of Duquesne University and author of the Murray Report that he chair this committee. Murray and the Oversight Committee served as an important sounding board and guide to DHS throughout the planning and implementation processes. As Cherna explained, "the committee provided invaluable feedback and offered their expert opinions on timely issues."

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[8] *DHS Progress Report, 21*

Throughout all the challenges and opposition, it was the Oversight Committee that provided the encouragement and support to keep DHS on track. Many advocacy groups fought over power and money issues. Currently contracted foster care agencies were pressuring Cherna to "Fill Beds" as he was expanding capacity with new minority agencies. Advocates who had labored to establish dedicated state funding streams for needy populations (such as those with mental retardation or seniors) were among the hardest to convince that an integrated DHS would serve them better. "People have a lot of challenge with change" recalls Cherna, "I really had to use the oversight board to build consensus". And when things got personal and Cherna was being attacked it was the committee that provided the cover or interference he needed.

During the implementation phase, the three members of the Board of Commissioners were often at odds over many personal and political issues. This created a power gap which allowed Cherna to move independently and literally take charge of leading the transition for a new human services department. He consolidated his power base with the support of the Oversight Committee. In the end, the only real issue the commissioners pressed was that DHS would not request increases in taxes or additional funding from the county.

The Oversight Committee met two to three times per year during the initial startup of DHS and then less frequently as the work progressed. The Committee reviewed the work of the Chamber of Commerce asking critical questions, making recommendations, and setting benchmarks. One key area they supported was the strategy to extract the administrative, communications and Information Technology (IT) functions from program operations. This created the current DHS operating structure. The Committee offered suggestions around making the workforce shifts 'palatable' to workers. Most important, they assessed how well DHS was "meeting its vision' and utilizing the guiding principles through provider and customer satisfaction surveys.

Cherna came to Allegheny County to run Children and Youth Services with no thought of running a human services department. However, from the child welfare director's perspective, it created the unique opportunity to ensure that children and youth could be and would be better served. Cherna viewed his special relationship with the Oversight Committee as a key to achieving his goal of a consumer-focused DHS. "This is an opportunistic moment for the entire community," explained Cherna, "There exists a new understanding, through partnering with others, we will continue to craft a positive new way of doing business for all who are invested in serving individuals, children and families." [9]

Building a New Model of Care

The new Allegheny County DHS (1997) served about a fifth of the population of Allegheny County. The Department managed a workforce of 1,000 workers, 375 contract agencies and a budget of $360 million, which included an $8 million deficit in CYSCherna had inherited from the prior administration, in 1996. With five program offices and three support offices now under a single department, Cherna would begin to test ways to improve services and outcomes while controlling costs.

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[9] *DHS Progress Report, August 4, 1997*

To eliminate the deficit in CYS, Cherna had worked with the interim director of Mental Health/Mental Retardation (MH/MR) to develop a very creative funding scheme that moved approximately $5 million from mental health services to cover the deficit in CYS. This was a legitimate attempt at properly cost-allocating services. The reallocation of funds was based upon children who entered the human services system through CYS doors and were also receiving mental health services, where CYS was footing the bill. There was a large surplus in Mental Health's budget and funds were reallocated to reduce the deficit facing CYS. A state audit ensued attempting to disallow the use of funds and take back $2.2 million of the $5 million Cherna had reallocated. The press learned of the "disallow", probably from advocates, and a media frenzy ensued. Cherna pulled his "*kitchen cabinet*" Board together to strategize on options and how to prevent the press from over reacting. The Board presented letters to the editors of the region's newspapers, encapsulating the facts, which helped create a balanced perspective on the issue. DHS filed an appeal of the audit's findings. Two year later, the state finally backed down and the reallocation of funds was fully allowed. After DHS was vindicated, the press didn't find 'the allow' newsworthy.

To really understand the passion within Cherna to serve families at the highest levels possible, when asked why he just did not ask to reallocate the funds in the first place, Cherna replied, "Because if we asked, we never would have gotten it".

Under Cherna's leadership, the newly-integrated Department of Human Services set out their immediate goals to serve individuals, children and families at the highest possible levels, eliminate duplication of services, and maximize efficiency. These goals included:

- ❖ Building new lines of internal and external communication
- ❖ Educating clients, the media, and the general public about the Department's consolidation
- ❖ Developing a strong base of stakeholders to guide and support the transition through new collaboration and partnerships
- ❖ Identifying additional source of philanthropic and other private supports
- ❖ Establishing comprehensive supports for staff and creating an atmosphere of professionalism
- ❖ Establishing an effective plan for recruiting qualified staff
- ❖ Instituting best practices to ensure top-notch case management for families and ensure permanency for children
- ❖ Creating an effective plan for recruiting qualified foster and adoptive families
- ❖ Reaching out to the courts, advocates and other constituency groups to establish more productive working relationships
- ❖ Strengthening administration and oversight of all agency programs and functions
- ❖ Renewing a commitment to prevention-based strategies and programs to help children and families before a crisis occurs

In August 1997, DHS issued the first progress report on the new DHS, the beginning of a meticulous process designed to document the agency's effort to break down to transform multiple service silos into a holistic, "integrated human service system". Recognizing the importance of capturing the opportunities and challenges of the transition process, Cherna tasked Karen Blumen, his Deputy Director of Community Relations, with the responsibility of supervising key documents, recording processes and establishing a detailed history of organizational change. The report set out identify the output of the workgroups which studied the policy, planning, research and evaluation of the entire department in an effort to "create a work in progress… to strengthen and fine tune operations"

By February of the next year, Cherna and his team had conducted an unprecedented level of public outreach to develop a new Vision and a set of Guiding Principles and Strategies that would define and guide DHS. This effort included meetings with agency clients, multiple discussions with supervisors and staff, child and family advocates, attorneys, judges and the community-at-large. This outward focus also included a targeted effort to establish public/private partnerships with local foundations, businesses, and Allegheny County's thriving academic community. Cherna's efforts were designed not only to create new sources of financial support for the Department and the consumers it served, but also to invest the broader community in improving the lives of vulnerable populations in Allegheny County. This philosophy of change was embodied in the Department's new vision statement. In 1998, DHS began moving all program areas away from the traditional "delivery of services" model and creating a model of "empowerment of the community"[10]

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERIVCES**

VISION STATEMENT

To create an accessible, culturally competent, integrated and comprehensive human services system that ensures individually tailored, seamless and holistic services to Allegheny County residents, in particular, the county's vulnerable populations.

GUIDING PRINCPLES- All services will be:

- **High Quality**—reflecting best practices in case management, counseling, and treatment.
- **Readily Accessible**—in natural, least-restrictive settings, often community-based.
- **Strengths-Based**—focusing on the capabilities of individuals and families, not their deficits.
- **Culturally Competent**—demonstrating respect for individuals, their goals, and preferences.
- **Individually Tailored and Empowering**—by building confidence and shared decision-making as routes to independence rather than dependency.
- **Holistic Approach to Service Delivery**, serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services, including:
  -Information Exchange
  -Prevention
  -Early Intervention
  -Crisis Management & Treatment
  -After Care

V.   _Breaking Down Silos to Achieve More Integrated Services_

Integrating the policies, practices and structures of multiple service silos to create one unified organization was a major challenge in DHS's transition process, especially in the human services field which, traditionally, offered little management and financial incentives for change. Cherna and his team worked diligently with the greater community to offset this inherent disadvantage. To help foster an innovative, consumer-oriented approach, the department looked to non-traditional, outside

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[10] *1998-1999 CYS Budget ,9*

partners to participate in the re-building process. The private partners allowed the department to, in some cases, bypass traditional funding streams, leverage pro-bono contributions from world class consultants, and create workforce teams with a broader set of skills needed to manage a highly technical transition process.

With the vision and strategy fully developed with the help of the community, through internal workgroups, Cherna turned his efforts to funding the mechanics of integrating and consolidating "human resources; fiscal operations; contracting; planning; research, evaluation and policy; public information and community relationships; and management information systems".

Cherna's emphasis on building bridges with key community leaders proved particularly successful when fifteen local foundations joined together to create the Human Services Integration Fund (HSIF). The HSIF allowed DHS desperately needed financial support to finance projects that were not reimbursable through traditional federal, state, and local funding streams. By legally bypassing strict procurement requirements, the resources provided through this effort helped to speed the implementation of key transition projects. The HSIF also created opportunities for concrete, measurable advances in the provision of human services in Allegheny County. Providing more than $7 million since 1997, HSIF has played an indispensable role in helping DHS develop comprehensive information and data management processes; improved fiscal and human resources systems; facilitate the physical relocation of DHS operations; and provide technical assistance to achieve organizational change. The following projects[11] are examples of HSIF support:

❖ *eCAPS*- (Electronic Client and Provider Information System) – eCAPS provides accurate and timely client and service provider information, including information for more effective client referrals, client service delivery, and provider management. It provides the technical information for connectivity including hardware and software requirements, internet connectivity procedures, file transfer protocols, and operational documentation. eCAPS was developed in an effort to reduce non-mission-critical applications - 93 applications were reviewed and 15 were eliminated.

❖ *Data Warehouse*– The Data Warehouse is a central repository of human services data designed to support decision-making and improve case management. The data is organized in a relational framework to retrieve and analyze key information about DHS programs and clients. The DHS Date Warehouse currently contains more than 15 million client records, supplied from more than 17 internal and 10 non-DHS data sources/extracts (protocols for data transfers are part of the eCAPS system). Authorized DHS staff use of a suite of analytical tools to connect to, extract and analyze the data to directly improve services and outcomes. Cooperative agreements across government agencies allows DHS to look across federal, state and county human service programs to identify and analyze emerging trends for monthly, quarterly, annual and longitudinal data analysis.

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[11] *Allegheny County Department of Human Services, DHS News, Volume 7, issue 3*

❖ *Random Moment Sample (RMS)* – This cost-allocation system for employees uses a statistically valid random sampling technique to produce accurate labor distribution analysis without requiring workers to manually record, compile, analyze and summarize employee timesheet information. This tool allows the Department to better allocate human resources and improve service levels.

❖ *Physical Relocation Project* – To help facilitate the mechanics of the integration process, DHS staff were co-located according to function to enhance the efficiency of operations and optimize interaction across program areas, permitting stronger, more centralized management and enhancing communication among departments.

❖ *Technical Assistance and Training* – This program improved the effectiveness of the Department's multiple advisory boards by providing guidance on leadership.

❖ *Personnel Audits* – Based on an independent auditing process, DHS developed and implemented standardized pay scales, job descriptions, career path models and evaluation processes across program and support offices. This has helped improve employee retention and succession planning.

Building on these initial efforts, later projects sought to increase the quality and efficiency of consumer-centric services, focusing on how the Department was providing services and what areas requires improvement.

❖ *JD Edwards Project –* The "back-office" financial functions of the various program offices were consolidated to streamline operations and increase reporting capability. This allows for more accurate costing across service silos as integrated services become widespread.

❖ *Customer Satisfaction Survey* – An independent firm conducted a comprehensive survey to gauge the level of consumer satisfaction with DHS services and to determine the extent to which providers were embracing DHS's guiding principles. The surveys were designed with three primary objectives:
   o Determine how providers have implemented the DHS vision and principles
   o Identify opportunities to strengthen the relationship between DHS and its contracted providers
   o Set benchmarks for customer satisfaction with provider services.

❖ *Office of Children, Youth and Families (CYF) Workload Standards/Caseload Study Project* – This study assessed the demands and parameters of providing high-quality child welfare services. By examining the length of time required for caseworkers to fulfill their responsibilities, the project determined the optimum caseload for each worker to adequately serve families and children.

❖ *Area Agency on Aging (AAA) Caseload Analysis* – This study reviewed AAA caseload volumes, internal and external professional processes for AAA programs, and information systems

capabilities and included recommendations for improving organizational structures based on the study findings.

❖ *Behavioral Health Cost-Analysis Study*– This study gathered information about the state of the current behavioral health system and made recommendations about the changes required to create a more unified system.

❖ *Children's Cabinet*– The Children's Cabinet was initiated to address the needs of children and adolescents with social, emotional and behavioral needs by creating an accessible, individualized, high-quality system of services.

❖ *The Disability Connection*– Established in January 2004, this program working within the DHS Office of Community Relations was designed to improve the level of service to people with disabilities in Allegheny County

❖ *Allegheny County Jail Collaborative: Jail Planner & Jail Evaluation*– By "pooling" the strengths of various Departments of county government, this unique partnership with the County Jail and Health Department was designed to tackle the root causes of recidivism: addiction, unemployment, homelessness, mental illness and social isolation.

❖ *HumanServices.net*– This web-based, "one-stop shop" for consumers and DHS staff gathers and disseminates data to improve the overall system of care by including all the information aspects of the services supply chain (e.g., descriptions of services, directions, and contact information) into one web platform to meet multiple community demands. Human service agencies are also able to use the new data available to determine optimal locations for services, estimate staffing needs, and establish performance benchmarks.

Transitioning Child Welfare within an Integrated Human Services System

To better reflect DHS's focus on prevention strategies to reduce abuse and neglect in the community, the office of Children and Youth Services was renamed the office of Children, Youth and Families (CYF), in January 1998.

In its blueprint for change, Cherna and his team felt that it was important to communicate the basic values and principles to guide the Department's transitions. With a continued focus on those services most directly impacting children and families, Cherna was able to turn his attention towards private providers, those organizations that had contracted with the County to provide direct services to children and families and to assist with other Department functions. All contracting was now centralized under DHS's Office of Administration. To Cherna, centralizing control of all private provider contracts was a key strategy in bridging former DHS service silos and ensuring that all Department outreach and services were guided by the same principles and accountability guidelines. By centralizing provider contracts, (Cherna still signs every one) payments and evaluations, the program offices were able to focus on improving service delivery, coordination and outcomes for children and families.

Increased reliance on private providers was a significant shift for the new DHS. When Cherna took office for CYS in February 1996, half of all child welfare services were delivered by the agency. Today in CYF, more than 90 percent of all foster care services are delivered through private providers.[12]

In addition to aligning goals and resources, reliance on federal entitlement programs is also reducing county expenditures and freeing up funds for other programs not covered by federal dollars. DHS is using funding from open entitlement programs, to the extent possible, to pay for the bulk of the contracts, leaving county dollars to provide a broad array of prevention services. Today, there are 194 funding sources supporting service delivery.[13]

By 2000, Allegheny County had adopted almost all of the ComPAC21 recommendations. The County now had a single County Executive with a 15-person County Council, and eight departments. Cherna and his team were able to create a team-oriented approach to serving children and families through the agencies by making it clear that improving results was everyone's business. While child welfare direct services have been outsourced over the years, today 100 percent of all cases are supervised by county employees. All team members participate in pre-placement conferences. In addition, DHS's intense collaboration with parents, the courts, the media, business and other community groups continues to broaden the restored confidence in CYF activities and a renewed commitment to child protection and quality services. Through a variety of efforts, internal and external, CYF's improved outcomes have truly supported DHS and provided proof that DHS had become a model for ComPAC21's vision to consolidate government and improve services and outcomes.

Measure of Effectiveness	National Average	Allegheny County
Reduction in foster care placements	8% (1998-2003)	24% (1996-2005)
Children reunified with family	55% (FY 2003)	79% (2004)
Children placed with relatives	23% (FY 2003)	62% (2005)
Child deaths from abuse/neglect	2.1/100,000 (2003-2004)	0 (2003-2006)

(National Family Preservation Network, an Effective Child Welfare System & Evidence-Based Practice for the Child Welfare System, October 2006, pg 1)

The Continued Drive to Improve and Integrate Services

With a long-term Vision in place and vast improvements in department expertise, services and outcomes, Cherna and his team continued to explore new ways to improve and evaluate DHS's complex systems of care. To improve child welfare practice, they set up permanency planning conferences twice as often as legally required to discuss case and permanency goals for the child, address barriers to achieving them, and identify appropriate resources and tasks. Mirroring the emphasis on partnerships at top leadership levels, this practice change underscored the importance

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[12] CYF Profile, 2007
[13] DHS Profile, 2007

of valuing and leveraging the strengths of all stakeholders involved in the care of the child. This diversity of support across all resources helped DHS leverage its integrated services approach.

The County also implemented a strategy to reduce the risk of child deaths by establishing a new policy that required an immediate field screening within two hours to investigate any complaints involving kids under six years – even those incidents unrelated to abuse or neglect.[14] In addition, due to the overwhelming success of the Director's Action Line (resolving concerns, complaints, comments and questions) in use within CYF, the system was expanded into full DHS use. The DAL has become a primary tool that connects the public with a direct channel of communications, an important source of public feedback that helps to inform department policy and provide valuable information and constituent assistance to the elected officials in supporting DHS efforts.

In addressing the workforce issues, after a multi-year struggle with the caseworker's union about their contract, the County finally settled with AFSCME Local 2622. The contract had some very positive effects - turnover drastically decreased to just 10 percent. Now workers were given opportunities with career ladders, workloads became more manageable, additional supports for worker were put in place and better pay implemented. Starting salaries were increased to $26,000, with the ability to grow to over $50,000, and supervisor's salaries would now begin at $60,000. As Cherna put it, "the job became more doable and the embattled environment dissipated"

While union challenges were being quelled, Cherna and his team were still dealing with cultural challenges associated with creating an integrated DHS. Long after the establishment of DHS's Vision and Guiding Principles, many employees still identified themselves by their previous Agency/Department affiliations. Cherna and his management team struggled to make sure that workers understood and were able to operationalize their new roles in support of a common Department. Despite the development of proven technologies and other progress in information sharing, a few holdout leaders are still hesitant to share information with other offices. Even a decade after the establishment of DHS, the department is still experimenting with ways to integrate data and information more effectively across internal and external services.

Cherna and his team are currently responsible for a $178 million Office of Children, Youth and Family annual budget and a total DHS budget of $987 million financed by 194 different funding sources (42 percent Federal, 55 percent State, 3 percent County, and 1 percent Foundations/Grants.) Administrative consolidation and smart allocation of funds like expanding early intervention services, which is paid for through Medicaid funding for early intervention, has helped stretch much needed resources.

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[14] *NFPN, 8*

Of the 16,676 Children Who Had A Case Open in CYF for at Least One Day in 2007	
% also receiving Mental Health treatment	33
% also involved in Juvenile Court	27
% also involved in Early Intervention	22
%utilizing Family Support Centers	11
% also receiving Drug and Alcohol treatment	10
% also receiving Mental Retardation services	2
% also received Homeless services	2
% also received MATP services	12
% also received Employment and Training services	4

DHS early intervention programs include: the First Steps program, which is a voluntary program that mentors new mothers by providing a home visitor for mothers with children from birth through five years of age and the Summer Fund and Year-Round Funds for Children's Programs, which provide positive and enriching summer (camp) and after-school programming for children with high levels of need or risk. Recognizing that diseases of addiction are a major reason why families become involved with child welfare, CYF utilizes Pennsylvania Organization for Women in Early Recovery Connection (P.O.W.E.R.) to conduct comprehensive assessments for substance abuse, referrals to treatment, service coordination, mentoring, relapse prevention, consultation and follow-up care.[15]

The need for integrated services within DHS is supported by the number of children and youth as well as adults who receive services from multiple DHS offices. In 2007, 57 percent of children under the age of 21 were receiving supports from more than one office (29 percent served by two offices, 17 percent served by three offices and 10 percent served by four offices). 48 percent of the parents of children in CYF services received services from multiple DHS offices (15 percent served by two offices, 12 percent served by three offices and 21 percent served by four offices).

Today, over 50 percent of the budget for children and youth is focused on prevention and in-home services. Most families receive in-home services. Services may include the provision of family counseling, parenting classes, child abuse prevention training, life skills training, crisis intervention and/or family reunification services.

These prevention efforts, which bridge DHS services for Allegheny County citizens, resulted in a reduction by 34 percent of the children placed outside of their homes; from 3,318 children in January 1996 to 2,180 children as of February 2008. For children with a goal of reunifications, the average length of time that children spend in an out-of-home setting was reduced by 33 percent; from almost 21 months in January of 1997 to 14 months in December 2007.[16]

In 2007, CYF provided 16,676 children and their families with family- strengthening services. In all, there are more than 280 DHS-sponsored programs for families involved with CYF.

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[15] CYF Profile, 2007
[16] DHS Profile, 2007

While the budget for DHS has consistently grown over the past decade, the county's share of DHS support has decreased from 8.6 percent to just over 3 percent, reducing the department's cost to local taxpayers. In 2007, DHS served 209,685 persons (17.2 percent of the total population), 49,392 under 21 years of age and 160,293 over 21 years old. These citizens were served by just over 1,000 DHS workers with the support of 337 direct service providers, 31 agencies and 21 individual vendors under 535 contracts for approximately 1,600 unique services.

VI. Using Technology to Leverage an Interoperable Human Services System

To achieve true interoperability, Cherna and his team also understood that they would have to integrate the flow of information. While current technologies such as SOA - Service Oriented Architecture and XML are useful in integrated disparate technologies across service silos, these technologies were relatively unknown to the human service field a decade ago. Despite the lack of accessible applications, Cherna and his IT Director, John Pierce, were committed to building a technological infrastructure that would support and further a clear Vision for the organization. The IT management team focused first and foremost on how to translate this Vision into better services and outcomes for children and families. With the monumental task of coordinating dozens of programs and data sources, including some information that was still being collected manually, Pierce and his team knew that their approach had to be incremental. At the time, the lack of accessible supportive technologies, made an integrated system "way too big to manage at once," recalled Pierce, "we needed to focus on what the program pieces look like as we build a customer-centric model and how can we use technology to link our services with our customers." To improve the level of service delivery, Pierce and his team focused on their ultimate goals to know "who is being served in which systems and to coordinate services as effectively as possible."

In 1996, the successful integration of technology was a tall order. Most employees at DHS did not have a computer at their desk. When technology was used it was based on a 1981 mainframe that used green screen terminal technologies, not PC's. It had been developed to support child welfare fiscal reimbursements/payments, not to track and manage service delivery and sensitive client information. These systems, based on financial and transactional technologies, offered little promise for case management operations, especially for a new integrated human services department. While the technological shortfall was obvious – and painful, Cherna and his team decided to hold off in any large investing in new technologies until they had developed an integration framework for the new DHS and a better analysis of how to use new emerging technologies. This decision would be a key step in ensuring that the Department's technological infrastructure reflected its business plan and not the other way around. In the interim, the leadership took a simple first step and by the end of 1997 all workers were outfitted with cell phones and PC's.

As they continued to improve communications, DHS Office of Community Relations also set up regular internal and departmental data lines to bring timely, accurate and consistent information to all employees via e-mail alerts. They also implemented an all-staff routing of "DHS News" a newsletter which distributed internal communications, news clippings and magazine articles about DHS (this was an outgrowth of the CYS Connections publication that Cherna had established his

first year as director of CYS). DHS News provided an overview of any important information and news.[17]

Until DHS's overall integration framework was complete, Cherna suggested establishing initial communications protocols that relied on the new email infrastructure to bridge disparate databases from existing service silos and create a more comprehensive picture of those served. To help in this effort, the Greater Pittsburgh Chamber of Commerce agreed to recruit, organize and summarize input from committees and work groups of community stakeholders on how to integrate information and services most efficiently and responsibly. The big challenge was to integrate external data. While connecting disparate data from individual systems directly under DHS authority was a technical issue and not a procedural or legal issue, the ability to integrate data from non DHS systems would require more innovative thinking. For example, in order to integrate health records for Allegheny County citizens; an operating agreement had to be created between DHS and the Health Department. Similar strategies would need to be utilized when dealing with the vast array of private providers who serve the community.

Faced with an incredible task of reorganization, the department called upon both the public and private sectors to offer their expertise. The fundamental goal was to maximize efficiencies by eliminating the duplication of functions while enhancing services and meeting fiscal requirements. In 1998, Carnegie Mellon University agreed to perform a "technology synthesis project" to determine whether a fully integrated data system for DHS was truly viable. Through this process, the department and its technology partners recognized early on that integration of more than 80 disparate databases and systems posed significant challenges for the new department's information technology systems. To address this challenge, Carnegie Mellon University recommended that DHS develop two separate information systems, one to accommodate the programmatic data of the department and the other to track DHS' financial processes.

Based on the information garnered from Carnegie Mellon, the Greater Pittsburgh Chamber of Commerce Information Systems Task Force reviewed the complexities of integration and formulated a plan of action to combine the 93 operational applications on 5 distinct platforms. In 1999, DHS developed the foundation of their interoperable data system: the DHS "Data Warehouse" (DW) and "e-CAPS" (Electronic Client and Provider Information System). The Data Warehouse merged 27 operating systems into one data system that provides information on services, clients, providers and elements of the fiscal data. This not only improved the accuracy of client information, it also significantly reduced the mountain of paperwork for caseworkers, allowing them to spend more time with children and families. The Data Warehouse has become the core technology platform that allows DHS to integrate services across service silos.

With the backing of local foundations, DHS decided to develop a computing architecture to support the newly integrated DHS and leverage the capabilities of the new Data Warehouse. The new

system, eCAPS, helps integrate information across separate program offices. DHS selected Deloitte Consulting for the $2.8 million Information Integration Project to build the Data Warehouse.

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[17] (1998-1999 CYS Budget, 5)

Over the past decade, this relationship has continued to grow, resulting in more than 50 full-time Deloitte consultants currently building and managing Allegheny County's Human Services systems.

Both the Data Warehouse and eCAPS were initiated at the same time. The Data Warehouse (completed in March 2000) provides the analytical capacity around cross population analysis and trending while eCAPS (completed October 1999) provides transactional applications, integrating 15 disparate operating platforms into a single application. The Data Warehouse has proved indispensable in the department's effort to create a holistic approach to service delivery. Today the ability to track consumers within any program office and report on the multi-level services provided to each consumer has become the norm.

In addition to the DW and eCAPS, DHS also sought assistance to create a more effective and integrated financial system. Following a larger debate over a standardized financial system for the entire county, JD Edwards was chosen to develop and build the new county based financial management system. Interestingly, the computer system is owned by Allegheny County's Administrative Services Department and the data owned and managed by the County Controller. The funding to develop the systems was also bifurcated. The HSIF, the consortium of local foundations funded the development of the infrastructure and the County funded the implementation of the program systems. This is another example of the successful public and private partnerships that characterized the DHS transition.

In sharing client data, DHS was also concerned about meeting all confidentiality laws, regulations and other standards. That meant developing complex protocols to secure the data and ensure that only authorized personnel could access it. Using a secure log-on and a structure of layered privileges, much of the Department's consumer data remained locked throughout the integration process. The highest level of security is still maintained. Cherna defines the information sharing protocol as limited with access only granted on a "*Need-to-Know*" basis. The department has carefully structured the data systems to support multiple levels of limited sharing, with the most sensitive information remaining highly restricted. DHS has also employed opt-in consent for information sharing, where the consumer of services gives DHS and/or other Allegheny County Departments the right to share their personal data.

To manage the complexities of the information-sharing process, DHS has established "data sharing" agreements with other state, county and non-profit agencies/providers who provide services for DHS clients. These agreements allow for limited data transfer and access that include, for example, only a client's service history, but not case information. Despite progress, boundaries and protocols for data-sharing continues to be a challenge in DHS's ongoing integration, with some program leader's still hesitant to share case information across departments. "In some ways, the cultural transformation has been more challenging than the technological transformation," explains Pierce.

The HSIF provided much of the funding to develop DHS's technology strategy and platforms. The goal of investing in the DW and other technology was to support DHS and create an important community resource that provided a valuable tool for research, strategic planning, needs assessment and program evaluation – in the department and across the community. To determine

the extent of its utility, an advisory committee of community leaders conducted focus groups with potential users, including university-based researchers; health and human service agencies; policy and planning organizations, foundations and civic agencies; advocates and families. The research identified those questions community stakeholders were most interested in tracking. These included: consumers' aggregate demand for services; service quality and cost; aggregate outcomes for children and families; department management and planning; linkages within and between service delivery systems; and the extent of consumer-choice. The advisory committee also explored

data integrity and confidentiality; marketing, education and technical support for users; and Data Warehouse oversight and governance.

Based on the research on additional uses for the Data Warehouse, the system can be used for a variety of functions while protecting client confidentiality. The DW identifies clients through a common client index which links individuals within desperate systems by only their Social Security numbers, name, date of birth and/or addresses. The Data Warehouse can then match information with DHS-contracted providers to offer information on consumers who have received services and where services are/were provided. By incorporating data from resources external to DHS, the department is better able to create a multi-dimensional picture of its clients and their cultural surroundings. These external sources consist of county and state corrections agencies, city and county housing authorities and the Pennsylvania Department of Public Welfare (DPW) (including TANF, general assistance, food stamps, Medical Assistance, energy assistance, employment and training and child care support through DPW). This compilation of data allows DHS to identify involvement and relationships between DHS and external populations, as well as to compare alternative services available to them. The DW also used a Geographical Information System (GIS); with it DHS can examine the spatial relationships between clients, contracted service providers and the demographics of the geographic region in question.

The Department considers this comprehensive data picture a key success in its overall integration strategy, as Cherna points out, "the near completion of our vision". Currently, the DHS Data Warehouse serves 384 agencies across all services and contains more than 15 million client records, currently supplied from more than 27 independent operating applications, both internal and external to DHS[18]. Authorized DHS staff use a suite of analytical tools to connect to, extract and analyze the data. All agencies leverage the same systems with different access and screens utilizing the near real time Data Warehouse.

> **The Failure of the State Child Welfare Data System**
>
> DHS initially held off on developing a child welfare computer system until Pennsylvania could complete its PACWIS (Pennsylvania Automated Child Welfare Information System). After more than a decade and a $120 million investment, the PACWIS system was shelved. PACWIS's failure forced DHS to submit required data to the state separately and, in some cases, manually, until it could design and build its own child welfare IT systems.

Due to the failure of the statewide PACWIS, DHS needed to create their own Child Welfare technology solution. In 2007, DHS began the implementation of Deloitte's new web-based child welfare system to create a central repository of

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[18] *Allegheny DHS, Data Warehouse History*

child welfare data to support decision-making. This system was transferred from District of Columbia's FACES SACWIS which went live in 2006. Pierce selected Deloitte for several reasons, one being the long-term relationship between the companies and the other based upon an analysis of a build versus buy option. The transfer costs of moving an existing SACWIS system were about a third of the cost of developing a customized solution - $20 million versus $7 million. Deloitte was able to easily match DHS's architectural requirements and had proven its web-based child welfare system in the District of Columbia implementation. The Allegheny County's child welfare system will be a full SACWIS system, integrated to payment system and enhanced to support other case management functions. The system will be complete in the summer of 2010.
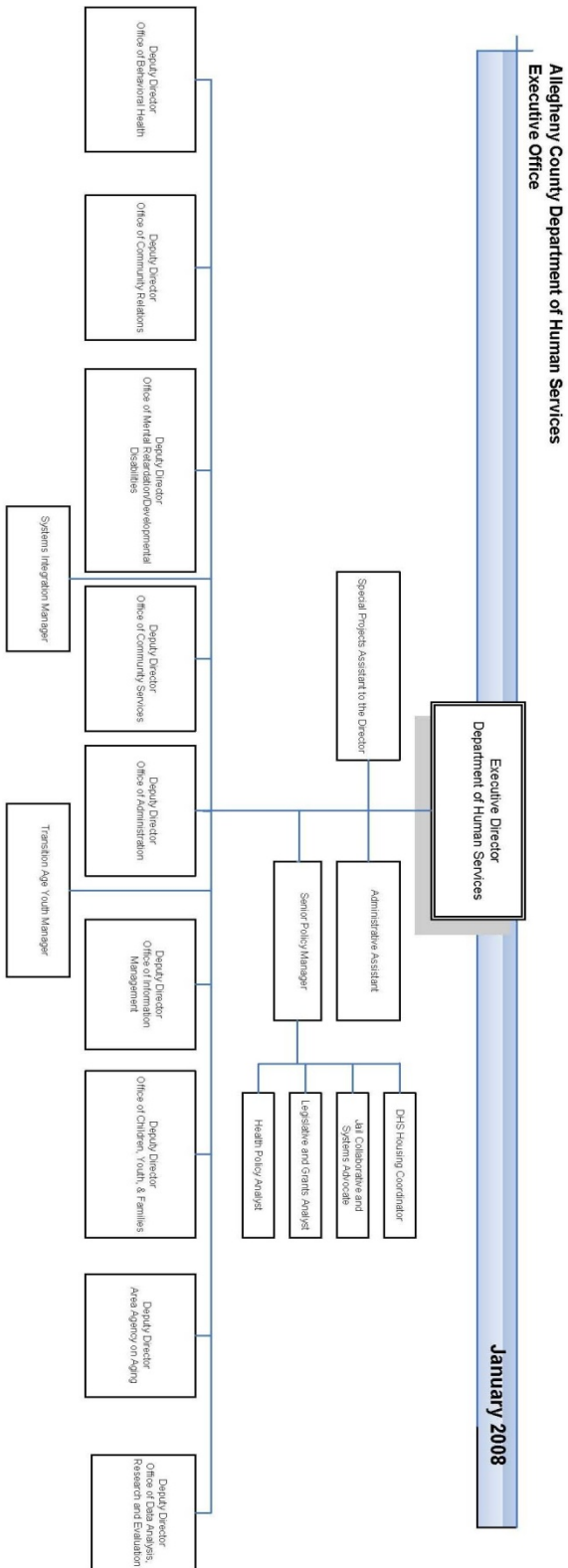
Today, the Office of Information Management (OIM) is one of four "support offices" of DHS. OIM is responsible for (1) designing, collecting, and disseminating quantitative measures of DHS assets, services, and human needs; and (2) developing, implementing, and supporting the Information Technology (IT) resources for the Department's workforce.

VII.   DHS: A Vision for the Future

More than a decade has passed since Cherna and his team began the process of transforming DHS into a national model for integrated "consumer-centric" human services delivery. Despite progress, Cherna believes that the most effective organizations are those that engage in a constant process of self-evaluation and improvement. Building on what the department has already accomplished, DHS continues to explore new policies, practices and technologies designed to improve services and outcomes for children and families. These innovations include efforts to use individual case and longitudinal data to improve clinical assessments and family outcomes through predictive analytics. Recognizing the important role that accountability has played in restoring public trust in DHS, the department is working to enhance "transparency" among offices and with the general public. In addition to a continuing effort to standardize and align operational efforts, team leaders also work hard to ensure that workers at all levels understand the department's most fundamental values and strategies. Each year, more than 200 managers participate in an annual staff retreat to reinforce department culture, honor its achievements, and ensure a consistent level of high-quality services.

Nationally recognized by the public and private sectors for its innovative approach to human services delivery, Allegheny County Department of Human Services is hoping to build a "world-class data-driven culture that can leverage the organizational and data structures created to support the new consumer centric business model." Most recently, the department issued a request for proposal (RFP) for help in developing an organizational structure and operations that meet current and emerging needs for enhanced management information, data driven decision-making and appropriate technology to manage more effectively."We want our next decade to be as innovative as the last and we believe that technology can move DHS to a new level. We are committed to providing nothing short of excellence to the residents of our county", states Cherna.

Appendix A – 2008 Allegheny County Department of Human Services Org Chart

Allegheny County Department of Human Services
Executive Office

January 2008

Executive Director
Department of Human Services

Special Projects Assistant to the Director

Administrative Assistant

Senior Policy Manager

Health Policy Analyst

Legislative and Grants Analyst

Jail Collaborative and Systems Advocate

DHS Housing Coordinator

Deputy Director
Office of Behavioral Health

Deputy Director
Office of Community Relations

Deputy Director
Office of Mental Retardation/Developmental Disabilities

Deputy Director
Office of Community Services

Deputy Director
Office of Administration

Deputy Director
Office of Information Management

Deputy Director
Office of Children, Youth, & Families

Deputy Director
Area Agency on Aging

Deputy Director
Office of Data Analysis, Research and Evaluation

Systems Integration Manager

Transition Age Youth Manager

Page 1

Appendix B – Guiding Principles and Strategies (original)

Allegheny County Department of Human Services

Marc Cherna, Director

GUIDING PRINCIPLES

All services will be:

- **High quality**— reflecting *best practices* in case management, counseling, and treatment.
- **Readily accessible**—in natural, least-restrictive settings, often community-based.
- **Strengths-based**—focusing on the capabilities of individuals and families, not their deficits.
- **Culturally competent**—demonstrating respect for individuals, their goals, and preferences.
- **Individually tailored and empowering**—by building confidence and shared decision-making as routes to independence rather than dependency.

STRATEGIES

- **Integration** of common functions across programmatic areas.
- **Partnerships and collaborations** with community-based organizations and providers.
- **Proactive planning** for changes in national and state social and economic policies.
- **Enhanced communication** within the department and with consumers and stakeholders.
- **Holistic approach to service delivery**, serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services—

  → Information Exchange
  → Prevention
  → Early Intervention
  → Crisis Management & Treatment
  → After Care

THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (DHS) is responsible for providing and administering human services to all county residents through its four programmatic offices:

- ◆ **Office of Children, Youth, and Families**
- ◆ **Office of Mental Retardation/Developmental Disabilities**
- ◆ **Office of Behavioral Health**
- ◆ **Office of Community Services**

The DHS provides a wide range of services, *including child protective services; mental health services* (including 24-hour crisis counseling); *services for individuals with mental retardation and developmental disabilities; drug and alcohol counseling, treatment, and after care* (including the DUI Program); *emergency shelters and housing for the homeless; hunger services; energy assistance; Medical Assistance transportation; job training and placement* (youth and adult); and the *Head Start Program*.

The DHS also is allied with the Area Agency on Aging (AAA)—which delivers services to the county's elderly population, and the Allegheny County Health Department (ACHD)—which works to promote individual and community wellness, prevent injury and disease, and protect the population from potentially harmful environmental hazards.

DEPARTMENTAL SERVICES OVERVIEW: FY 1998
(Totals include the Area Agency on Aging and the Allegheny County Health Department)

Persons served annually	More than 500,000
Number of employees	1,629
Total budget	$ 508,400,000 *
County funds	$ 24,490,000
Number of agencies under contract	410

* *Total includes the Allegheny Health Choices Program*

The Department's ability to leverage state and federal funds, as well as public and private grants, to provide needed services greatly reduces the need for county tax support. **Every $1 of local tax money spent on human services generates more than $20.75 from other sources.**

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Appendix C – Marc Cherna Biography

Marc Cherna, Director
Allegheny County Department of Human Services

Marc Cherna was appointed Director of the Allegheny County Department of Human Services ten years ago. This integrated department includes five programmatic offices: Aging, Behavioral Health, Children, Youth and Families, Community Services, and Mental Retardation/Developmental Disabilities. Cherna first came to Allegheny County as a result of a national search to take charge of the county's child protective service agency and immediately implemented system-wide changes that have resulted in better permanency outcomes for children. These reforms received national recognition and were showcased twice by ABC World News Tonight as well as CNN's NewsNight .

Under Cherna's direction, the DHS State Forensics Program was the recipient of a 2005, Innovations in American Government award given by the Ash Institute for Democratic Governance and Innovation at Harvard University's Kennedy School of Government. His innovative practice and leadership abilities have also garnered him prestigious awards by numerous child welfare, humanitarian, and civic organizations such as; the Betsey R. Rosenbaum Award for Excellence in Child Welfare Administration from the National Assn. of Public Child Welfare Administrators; the Urban League's Ronald H. Brown Civic Leadership Award; the Good Government Award from the League of Women Voters, and Social Work Citizen of the Year from the National Assn. of Social Workers.   He serves on many boards and committees including the University of Pittsburgh's School of Social Work's Board of Visitors and the Executive Committee of the National Assn. of Public Child Welfare Administrators.

Cherna began his career in human services as a youth worker over 30 years ago. He has extensive work experience in the field, including four years as the Director of Planning, Allocations and Agency Relations with the United Way of Union County, New Jersey and 13 years with the New Jersey Dept. of Human Services as an Assistant Director with the New Jersey Division of Youth and Family Services.

Cherna received his B.A. degree from the State University of New York at Binghamton and an M.S.W. from the Hunter College School of Social Work in New York. He has three children and five grandchildren.

Appendix D – Timeline of Key Events in Forming Allegheny County's DHS

Timeframe	Event
1981	Mainframe computer system developed to support child welfare fiscal reimbursements/payments (child welfare = CYS, at the time)
Cherna 1994	Death of Shawntee Ford
November 1994	"Murray Commission" is formed (real name: Independent Committee to Review Allegheny Children and Youth Services)
1995	ComPAC 21, recommends that Government be streamlined –
February 1995	"Murray Commission" report is issued
February 1995	CYS Director Resigns
February 1996	Marc Cherna appointed Child Welfare Director
September 1996	Marc Cherna issues first report on CYS "Six Month Status Report"
October 1996	Marc Cherna creates "Directors Action Line"; work begins on A Parent's Handbook (outlining rights/responsibilities of parents in system and what parents could expect from system/courts)
January 1997	DHS is created by Allegheny County Commissioners – Cherna tapped as director
March 1997	Human Services Integration Fund created by local foundations
October 1997	Benchmarking of best practices and research begun by business/university leaders led by Pittsburgh Chamber of Commerce
January 1998	DHS issues Redesigning Human Services Delivery in Allegheny County – a blueprint vision for human services (A vision document soliciting public comment). This document also outlines new nomenclature/arrangement of services within offices. (including Children and Youth Service (CYS) being renamed Children, Youth and Families (CYF) to emphasize work with families)
November 6, 1998	Restructuring Report issued (Chamber of Commerce Report on HS Integration) - subset: Carnegie Mellon integrated data system synthesis project assessment
May 19, 1998	Citizens of Allegheny County voted to enact a Home Rule Charter for the county to take effect in 2000. The new government abolishes the three-commissioner system in favor of an elected chief executive, a 15 member county council (13 elected by district, 2 at-large) and an appointed county manager. (this was recommended by ComPAC 21)
February 1999	DHS Progress Report issued – outlining progress made on restructuring, guiding principles, and strategies employed
August 1999	DHS Office Integration and Relocation begins (this also is in response to recommendations coming out of the Restructuring Report)
October 1999	eCAPS Application Completed
March 2000	Data Warehouse Completed
January 2000	County Executive takes office
February 2002	DHS Customer satisfaction and Provider Surveys completed (providers surveys regarding alignment with vision/guiding principles/interface with offices and random/anonymous survey with DHS consumers regarding satisfaction with services)
September 2002	J.D. Edwards Financial system implemented
2003	State PACWIS system is mothballed
2003-2006	DHS reports zero child deaths from abuse/neglect
2006	DHS begins implementation of new Child Welfare management system
January 2008	DHS begins project to define next steps to build a "data driven" culture

Appendix E – 2007 DHS Guiding Principles and Overview

Allegheny County Department of Human Services

One Smithfield Street, Suite 400, Pittsburgh, PA 15222-2225

Phone: 412-350-5701 **Fax:** 412-350-4004 **Website:** www.county.allegheny.pa.us/dhs **Director:** Marc Cherna

A Decade of Progress
1997 - 2007

Meeting the human service needs of county residents – most particularly our vulnerable populations – through an extensive range of prevention, early intervention, crisis management, and after care services.

GUIDING PRINCIPLES

All services will be:
- **High quality**—reflecting best practices in case management, counseling, and treatment.
- **Readily accessible**—in natural, least-restrictive settings, often community-based.
- **Strengths-based**—focusing on the capabilities of individuals and families, not their deficits.
- **Culturally competent**—demonstrating respect for individuals, their goals, and preferences.
- **Individually tailored and empowering**—by building confidence and shared decision-making as routes to independence rather than dependency.
- **Holistic**—serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services—
  - *Information Exchange*
  - *Prevention*
  - *Early Intervention*
  - *Case Management*
  - *Crisis Intervention*
  - *After Care*

The Allegheny County Department of Human Services (DHS) is responsible for providing and administering publicly-funded human services to County residents through its five Program Offices:

- **Area Agency on Aging**
- **Office of Behavioral Health**
- **Office of Children, Youth & Families**
- **Office of Community Services**
- **Office of Mental Retardation /Developmental Disabilities**

The DHS provides a wide range of services, including services for the elderly; mental health services (includes 24-hour crisis counseling); drug and alcohol services; child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; energy assistance; non-emergency medical transportation; job training and placement for youth and adults; and services for individuals with mental retardation and developmental disabilities.

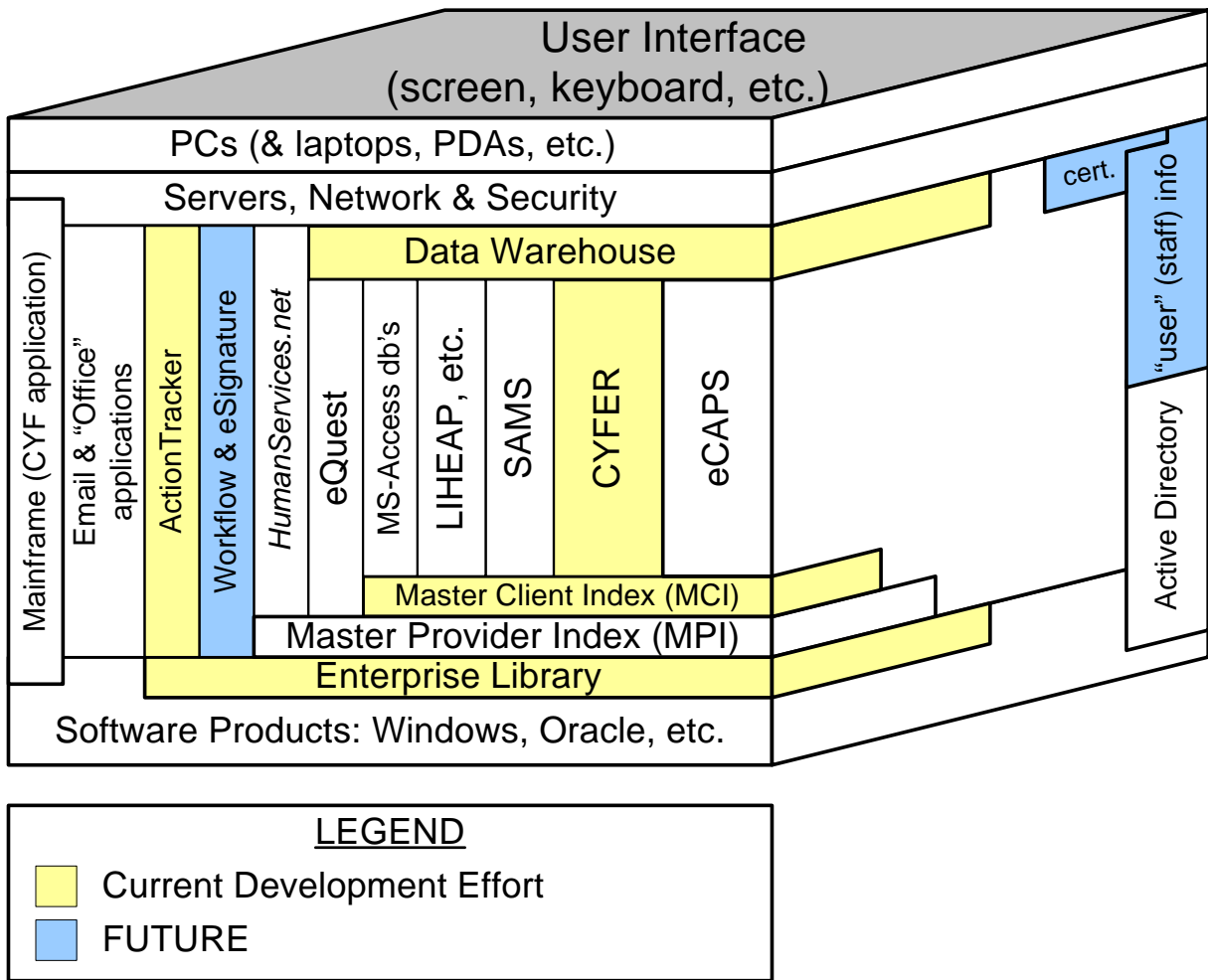**The DHS also has four Support Offices:**
- **Office of Administration**—provides administrative support services for the entire DHS, including fiscal, human resources, and management.
- **Office of Community Relations (OCR)** —offers internal and external communications, including media relations, public events and education, and donations. Also handles consumer concerns/complaints (Director's Action Line).
- **Office of Information Management (OIM)**—assists in the research and informational needs and evaluation processes for all DHS program offices.
- **Office of Data Analysis, Research and Evaluation (DARE)** – supports and conducts research to produce community-ready information about the work of DHS

Department Overview	
Persons served – CY 2007 (Person under 21 years of age Persons 21 years and older)	209,685 (49,392 160,293)
Percent of persons receiving case management services in CY 2006 as well as served by multiple areas of DHS	21% -- 2 areas 17% -- 3 areas 30% -- ≥4 areas
Filled staff positions (a/o 2/04/08)	Approximately 1,063
Direct Service Providers (FY 07-08) Vendors – Agencies Vendors – Individuals 535 contracts for approximately 1,600 discrete services	337 31 27
Total Budget (CY2008) Of the total budget, 3.34% or $30.6 million are County funds.	$ 987.3 Million Includes the Allegheny HealthChoices Program, Juvenile Court and Shuman Center.
Funding Sources	194, (a/o 1-08) each with separate laws, regulations and reporting requirements

30/profiles/2008/DHS

Appendix F – Case Study Learning Areas

1. What are the inhibitors/preliminary changes that must be in place prior to implementing interoperable technologies?
2. How does the tenure of human services directors affected a systems ability to succeed?
   a. What are the ways to reduce the risk of failure
3. Did Marc Cherna build the right executive team? What could he have done differently?
4. How did building community involvement affect the success of Marc Cherna's strategy?
5. What difference would you expect between state administered and state delivered versus county delivered human series systems?
6. How can agencies blend funding stream to integrate services and how did Marc Cherna do it?
7. How do federal entitlement programs affect funding opportunities?
8. What is best first step to implementing interoperability?
9. How has/does the Federal government perpetuated HS silos? What could the Federal Government do to support integrated human services systems?
10. What are the strengths and weakness of governor lead, legislative lead or director lead HHS integration?
11. What is the best order of transition to a fully interoperable human services system?
12. How would you recommend Allegheny restructure is program and support offices to accomplish it data driven culture moving forward? And Why?
    a. How would you transform the workforce based upon the new structure you created?
13. How would you integrate analytics, dashboards and predictive analytics into the current decision making process at DHS?
14. What is more important in assessing the success of the DHS transformation, ROI or Outcomes improvement?
15. What methodologies could be put in place to ensure complete data on families while preserving confidentiality and privacy?
16. Has DHS failed to meet its guiding principles and strategies, if so how?

Appendix G – Allegheny County DHS High-Level Application Architecture

User Interface (screen, keyboard, etc.)

PCs (& laptops, PDAs, etc.)

Servers, Network & Security

Data Warehouse

cert.

"user" (staff) info

Mainframe (CYF application)

Email & "Office" applications

ActionTracker

Workflow & eSignature

HumanServices.net

eQuest

MS-Access db's

LIHEAP, etc.

SAMS

CYFER

eCAPS

Active Directory

Master Client Index (MCI)

Master Provider Index (MPI)

Enterprise Library

Software Products: Windows, Oracle, etc.

LEGEND

Current Development Effort

FUTURE

Appendix H – Stewards of Change "InterOptimability Drivers"

Creating a Consumer-Centric Focus
- Maximize value delivery
  – Unprecedented understanding and view of the consumer
  – Research based
  – Effective utilization of resources to enhance outcomes
- Minimize the duplication of services
  – Improves consumer and worker experience
  – Common client identifiers
- Current examples (structure/practice)
  – Single points of access (no wrong door)
  – Universal eligibility systems
- Empower consumers
  – Create active role in programs and progress

Bridging & Integrating Service Silos
- Inefficient and ineffective utilization of resources
  – No unified view of customer
  – Lack of coordinated service planning and delivery
  – Duplication of services
  – No common points of entry and exit
  – Lack of standardized measurement
- Embedded structural impediments
  – Attitudes and behaviors surrounding customer and data ownership
  – Decision making and funding silos
  – Legal and regulatory restrictions
- Prerequisite for the development of a successful centric model
  – Requires multi-disciplinary strategies that affect policy, practice and structure

Building Open & Inclusive Processes
- Build broad cross-disciplinary constituencies
  – Public and private agencies, legislatures, media, academia, courts, business, community leaders, advocates, and consumers
  – Broadens the responsibility of success to the entire community
  – Pursue flexibility, innovation and experimentation
- Develop long-term vision and strategy which transcends any one director/CEO
- Extend transparency across service delivery chain
  – Addresses accountability and increases public confidence
  – Requires public forum to vet successes and failures
- Develop public/private partnerships/ventures
  – Accelerates speed to market (change)
  – Provides incremental resources
  – Bypasses public procurement challenges
- Create consistent communications
- Internal, cross departmental and external

Managing Confidentiality

- New requirements for sharing information challenge conventional thinking, policy and practice
- Balancing act between utilization of resources, rights and effectiveness of services
- Lack of consensus surrounding the real world interpretation of privacy and confidentially laws
- Legislate ability to share information between public and private agency silos
- two core approaches
    - Overarching human service agency shares all data
    - Opt-in with written consent
- Optional approaches
    - Opt-out (ala software licenses)
    - Legislate the formation of an overarching HSA
    - Lock system, but keep technology open

Restructuring Workforce & Training
- Interoperability creates an opportunity to redefine functions
    - Consolidate administrative processes across silos
    - Outsource discreet functions (payments)
    - Develop "intelligent generalists" (case concierge) & "service specialists"
    - Segment case workers and case aides functions
- Social work schools will need to redefine curricula to support new skills, leadership and management requirements.
- "values based leadership" offers new ways to enhance and sustain performance in a consumer-centric model
- Integrated training techniques can merge IT, workflow, clinical assessment and case management training into one seamless program

Developing Responsive Performance Management Systems
- Need for multivariate performance measurement systems
    - Track performance across multiple data sets and dimensions
    - Connects and aligns workers, units and third-party partners
    - Share identical datasets, dashboards and measures.
    - Supports performance based compensation and contracting
- Supports more sophisticated analytical tools and expertise
    - Correlation of data across silos creates new knowledge
- Improving assessment models to drive performance
    - Expand predictive models to output care plans based upon assessments, including probability index
- Return on investment
    - SROI, payback, outcomes yield

Interoperable Technology Framework
- Puts business process first with focus on the client and case-worker
    - Shifting power to the users; customer and business experts (self-service)
    - Ability to translate the operational plan into technical action
- Leverages legacy assets
    - Modular and layer with SOA
    - Adoption of cots solutions
- Creates metadata and uses open standards
    - Moving the semantics from application to the infrastructure layer
- Development focus is function-centric, not system or entity-centric