



ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

# Redesigning Human Service Delivery in Allegheny County: **A Progress Report**

*Director Marc Cherna  
February 1999*

# CONTENTS

<b>I. MEETING THE REDESIGN GOALS — BACKGROUND AND SUMMARY</b>	<b>3</b>
<b>II. CHANGING THE WAY WE DO BUSINESS</b>	<b>8</b>
MANDATED SERVICES	<b>8</b>
COMMUNITY PARTNERSHIPS	<b>14</b>
SERVICE INTEGRATION	<b>16</b>
PREVENTION PLANNING	<b>18</b>
<b>III. CHANGING THE INTERNAL STRUCTURE</b>	<b>19</b>
ORGANIZATIONAL CHANGE	<b>19</b>
STAFF RELOCATION	<b>21</b>
HUMAN RESOURCES	<b>21</b>
INFORMATION SYSTEMS	<b>22</b>
FISCAL MANAGEMENT	<b>23</b>
<b>IV. COMMUNICATING THE CHANGES</b>	<b>25</b>
<b>I. MEETING THE REDESIGN GOALS: BACKGROUND AND SUMMARY</b>	

**The ALLEGHENY COUNTY BOARD OF COMMISSIONERS, in response to the recommendations of ComPAC21, created the Department of Human Services in July 1996.**

Charged with providing services more effectively and more efficiently, the new department was to integrate the functions of the Departments of Aging, Federal Programs, Children and Youth Services, and Mental Health/Mental Retardation/Drug & Alcohol/Homeless & Hunger Programs — and to work cooperatively with the Allegheny County Health Department and the Penn State Cooperative Extension. *[The Department of Aging was subsequently withdrawn from the consolidation and remains in a cooperative arrangement with DHS.]*

The following January, the Commissioners appointed Marc Cherna to serve as executive director of the new "mega" department, whose \$380 million budget was providing direct services to more than half a million people. In the Department's first year, a blueprint for the restructuring was developed and set forth in the widely circulated document, ***Redesigning Human Services Delivery in Allegheny County***. **The proposed redesign was enthusiastically embraced by leaders in both the public and private sectors, and the process of turning the blueprint into reality has been vastly enriched and facilitated by widespread voluntary effort, in particular:**

- ***Local foundations*** have joined together to establish the ***Human Services Integration Fund***, which supports aspects of the reorganization that are not reimbursed through regular state or county funding streams.
- The ***Greater Pittsburgh Chamber of Commerce*** — through four diligent volunteer committees — has helped to crystallize our thinking and has provided clear direction for addressing issues of organizational change and physical relocation, as well as establishing integrated human resources and information systems.
- Students and faculty from the ***H. John Heinz III School of Public Policy and Management, Carnegie Mellon University***, performed extensive national research on MIS integration efforts similar to those proposed here, and students from the ***University of Pittsburgh Katz School of Business*** and an instructor from the ***Duquesne University A. J. Palumbo School of Business Administration*** gathered national comparison data for various aspects of the human resources restructuring.
- The ***Oversight Committee***, composed of leaders from the business, academic, and public sectors and chaired by Dr. John Murray, has served as a sounding board and has provided invaluable guidance throughout this planning and early implementation process, as have the ***Allegheny County Commissioners***, whose vision and commitment to improved services led to the creation of the new Department of Human Services.

To all of those who have contributed to our progress to date, as well as to the thousands of county residents and DHS consumers who have shared their thoughts and ideas with us individually and in public meetings, we extend our gratitude and an invitation to stay aboard as we continue the complex process of change. This report addresses accomplishments to date and our plans for the future.

THE DHS BLUEPRINT ISSUED IN JANUARY 1998 — *Redesigning Human Services Delivery in Allegheny County* — set forth a mission for the new department:

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

It also established **five guiding principles** that would serve to "change the way we do business," both administratively and in all direct services. These principles called for a "holistic, culturally competent, and strengths-based partnership approach across all direct service areas." It projected greater emphasis on community-based prevention efforts and on services, when needed, that are least-restrictive and closest to home, with responsibility and decision-making shared with the consumer.

**To infuse these principles into all aspects of the Department's efforts, the "blueprint" also outlined five strategies.**

It called for the integration of common administrative functions (fiscal, communications, human resources, and planning, research and evaluation) to ensure consistency and cost-effectiveness and accountability. It promised greater collaboration across categorical program lines and partnerships with community-based organizations and providers.

It supported a proactive approach to addressing changes in public policy that affect DHS consumers, and intensified public information efforts and an information system that would create a "single door" to the system for consumers and caseworkers. And it proposed a

### **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 approach to service delivery that encompassed the full continuum of services, from information-sharing and prevention through after-care.

**ONE YEAR AFTER THE RELEASE OF THE "BLUEPRINT" — *Redesigning Human Services Delivery in Allegheny County* — the redesigned human service system is still a work in progress — as it will be for many years.**

We have benefited from an unprecedented level of support and encouragement from the community — beginning with the Allegheny County Commissioners and including local foundations, universities, the business community (through the Chamber of Commerce), our own Oversight Committee, and individual consumers and providers who have shared their concerns and ideas with us.

As a result of that support and the strong commitment of DHS staff at all levels, we already are seeing significant progress in meeting the human service needs of County residents holistically, sensitively, and cost-effectively.

In 1997-98, the Department — through all of its program areas — served more individuals and families than in prior years. The services were provided in less-restrictive, more-accessible settings. They were focused on empowering individuals, families, and communities. And they were delivered at a reduced cost to the County.

- *Extensive use of family preservation and family support services to address the multiple needs of at-risk families reduced out-of-home placements and increased the number of children who were served in their own homes.*
- *When out-of-home placement was necessary, the length of stay in placement was reduced and permanency was achieved more expeditiously, both in family reunification and, when indicated, through adoption.*

### **STRATEGIES**

- **Holistic approach to service delivery, serving the comprehensive needs of families as well as individuals. Provides tangible aid and a full continuum of services, including:**
  - ^ *Information Exchange*
  - ^ *Prevention*
  - ^ *Early Intervention*
  - ^ *Crisis Management and Treatment*
  - ^ *After-Care*
- **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.**

- *Services are being shifted to less-restrictive settings across all service areas.*
- *Contracts with more than 30 additional community-based provider agencies and the doubling of funds for family support centers have allowed more people to access services in their own communities.*
- *Cross-training of staff in all service areas greatly improved access and comprehensiveness of services, ensuring that the full range of family needs (i.e., child care, transportation, housing, energy assistance) is met.*
- *There is increased utilization of outpatient and community-based services in behavioral health.*
- *The number of persons served in employment training programs, as well as the number served through neighborhood services, increased and will grow significantly in 1999 with the implementation of the **Welfare-to-Work program, Career Links** (which will create a career development marketplace) and "virtual" points of entry.*
- *Overall, greater emphasis on prevention, early intervention, and after-care services, many of them delivered in-home, is ensuring that more consumers are receiving the full continuum of services rather than only crisis intervention.*

Enhancement of the Department's prevention, early intervention, and community-based supports has been possible by proactive efforts to secure funding for new and expanded initiatives from state and federal sources and unprecedented support from local foundations.

In addition to federal and state funding streams that traditionally have supported DHS program areas, aggressive pursuit of grant opportunities from public sources has attracted more than \$25 million in new money for *drug and alcohol prevention, supportive housing, children's mental health services, emergency food assistance, delinquency prevention, kinship adoption, family mediation, and Head Start expansion.*

Local foundations — who envision the redesign as a potential national model — have contributed an additional \$2 million in support of the **Best Practices training, the Hearing Officers Project, home visitation and mentoring for substance-addicted mothers**, and for various elements in the administrative reorganization through the **Human Services Integration Fund.**

Not reflected in the Department's revenues are a number of grants secured through collaborations with non-profit and grassroots organizations for the support of projects that serve County residents and contribute to the prevention of problems such as delinquency and family fragmentation that often lead to involvement with County human service agencies.

For example, the **Summer Fund for Children Program** and, subsequently, the **Year-Round Fund for Children Program**, in which CYF has been a major partner. CYF support leverages an additional half million dollars annually from The Pittsburgh Foundation, the City and County housing authorities, and the United Way of Allegheny County.

In addition to securing "new money" for needed services, the Department's shift to community-based services and the emphasis on prevention have already achieved a savings in the expenditure of County funds. As the long-term effects of prevention and early intervention — as well as the efficiencies realized through the administrative restructuring — are felt, the overall cost of more intensive treatment services will continue to decline. As the Department continues to compete actively for public and private sector funds, we also will reduce the County's share of costs by maximizing available third-party reimbursement for the services provided.

## II. CHANGING THE WAY WE DO BUSINESS:

### MANDATED SERVICES, COMMUNITY PARTNERSHIPS, SERVICE INTEGRATION, AND PREVENTION PLANNING

THE IMPACT OF THIS "NEW WAY OF DOING BUSINESS" is evident both in the way we deliver services that we are mandated to provide and in the additional community-based partnerships we have been able to form to focus on prevention, family strengthening, and empowerment.

#### **Mandated Services**

- λ Managed Care
- λ Permanency for Children
- λ Self Determination Initiative
- λ Welfare-to-Work

ALLEGHENY COUNTY GOVERNMENT traditionally has acknowledged its responsibility for addressing the most compelling health care, social service, and economic self-sufficiency needs of its residents.

In administering more than \$508 million in categorical funds for health and human services, the County accepts the obligation to provide a number of mandated services in behavioral health care (mental health and drug and alcohol services), mental retardation, homeless and hunger services, child protective services, and job training and employment services. It also is required to implement new initiatives and regulations as they are enacted.

Among recent changes in mandated services are the shift to managed care for behavioral health services, more stringent requirements for permanency planning, the piloting of a self determination initiative for consumers with mental retardation, and intensified services to help welfare recipients find and retain unsubsidized employment. In each of these areas, planning and implementation reflect the Department's commitment to a strengths-based, holistic, and culturally competent approach. The creation of a single Department of Human Services has encouraged all of us to look at service delivery more comprehensively, to maintain consistent priorities across services areas, and to link with available resources — within the department and in the community.



**MANAGED CARE:** In implementing the state-mandated shift to managed care for consumers of behavioral health care services covered by the Medicaid program, the Department of Human Services met with more than 300 consumers, families, advocacy organizations, providers, and foundations. Their input helped us to design an innovative system that reflects our guiding principles by ensuring quality care that is consumer-centered, community-based, and culturally competent for the approximately 140,000 Medicaid recipients who will be eligible to receive mental health and substance abuse services under this new managed care system.

At the recommendation of its broad-based advisory group, the County is subcontracting responsibility for oversight, monitoring, and technical assistance to a newly formed independent non-profit agency, ***Allegheny HealthChoices, Inc. (AHCI)***, and management of direct services to another non-profit entity, the ***Community Care Behavioral Health Organization (CCBHO)***, which is a partnership of Western Psychiatric Institute and Clinic, St. Francis Medical Center, and provider agencies. Diverse boards, which include consumer representatives, will advise both organizations.

Quality assurance and quality management aspects of the program design were rated "outstanding" by state reviewers, and parts of the member handbook developed in Allegheny County were selected by state reviewers as a model to be used statewide. Our non-profit model, which allows any savings realized through managed care to be reinvested in the local behavioral health care system (based on priorities established by local citizens) is viewed nationally as an effective alternative to the more common for-profit management of Medicaid services.

Although the new Medicaid managed care system does not apply to uninsured or underinsured DHS consumers who are not covered by Medicaid, the involvement of the Department's administration and staff from all offices in the design of the system prepares us to incorporate corresponding changes in the provision of behavioral health services to these other populations so that they, too, will benefit from enhanced access, coordination, and quality of care.

**PERMANENCY FOR CHILDREN:** The failure to provide permanency for children in a timely fashion was a problem that plagued the county's child welfare system for years.

Critics repeatedly pointed to the escalating rate of foster care placements, and delays of four years or more in finalizing adoptions. Other complaints related to the need for a more diverse staff that is more reflective of the clients served and for a stronger commitment to prevention and family preservation. Collaborations and internal changes within the Office of Children, Youth, and Families (CYF) have resulted in striking improvements in all areas, evident in a significant increase in children being served in their own homes, a decline in out-of-home placements and in the time children spend in foster care, a dramatic decrease in residential and institutional placements, and a dramatic increase in the number of family reunifications and finalized adoptions.

**The goal of CYF is to ensure that every child has a safe, secure home, preferably with his or her own parents. Recognizing that achieving that goal requires a full continuum of services, DHS has increased its emphasis on all aspects — from prevention through after-care. The Department has:**

- *Reduced out-of-home placements by 12 percent since January 1997.*
- *Placed 82 percent of siblings in the same foster homes.*
- *More than doubled the investment in in-home services for family preservation and reunification — from \$7 million to \$16 million in three years.*
- *Reduced the average length of time in foster care for children goaled to return to their own homes by 10 percent during 1998.*
- *Added three new **family-to-family units** and reduced the caseload for existing staff through the addition of 31 new CYF positions. In family-to-family units — recognized nationally as a model for foster care — children are placed in foster homes within their own communities, and, with the help of a shared caseworker, the biological and foster care families develop a non-adversarial team approach, focused on expediting permanency.*
- *Established a new on-line placement provider bulletin board that facilitates the referral and placement process for all children needing foster homes. This service levels the playing field for providers by offering simultaneous access to children who need placement, decreasing the time required to move children from shelters to homes, and improving the appropriateness of placements.*
- *Expedited permanency by contracting with 12 community-based provider agencies, through the **Family Transportation/Visitation Program**, to expand the capacity for family visits after business hours between birth parents and children in foster care. Through the efforts of this program, which served 254*

families and 506 children in its first year, nearly one-third of the children were returned to their parents or other relatives.

- Created, in collaboration with Juvenile Court and with foundation support, a new **Hearing Officers Project** designed to achieve permanency for children in a more timely and decisive manner. The availability of the hearing officers triples the judicial capacity for oversight and monitoring of both CYF casework and family progress, and frees the judges for critical case juncture hearings that impact directly on permanency, whether through reunification or adoption.
- Dramatically expedited adoptions through new collaborations and a designated adoption unit that includes "matching specialists" to find homes for special needs children. **The SWAN Legal Project**, a public-private partnership with the StateWide Adoption Network (SWAN), CYF, Juvenile Court, and pro bono services from the law firm Reed Smith Shaw & McClay, is tackling the court backlog by facilitating the timely preparation of adoption cases for court review. At the same time, Allegheny County Juvenile Court, under the leadership of Administrative Judge Max Baer, has instituted changes to speed up court proceedings.

**Allegheny County finalized 505 adoptions in calendar year 1998, an increase of approximately 45 percent over 1997's record-breaking year of 344 adoptions, more than double that of 1996, and nearly equal to the total number of adoptions completed by the agency in the four-year period from 1992 through 1995.**

Allegheny County's permanency efforts have received national attention. Recently, Judge Baer and Three Rivers Adoption Council were among eight recipients of federal Adoption 2002 awards for excellence at a ceremony at the White House. In addition, presentations given by Judge Baer and Marc Cherna at state and national conferences have precipitated inquiries from child welfare professionals across the country who are interested in learning about our innovative approaches to permanency and building similar programs in their own states. The Child League of America has recognized the SWAN Legal Project as a national model.

CYF also has become more responsive to the needs and preferences of its consumers. By increasing the number of African-American provider agencies and organizations, and by intensified outreach (conducting Civil Service examinations in neighborhood facilities, for example), staff composition is more reflective of CYF's client population (over half of the senior staff members are African-American).

The **Director's Action Line (DAL)**, which receives complaints and calls from client families, professionals, policy makers, and citizens, provides a second look at casework decisions and suggestions for other available options. Of the average 100 calls monthly, 95 percent report that their complaints were satisfactorily resolved. The DAL and other telephone

sources of help are listed in ***A Parent's Handbook***, a booklet for families involved with CYF. This booklet, which has been replicated by other counties across the state, describes the rights and responsibilities of parents and children and the responsibilities and services of CYF and the courts, and defines commonly used terms and procedures.

**SELF DETERMINATION INITIATIVE:** Among the guiding principles of the DHS redesign is the commitment to respecting the consumer's personal goals and preferences in terms of setting, approach, and provider type. This respect is reflected in a number of initiatives, and it is at the core of the ***Self Determination Initiative*** for providing mental retardation services. Developed under a grant from the Robert Wood Johnson Foundation, this new initiative is a systemic reform designed to ensure that the services are customer-driven, values-based, outcome-oriented, and cost-efficient — and that those who receive the services have the freedom to choose the services and supports they want and need, the authority to control limited resources, and the responsibility for the decisions they make.

Sixty-eight individuals are currently enrolled in pilot projects to test the effectiveness of several methods of providing more choice to individuals and families. Ongoing planning by six work groups will address key planning issues, such as financial and risk management, quality assurance, education and training, pilot projects, supports coordination, and provider readiness. **Regional Information Forums**, which reached more than 500 providers during the fall of 1998, will continue, and the information needs of consumers and their families will be met through smaller meetings hosted by provider agencies and through the new ***Self Determination InfoLine*** — 412-350-6097.

**WELFARE-TO-WORK:** Economic dependency — unemployment and poverty — are traditionally both the cause and effect of many of the problems addressed by DHS programs. Helping Allegheny County residents find jobs, traditionally the purview of the Department of Federal Programs (now the Office of Community Services), has become an even more urgent priority with the passage of welfare reform legislation. While a number of welfare recipients have succeeded in making the transition to full- or part-time employment,

many others will lose their benefits on March 3, 1999, if they are not working or engaged in at least 20 hours a week of "work-related activities."

The **Welfare-to-Work Program**, funded by the U.S. Department of Labor through DHS, specifically targets individuals who are "hard to serve": *those with poor work histories, those who lack a high school diploma or GED, and those with substance abuse problems.*

Eligible for Welfare-to-Work assistance are unemployed and minimally employed Temporary Assistance to Needy Families (TANF) recipients, non-custodial parents of TANF children, and in-school and out-of-school youth. The Office of Community Services, along with the City of Pittsburgh Partnership, is working with the Adult Section of the Family Division Courts, the County Assistance Office, and the County Jail, as well as other DHS programs, to identify eligible participants and to design a supportive delivery continuum that ranges from unpaid work experience through subsidized employment and on-the job training to full-time unsubsidized jobs. All DHS providers and many community organizations and businesses will be approached in the next few months to create or make available work experience and entry level slots for Welfare-to-Work participants.

Welfare-to-Work services, although more narrowly targeted than previous jobs programs, will be coordinated with existing **Job Training Partnership Act (JTPA)** and **Single Point of Contact (SPOC)** programs, which currently serve more than 1,500 Allegheny County adults, and with the **Summer and Year-round Youth Employment Programs** of the County serving more than 1,400 young people.

All of the Department's efforts in job training, development, and placement — which cross all program areas — are a part of the broader city and county strategy for long-term workforce development and rebuilding communities. This strategy, developed with major input from DHS and based on a model developed under a grant program of the Annie E. Casey and Ford Foundations, will create **Career Links**, a community-based career development marketplace with conveniently located actual points of access throughout the city and county, as well as "virtual" centers on the Internet, where employers can review résumés of applicants, and workers can search job listings on terminals located in family support centers, libraries, and other neighborhood sites.

This comprehensive plan actively engages the community in all aspects of creating wealth and opportunity at the neighborhood level. As a first step toward encouraging low-income families to pursue homeownership, educational, and entrepreneurial goals, DHS — in partnership with the Northside Civic Development Corporation, PNC Bank, and family support centers — has established a state-funded **Family Savings Account** program. Low-income residents, who are referred to the program by a family support center, are exempted from bank fees and receive financial counseling. When they meet their savings goal, the state contributes a substantial cash match. To date, 44 Family Savings Accounts have been opened.

### Community Partnerships

- λ Community Connections for Families
- λ Housing Counseling
- λ Community Service Providers Network

MULTIPLE PROBLEMS TYPICALLY confront DHS consumers, and resolving them often draws upon the resources of all the Department's programs and a variety of community-based resources as well.

The hallmark of a truly integrated system is continuous collaboration among the staff to meet the holistic needs of all consumers. With this in mind, extensive cross-training is occurring among staffs in the various programs to ensure that all staff — including those employed by the Area Office on Aging and the Health Department — are aware of DHS resources such as energy assistance, medical transportation, emergency rent and food vouchers, Head Start, and employment services, for example.

The Department also is reaching out to community resources through service contracts for prevention and support services with grassroots and nonprofit organizations, by joining in collaborative efforts to address the needs of the under-served, and by actively pursuing public and private grant funds. The following is a sampling of such initiatives.

**COMMUNITY CONNECTIONS FOR FAMILIES (CCF):** On the basis of a plan submitted by the Department to the U.S. Substance Abuse and Mental Health Services Administration (SAMSA), Allegheny County has been selected as one of 14 sites nationwide for a comprehensive, community-based program for children with serious emotional disturbances and their families. Funded for \$5 million over five years, the program will serve more than 500 children — ages 6-14 years — and their families in five Pittsburgh

and Allegheny County neighborhoods where family support centers and collaboratives are in place. Many of the services, including crisis intervention and behavioral therapy, will be provided in the families' homes. Other services will include psychiatric care, respite care, and after-school programs. The program design incorporates the DHS guiding principles and strategies of partnership, empowerment, accessibility, and cultural competency. A Collaborative Governance Board with a consumer majority will provide oversight and direction to the program.

**HOUSING COUNSELING:** Recognizing that lack of affordable housing is a major barrier to family preservation and reunification, the DHS initiated a pilot project with the Urban League of Pittsburgh to provide housing assistance to CYF families with critical housing problems. During the first six months, 74 families received services that helped to keep approximately 206 children out of foster care placement. Plans are being developed to expand this pilot project to provide on-site housing assistance in the CYF regional offices to more families.

**COMMUNITY SERVICE PROVIDERS NETWORK (CSPN):** This collaborative of representatives from 32 agencies involved in drug and alcohol prevention, youth development, gang intervention, and other health and human services provides a forum for case review and allocation of emergency assistance. Its members also serve as resource persons and speakers for programs serving recovering substance abusers. Funding for the services provided by CSPN member agencies is supported by a grant from DHS.

Key concerns in all DHS service planning are the special housing, child care, and transportation needs of families affected by welfare reform. As the fiscal conduit for Head Start funding in Allegheny County, the Department has expanded the number of available slots. In neighborhoods where large numbers of TANF recipients live, **Head Start programs** will be extended to full-day service to accommodate the child care needs of working mothers.

Collaborative efforts like the **Summer Fund for Children Program** and its year-round after-school component — in which DHS has been a partner from the start — are concerned primarily with providing safe, stimulating environments for children who live in public housing communities. The program, however, is a model of service integration and prevention by combining child development services with employment for TANF and YouthWorks participants, and capacity-building for resident councils. Because many of the mothers are required by TANF to be employed, DHS provides evening meal service for the year-round program, as well as breakfast and lunch for the summer program.

## Service Integration

- λ Healthy Start Sisters' Project
- λ Project Blanket
- λ Incarcerated Fathers Project

THREE NEW INITIATIVES — The *Healthy Start Sisters' Project*, *Project Blanket*, and the *Incarcerated Fathers Project* — were launched through collaboration with community-based organizations. They illustrate the DHS

commitment to service integration along the full continuum from prevention through after-care, as well as across program areas.

Data show an extraordinarily high correlation between drug and alcohol abuse and incarceration. (*At the Allegheny County Jail, 85 to 90 percent of inmates enter the system with substance abuse problems.*) The prevalence of substance abuse among the pregnant and parenting clients of Healthy Start also is high and constitutes a serious risk factor for poor pregnancy outcomes. In both populations, the combined risk factors of substance abuse, family fragmentation, and lack of social supports often lead to child abuse and neglect and ultimately entry into the CYF, D&A, or criminal justice systems. By addressing the substance abuse problems and providing a range of social supports — including parenting education — these three initiatives combine direct services and, in some cases, treatment for an individual with prevention services for the family.

**THE SISTERS' PROJECT:** Operated by Healthy Start, Inc., this is a comprehensive, collaborative project that involves the entire service continuum, from prevention to after-care, to address the multiple needs of pregnant and parenting women who are chemically dependent. Certified Addiction Counselors — assigned to the Healthy Start core teams and each CYF Regional Office — conduct assessments, arrange for treatment when indicated, and coordinate follow-up supportive services. Fourteen neighborhood “Sisters” — who are themselves recovering from addiction and, in some cases, fulfilling their TANF work requirements — make home visits to referred women and provide ongoing mentoring and support.

During the project's first year, 683 women had received or were receiving services and 492 were admitted into treatment. Two-thirds of those referred to treatment completed it, and 40 percent showed continued abstinence or a marked reduction in substance abuse. More than one-third of the participants improved their family support system and are regularly attending AA or NA meetings, and many have gained permanent housing, food assistance, or employment by accessing other DHS services. Among the “Sisters,” there have been no relapses and no staff turnover.



In addition to meeting the treatment needs of the women, the project has played a significant role in family strengthening and prevention. Approximately 80 percent of the women were involved in some way with CYF. Because of their addiction, all were at high risk for abuse and neglect. However, only three children of participants were removed from the home since the project's start, and 39 have been returned to their homes. Furthermore, participants' involvement with CYF has declined over the year.

Collaboration with the County and City JTPA programs, the Urban League of Pittsburgh, the Allegheny County Assistance Office, and the City and County Housing Authorities ensure that a wide range of services — job training, housing assistance, mental health counseling, transportation, and child care — are available to participating families. The Pittsburgh Foundation, the Jewish Healthcare Foundation, and the Heinz Endowments have provided financial support for the Sisters Project.

**PROJECT BLANKET:** Developed and implemented in the County Jail by Strength, Inc., this project is funded jointly by DHS and a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD). True to its name (an acronym for **B**asic **L**ife **A**wareness and **N**etworking **K**nowledge for **E**mpowerment **T**ransition), the program surrounds the inmate and his family with intensive programming during incarceration in the Allegheny County Jail and continues to support their recovery and basic needs, including employment, for two years or more after release — with the goal of preventing *relapse* (return to substance abuse) and *recidivism* (return to incarceration). To date, there have been no re-arrests among the participants in the institution-based component who have been released.

**INCARCERATED FATHERS PROJECT:** Conducted by Family Resources, this project — which was developed with input and encouragement from DHS and the County Jail — consists of two weekly Parents Anonymous groups at the County Jail, community-based weekly support and information-sharing sessions for families of incarcerated fathers, and retreats for reunified fathers and their children. Parent mentoring, counseling, help with housing, job training, and other basic needs are provided by Family Resources staff prior to a father's release and during the subsequent period of family reunification. By helping incarcerated fathers learn to engage with their children as parents, the program seeks to reduce the isolation and emotional losses experienced by the fathers, increase their attachment to and sense of responsibility for their children, and decrease the potential for abuse and future involvement with CYF once the family is reunited. This project is funded by a grant from the Heinz Endowments.

### Prevention Planning

- λ Youth Reach
- λ National Council for Urban Peace and Justice

OF ALL THE LEVELS on the continuum of services, the most effective long-term prevention initiatives are those that focus on youth by fostering healthy development and deterring high-risk behaviors, including delinquency. DHS is an active partner

in the after-school programming of **YouthPlaces** and the part-time and summer employment program, **YouthWorks**. It also supports two programs that directly address young people at risk of delinquency or the effects of street violence:

**YOUTHREACH:** Funded by grants from DPW, the Pennsylvania Commission on Crime and Delinquency and the DHS, **YouthREACH** employs young people from the community as outreach coordinators to work with youths identified as high risk for delinquency and school failure and, with their families, link them with programs and services and offer individual support. Although most of the participants would not, on their own, seek out **YouthPlaces** for after-school programming, many do become actively involved as a result of this outreach. Administered by *Open Doors*, **YouthREACH** will expand from three neighborhoods to nine this year.

**NATIONAL COUNCIL FOR URBAN PEACE AND JUSTICE:** Formerly the *Gang Peace Council*, this program staffs crisis teams who arrive on the scene of violent incidents (drive-by shootings, other street crimes, and accidents), diffuse potential confrontations, and provide support and assistance to friends and family members of victims and witnesses. The Council also provides *Rites of Passage* programs to encourage responsible growth to adulthood. Referral to follow-up counseling is provided when needed.

### **III. CHANGING THE INTERNAL STRUCTURE:**

**ORGANIZATIONAL CHANGE, STAFF RELOCATION,  
HUMAN RESOURCES, INFORMATION SYSTEMS,  
AND FISCAL MANAGEMENT**

UNDERLYING THE CHANGES in the way we do business programmatically are major changes in the Department's administrative structure and operations — all designed to facilitate and advance the overall integration of service delivery. Many of these administrative changes were guided by the recommendations of the Chamber of Commerce work groups.

## Organizational Change

FROM THE START — and at the strong urging of both the Oversight Committee and the Chamber's

Organizational Change Committee — we recognized the need to look outside the county for models of successful integration of human services and to work within the Department to involve staff at all levels in the change process.

**Benchmarking:** Research by the Chamber committee, as well as by student teams from Carnegie Mellon University and the University of Pittsburgh, has yielded a wealth of comparative information in the area of service integration, management information systems, and human resources. This information, which has guided us in our own planning, was gathered through site visits and teleconferences to eight counties across the nation that have been engaged in similar restructuring activities. **From the research, we developed six key learning points that will be incorporated in our change efforts locally:**

- *That a clear leadership vision and champions of it are essential*
- *That change does not occur overnight but rather through repeated messages and smaller changes in structure, practice, and incentives*
- *That training can overcome resistance to change by helping employees develop the knowledge and skills to perform new tasks*
- *That incentives must be aligned with new performance goals and expected behaviors*

- *That communication with a variety of audiences is a major tool for overcoming resistance to change*
- *That change involves merging disparate cultures; this can be managed by valuing flexibility and change and by celebrating both old and new organizational achievements*

**Staff Development and Training:** Five sessions on organizational change issues have been facilitated by Chamber members with 25 key management staff. These managers, in turn, have shared what they learned with line staff and are incorporating the principles into their day-to-day management. Hundreds of hours have been devoted to addressing the change issues with staff. In addition, staff members of the Office of Children, Youth, and Families and the children's mental health unit of the Office of Behavioral Health have completed the ***Community Partnerships "Best Practices" training***, which is designed to improve service to client families by revitalizing case management practices. The CYF training project was funded by a grant from the R. K. Mellon Foundation.

**State Approvals:** DHS has submitted a detailed table of organization, reflecting the structural and personnel changes inherent in the reorganization, to the Pennsylvania Department of Public Welfare. The tables were accompanied by a detailed explanation of the roles, responsibilities, and authority for each unit.

**Senior Staff Search:** The search for the Chief Executive Officer of ***Allegheny HealthChoices, Inc. (AHCI)*** resulted in the selection of Mary Fleming, formerly of Value Behavioral Health, who assumed the position on October 29, 1998. Currently underway is a national search, supported by the Integration Fund, for the position of *Manager of Planning, Information, Program Evaluation, and Research (PIPER)*. Recently, Dan Fogel, Professor of Business Administration at the University of Pittsburgh Katz Graduate School of Business, has been retained as our external change agent. Fogel, who chaired the Committee that examined organizational change issues in the *Greater Pittsburgh Chamber of Commerce Restructuring Report*, will facilitate and advocate for the Department's vision

and plans for change among policymakers, funding sources, and community leaders. We view this position as essential to ensuring that the changes are implemented.

### Staff Relocation

TO ENHANCE THE EFFICIENCY of the overall DHS operation and optimize interaction across program areas, all Department staff should be located ideally in a single central facility. Since this consolidation was not feasible at this time, we decided to co-locate staff by function in three currently leased buildings — **Wood Street Commons, One Smithfield Street, and 933 Penn Avenue**. The Chamber's Physical Location Project Team developed a plan for an appropriate grouping of staff, assessed the available space, inventoried furnishings and equipment, and prepared electronic computer-aided drafting (CAD) floor plans. A nine-month move plan strategy will be carried out in 1999. Baker and Associates, which contributed extensive *pro bono* work on the preliminary survey and planning, will oversee the moves under a contract funded by the Integration Fund. Moving expenses will be covered through the administrative budget.

CYF will continue to maintain neighborhood offices, but *all intake has been centralized in the former Rockwell International plant on Lexington Avenue in Point Breeze*. This facility co-locates central intake with the *Eastern District Office* and the *CYF Foster Care and Adoption Departments* as well as other agencies that work closely with DHS.

### Human Resources

DHS — WITH ADVICE FROM business and human resources professionals, County staff, and the state agencies that fund and oversee county human services — is working towards developing a *single merit-based personnel system* within the Department.

The project includes aligning the class specifications, job titles, and compensation ranges used by the Allegheny County Office of Human Resources with those currently used by the Pennsylvania Department of Public Welfare. After the plan is completed, all job descriptions will be reviewed and revised as needed. The goal of this change is to

standardize the job specifications, qualifications, and salary ranges. A redesign of the system should improve the recruitment, selection, and hiring process in order to secure, in a timely fashion, personnel who have the required skills for each position.

A work group is reviewing state-of-the-art performance evaluation systems with the objective to devise a system that will maximize communication between supervisors/managers and employees around job expectations and the achievement of agreed-upon goals.

## Information Systems

THE MAGNITUDE OF THE TASKS involved in integrating fiscal, clinical, and data warehousing functions proved too unwieldy to undertake as a single, fully integrated system. **The insightful analysis by the Chamber of Commerce led us, instead, to adopt a sequential approach comprising four components:**

- **Transition to Windows NT/Year 2000 Compliance**

*As a first step toward consolidating the information systems, the necessary hardware and software has been identified to move the Department towards a standardized Windows NT-based environment that will be Y2K compliant and will provide a Wide Area Network (WAN) and PC capabilities, including email, for all staff. The new system will allow increased electronic communication between buildings and with the rest of County government.*

- **Development of a Data Warehouse**

*In preparation for creating a Data Warehouse that will allow the sharing of client information across program lines, DHS has begun an analysis of its many databases with the goal of connectivity and information sharing. The **DHS Data Warehouse** will eliminate duplicate data entry, provide comprehensive demographic data, and generate management reports for the Department as a whole and its various programs.*

- **System Upgrades and Improved User-Friendly Software**

DHS also is evaluating and implementing specialized software in all of its offices. CYF volunteered to be the first county in the Commonwealth to implement the Family and Child Tracking System (FACTS), an automated data management program for child protective services that was originally used in Philadelphia. The user-friendly system, which includes capabilities for intake, case management, placement, adoption, and risk assessment, will allow social workers to enter and retrieve data directly through the computer.

In all program areas, existing software is being evaluated and upgraded or replaced to ensure greater efficiency and compatibility with other DHS programs and, when necessary, with governmental funding sources.

■ **Human Services Net**

The DHS has facilitated a collaborative effort among the major stakeholders of information systems, including — Carnegie Mellon University, the University of Pittsburgh, Port Authority of Allegheny County, the City of Pittsburgh, Carnegie Library, and the United Way — to participate in the development and implementation of an Internet-based Geographic Information System (GIS) for Allegheny County. This Human Services Net will combine the large databases of human service resources such as Where to Turn with GIS mapping to provide public access to service and demographic data. Users will be able to communicate directly with many of the providers via the Internet. **Three Rivers Connect** has agreed to take a leadership role in this process.

**Fiscal Management**

FISCAL MANAGEMENT SYSTEMS WITHIN DHS program offices range from manual systems to customized software systems specific to particular funding sources. In all, at least three different automated systems are in use, and multiple reporting systems are required for each funding stream. Preliminary to developing a restructuring plan, DHS engaged David M. Griffith and Associates, Ltd., to develop a methodology and cost-allocation system for charging costs to categorical programs that would meet state and auditing requirements. In October, he installed the *Random Moment Time Study* software in the Offices of Behavioral Health to evaluate its potential value in maximizing state and federal reimbursements and meeting reporting requirements.

A manager, supported by a grant from the Integration Fund, has been selected for the fiscal restructuring project. The manager will review current fiscal procedures and internal control operating policies, identify a single Windows-based software that will be compatible with the MIS platform and permit electronic reconciliation with the County Controller's system and HealthChoices information system, and recommend a master plan to merge fiscal staffs into compatible work groups.

These administrative changes are designed specifically to improve the quality, breadth, and cost-effectiveness of the County's human services delivery and to facilitate the holistic, culturally competent, and strengths-based partnership approach to services as described in the earlier "redesign" document and illustrated by the programmatic accomplishments we have outlined in this report.

## **IV. COMMUNICATING THE CHANGES**

THE SUCCESS OF OUR EFFORTS to integrate human services depends upon the effective communication of the vision to the multiple publics affected by the changes.

Consumers and potential consumers of services must understand what help is available, how to access it, and their rights as individuals and clients. Providers of the services — internal staff



and contracting agencies — must understand the potential benefits of the new approaches to collaboration and their own roles in this "new way of doing business." And those who pay for the services — taxpayers, governmental agencies, and foundations — must see both the service benefits and the cost-effectiveness of an integrated, preventive approach to meeting basic human needs.

**A comprehensive communications strategy, developed by DHS Community Relations staff over the past year, ensures that all publics are fully informed and invested in the change process. This strategy includes the following components:**

- ***Establishing a consistent image that communicates the new approach to delivering human services.*** A new logo, currently in the final design stage, will appear on letterhead and all printed publications.
- ***Reflecting this consistent "face" at public meetings.*** Banners are displayed, and a DHS consumer interest survey, which includes a list of all DHS services, is distributed to all who attend. Staff members are on hand to talk with consumers and encourage them to complete the surveys. The completed surveys containing an expression of interest or question are passed on to the appropriate DHS office, where staff members contact the consumer and respond to his or her concerns.
- ***Increasing the Department's accessibility, responsiveness, and accountability*** through dedicated phone lines to respond to consumers' questions, complaints, and requests for information. These include the **CYF Director's Action Line (DAL)**, described above, and the **Self Determination InfoLine**, which is now available for persons with disabilities and their families who have questions or wish further information. Additional direct lines providing direct access to knowledgeable staff will be established as the needs arise.
- ***Developing a marketing strategy to reach out to consumers*** in all program areas and encourage them to take advantage of under-utilized supportive services for which they are eligible. One example of the strategy is the increased use of direct mail to inform families of opportunities in **Head Start** and in the **WIC nutritional program**.
- ***Producing and disseminating informational materials***, including a **monthly calendar of events** and a **directory of human services providers**. A **Parent Handbook**, developed for families involved with CYF, provides a clear and concise summary of services and consumer rights and responsibilities. It has been recognized statewide as a model for consumer education. **The DHS "Redesign"** document and **Profile** of services were produced and widely distributed throughout the community and among DHS providers, with a request for comments and suggestions. Many of these responses are reflected in the changes described in this report.

- **Constructing a website ([www.trfn.clpgh.org/acdhs](http://www.trfn.clpgh.org/acdhs))** to provide information to consumers and providers about DHS services, new initiatives, and special events. Currently under development, the website will be expanded and updated regularly. In addition to information on DHS services, the site provides links to providers and to state and national advocacy organizations.
- **Publishing an internal newsletter for all DHS staff**, with regular input from all divisions and offices. Senior administrators in all areas are responsible for providing updates at least monthly on activities and initiatives in their respective areas that may be appropriate for use in the newsletter or for broader dissemination through the news media. In addition, major departmental plans and initiatives — for example, the **Chamber of Commerce report** — are relayed to the staff through presentations arranged through Human Resources.
- **Establishing a consistent policy and media protocol for all staff** and centralizing media relations within the Office of Community Relations.

Fundamental to the Department's strategy is the commitment to making communication a two-way street. Consumer input is invited through readily accessible telephone lines and public meetings, and staff and providers are encouraged to share information and ideas through the newsletter and staff meetings.

AT THE SAME TIME, the administration's policy of openness is reflected in proactive sharing of information with all of the Department's publics and timely response to all questions and concerns. Timely and effective communication with our many publics will become an even greater priority in the coming year as we advance our efforts to redesign human services in Allegheny County.