

# **REDESIGNING HUMAN SERVICES DELIVERY IN ALLEGHENY COUNTY**

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**The Allegheny County [PA] Department of Human Services briefly describes governmental, departmental, and system changes that are underway, provides a rationale for change, and invites the community to join in the challenges and opportunities presented.**

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**Allegheny County  
Department of Human Services**

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Director**

**January 1998**

**Redesigning Human Service Delivery**

MOTIVATED BY A COMMITMENT to provide the best in human services to county residents and to provide them more effectively and more efficiently, the Allegheny County Board of Commissioners recreated the Department of Human Services in July 1996 as one of six "mega" departments, each of which combines existing programs and departments. This restructuring reflects the recommendations of ComPAC21, the report of a blue ribbon study commission charged with developing a design for the county's future.

With the appointment of an executive director in January 1997, the new Department of Human Services began the process of integrating the existing Departments of Aging (DOA), Federal Programs (DFP), Children and Youth Services (CYS), and Mental Health/Mental Retardation/Drug & Alcohol/Homeless & Hunger Programs (MH/MR/D&A/ H&H). The Department will also continue to oversee almost 400 agencies under contract to provide direct services through the new program divisions and will work cooperatively with the Allegheny County Health Department and the Penn State Cooperative Extension.

The restructuring plan for the Department of Human Services grew out of a lengthy internal planning process and much public discussion. The goal is to achieve efficiencies by consolidating duplicated functions while preserving and enhancing program services and maintaining compliance with state requirements. The new structure consists of three operational levels:

- ! **EXECUTIVE:** the executive director, executive assistant, and administrators of two central officesXlegal and regulatory compliance and community relations.
- ! **DIVISIONS:** managers of the functional divisions of (1) administration, (2) policy, information systems, planning, evaluation, and research, and (3) program operations.
- ! **OFFICES:** administrators of the 10 offices encompassed by the divisions, including the consolidated functions in financial management, budgeting, human resources, information systems, and planning, research, and evaluation as well as the direct service components of the existing departments. The names of these offices indicate the realignment of services and may reflect a change in emphasis:

X Services currently offered by MH/MR/D&A/H&H will be provided by three Offices:

**Behavioral Health** (mental health and drug and alcohol services), **Mental Retardation/Developmental Disabilities** (mental retardation services), and **Community Services** (hunger & homeless).

- X The **Office of Children, Youth, and Family Services** reflects increased emphasis on families in delivering a wide range of prevention and early intervention services, child protective services, and mental health services for children.
  
- X The **Office of the Area Agency on Aging** brings together a full range of services to address the needs of our senior population, and includes all services previously available through the Department of Aging.
  
- X The **Office of Community Services** includes all of the programs that were formerly provided by Federal Programs. This Office will administer all programs that support the major programs offered by other Offices (i.e., Community Service Block Grant Program, Human Service Development Fund (HSDF), Housing, Hunger & Homeless Services, Summer Food Service Program, Head Start, Job Training and Partnership Act (JTPA) Single Point of Contact (SPOC), and the Low Income Home Energy Assistance Program (LIHEAP).

In addition to the advisory committees that currently exist, a newly-formed Oversight Committee will provide advice on the implementation of the restructured Department. This committee will be chaired by John Murray, President of Duquesne University, and Chairman of the ComPAC21 Commission.

## **Why change?**

IN APPROACHING THE TASK of redesigning human service delivery for the next century, it is important to acknowledge both the strengths and limitations of the present system and to examine the challenges and opportunities that change present.

### **Strengths**

We are fortunate, in Allegheny County, to have a history of helping each other. Each year,

more than \$380 million in federal, state, and local funding is directed by the county into health and human services. This reflects an acknowledgment on the part of county government of its role in addressing the most compelling needs of its residents. In addition, millions of public and private dollars support services of private non-profit organizations. Our region is also enriched by volunteerism --- the time and talents given by dedicated and caring individuals, many of whom are affiliated with service, faith-based, and neighborhood organizations. Strong support from the local foundation community has underwritten innovative, collaborative efforts that include the Early Childhood Initiative, family support centers, neighborhood mobilization, and youth crime prevention. Local initiative and advocacy at all levels of government have attracted large federal grantsXfor example, Empowerment Zone/Enterprise Community funding, Hope VI, Weed & Seed, and Healthy StartXfor economic development, education, housing, and health care.

Over the years, this region has undertaken daunting challengesXriverfront flooding, smoke pollution from the steel mills and the subsequent economic crisis with their closure, revitalization of the downtown area, high black infant mortality, and a sudden rise in youth crime and violence. To all of these problems, Allegheny County has brought a capacity for collaboration that is the envy of urban areas across the country: the ability to create strong, working partnerships between government and the private sector, philanthropy, education, religion, and grassroots organizations and individuals in the more than 200 neighborhoods and municipalities that make up Pittsburgh and Allegheny County.

### **Limitations**

Despite the vast resources available in Allegheny County, service delivery remains fragmented and frustrating, both to consumers and to staff who provide the service. Because services are compartmentalized and most consumers require not one but multiple services, the system becomes an almost impenetrable maze. Multiple points of entry, varying eligibility criteria, and lack of communication among the various service providers involved with an individual or a family too often result in confusion, frustration, and loss of confidence in the system itself. This lack of confidence, in turn, encourages people to view public services as a last resort orXworseXas a punitive "enforcer" rather than a source of information and help, a resource to help them regainXrather than surrenderXcontrol of their lives.

## Challenges

Important trends and changes at both the local and national levels indicate the critical need for responsive, consumer-oriented services and for an effective response to demands for greater efficiency and accountability. These trends and changes include:

- # **Welfare reform**, rising poverty rates among families with young children, and the workforce trends toward down-sizing and job relocation increase the need for effective job readiness training, placement, and retention services as well as supportive housing, transportation, and child care. They also underscore the need for interventions that focus on personal responsibility and empowerment.
- # The **managed care** environment that, within the next year, will dictate reimbursement for behavioral health services in mental health and drug and alcohol treatment will demand a new level of efficiency and accountability from the County and its contracting agencies.
- # Changes in the allocation of state and federal **appropriations** place new urgency on maintaining fiscal integrity and controls, exploring alternative funding, and devising creative initiatives.
- # Problems associated with pervasive **drug and alcohol use**, such as increased infant morbidity and child neglect and abuse, indicate the need for a new, holistic approach that includes prevention, early intervention, and after-care; this service continuum maximizes the potential for building a recovery culture within neighborhoods where families reside.
- # Continuing growth in the population of **older adults**—particularly those 85 and older, who are most likely to need intensive and costly care—points to the need for a wide range of services to help seniors remain healthy and independent as long as possible.

## The Opportunity

We view restructuring as an opportunity to create *an **accessible, culturally competent, integrated comprehensive human services system that ensures individually-tailored, seamless, and holistic services to Allegheny County residents and in particular to***

**the County's vulnerable populations.** By unifying public human services in a single entity, reorganization creates a force that can more effectively spearhead community-wide collaboration and innovation and maximize available funds for direct services in all areas. Centralized administrative functions can provide the level of accountability and cost-effectiveness that funding sources and the public demand, and integrated information systems and staff development can assure the quality and accessibility of services.

## Changing the Way We Do Business

THE NEW STRUCTURE IS MUCH MORE than a bureaucratic reorganization. It is a fundamental change in the way we see people and in the way we do business. It will support the needed changes in service delivery and achieve an economy of scale by consolidating administrative functions:

- # **Financial Management.** Integrated fiscal and budgetary functions will enhance the Department's ability to recruit new resources and financial support to improve and expand service capacity and to ensure that categorical funds are allocated to the intended program and that undesignated funds are used where they are most needed.
- # **Community Relations.** A coordinated communications effort will promote all the Department's services, let people know what services are available and how to access them, respond to questions and complaints, share information, and maintain an open relationship with the news media, consumers, and public.
- # **Planning, Research, and Evaluation.** The combined expertise from all the program areas will help us forge collaborations with other public and private organizations and agencies, including community- and faith-based organizations at the grassroots level, measure and document the quality of programming, and develop new funding sources.
- # **Human Resources.** This consolidated division will establish consistency in hiring, compensation, and promotion policies and ensure that staff members are supported and trained in order to stay informed of the best practices of their own and related disciplines.
- # **Information Systems.** With technical assistance from local universities and private sector financial support, a comprehensive management information system will be developed to serve the financial and case management needs of all human service programs. It will create a "single door" to the system, with instant access to case data

for case managers in any DHS division and an integrated accounting system that meets the requirements of the various state and federal funding sources.

## **Institutionalizing "Best Practices" Case Management**

IN ADDITION TO INTERNAL CHANGES IN STRUCTURE and the new emphasis on enhanced outreach to all sectors of the community, the Department of Human Services will strive continuously to implement across all direct services the holistic, culturally competent, and strengths-based partnership approach that has traditionally characterized the most effective interventions and the most skillful case managers.

A **strengths-based approach** focuses on an individual or family's capabilities rather than on deficits or dysfunctions. It acknowledges that asking for help can be difficult and seeks to establish a climate of respect where seeking help carries no stigma and emphasis is placed on building confidence, finding solutions, and ultimately moving toward personal empowerment and independence rather than dependency.

**Partnership** operates at multiple levels. Consumers become active partners in resolving their own problems when they participate in finding a solution that meets their needs and advances their personal goals. Families, too, can become active partners in the treatment process by providing support and serving as an effective vehicle for prevention among others in the home. Staff members are also partners with the consumers they serve, with staff members from other disciplines who are involved with the same family, and with community-based programs where they may be able to lend professional skill and knowledge.

**Culturally competent services** demonstrate respect for the individual's personal goals, strengths, and preferences in terms of the setting, approach, and provider-type. In most cases, these services will be those that are least restrictive and closest to home, in which both responsibility and decision-making are shared with the consumer.

A **holistic approach** stresses the total needs of the individual and, indeed, for his or her family and community as well. Rather than considering only the presenting problem, the case manager seeks out appropriate resources both within the County service system and in the community to address all the stressors in a person's life. A holistic approach also recognizes the need often within a single consumer family for the full continuum of

services, which include:

**Information Exchange.** Many individuals and families can be served simply through the provision of information or referral to sources of help. A user-friendly human service system makes such information easily accessible to consumers through telephone action lines, where knowledgeable staff members are available to make referrals, answer questions, or receive and follow up on complaints.

**Prevention.** Prevention is a long term investment in individual and community well-being. The relatively low cost of providing Head Start and early education opportunities for young children, youth development and life skills programs for adolescents, comprehensive senior centers and housing and transportation assistance for older adults offer large returns by reducing future need for more costly, intensive services. Often community-based programs—for example, those offered through neighborhood-based collaboratives, faith-based organizations, and family support centers—fill the role of extended family for people who lack the support of relatives or close friends.

**Early Intervention.** Responding to early warning signals that often predict more serious problems is, in reality, a form of crisis prevention. In cases of truancy and declining school performance, for example, addressing the needs of the child and family may reverse the negative behavior before it escalates into delinquency. Like prevention, early intervention initiatives are more likely to be used when they are community-based.

**Crisis Management.** Still key components in the human service system, protective services and crisis intervention will continue to be a priority. The emphasis, however, will be on short-term intensive intervention, stabilization of the situation, and linking the individual or family with other resources within the Department or in the community. These services will support the individual's recovery and growth while addressing the needs of other family members who may benefit from prevention or early intervention services.

**After-Care.** Recognizing that many people who make significant progress during active involvement with a human service provider are unable to sustain the progress without continuing support, the Department of Human Services will expand efforts to provide appropriate follow-up services in such areas as helping newly employed welfare recipients retain their jobs, supporting caretakers of frail older relatives, and following up with persons discharged from drug treatment programs or prisons.

## The New Department

THE RE-CREATION OF THE DEPARTMENT WILL NOT BE ACHIEVED OVERNIGHT. There are no quick fixes for the multitude of problems facing Allegheny County's 1.3 million residents, nearly one-third of

whom have contact with the Department, if only for information and referral, each year. There are no quick fixes that will achieve the responsive, holistic, integrated service delivery we desire. That said, the proposed restructuring of the Allegheny County Department of Human Services is the determined first step toward changing and improving the "way we do business."

As we initiate change, we are gratified by the interest and offers of support from a variety of sectors, including universities; the Chamber of Commerce; and the foundation community that created a Human Services Integration Fund to support the reorganization effort. We are also helped by the support we receive from the many agencies and organizations that currently provide human services across the county and in our communities.

## **A Role for Everyone**

This blueprint reflects our perception of the direction human service delivery should take in the future. More important, it is the Department's invitation to the entire community to join with us in the challenge and opportunities of change. We welcome your comments, suggestions, and ideas as we move toward the realization of a shared vision for Allegheny County in the 21st century.

## **Department of Human Services' Initiatives that Illustrate Our "New Way of Doing Business"**

The following initiatives already under way are a few examples of the strength-building approaches and management strategies and new ways of doing business envisioned for the future. Each initiative incorporates one or more of the following:

- < Forges partnerships and collaborations
- < Empowers the individual, the family, and the community
- < Creates comprehensive, individually tailored and accessible services for multi-problem families
- < Facilitates prevention and early intervention community-based programs
- < Establishes accountability and cost-effectiveness in management
- < Incorporates an understanding of current social and economic realities

### **The Sisters' Project: A Home Visitation/D&A Mentoring Program for Chemically-Dependent Mothers or Mothers-To-Be**

The Sisters' Project, operated at Healthy Start, Inc., is a comprehensive multi-system/multi-agency project that identifies women with children/pregnant women who are chemically-dependent and provides a coordinated support network offering a full range of assessment and community-based supportive services. The Project offers support to women to help them to recover from chemical dependency and remain chemically free; thus, it eliminates a major reason families become involved with the child welfare system. Participating mothers receive home visits from a trained, supportive neighborhood "sister" who is herself recovering from an addiction and who, potentially, may use her work to fulfill the requirements of welfare reform. Addictions Counselors provide assessments, arrange for treatment, and coordinate the home visitors. Our partners for this project include the Collaboratives, the D&A Service Providers, the City of Pittsburgh and County JTPA, the Urban League, the Allegheny County Assistance Office, the City of Pittsburgh and County Housing Authorities, The Pittsburgh Foundation, and the Howard Heinz Endowments. Through their collaboration, these partners shore up the family by ensuring that each receives all services needed, including job training, housing assistance, mental health counseling, transportation and child care.

### **The MR Self Determination Project**

Allegheny County is at the forefront of an individual/family empowerment movement, and the Self-Determination Project illustrates our commitment to empowering individuals and families who are involved with the MR system. Funded by the Robert Wood Johnson Foundation, the project is an 18-month demonstration that retools the County's MR System and tests a voucher reimbursement method. Individual consumers and their families have greater choice and more control; they can choose the types of supports that work for them in their home and in their community. We will place more emphasis on non-traditional supports and utilize more community services. While the project officially ends in June of 1998, the County intends to implement all successful elements tested in the demonstration. Through this and other projects, we will continue to work toward system redesign that best empowers all consumers of human services.

### **SWAN Adoption Legal Services Project**

The Adoption Legal Services Project is based on a unique and ongoing local public/private sector partnership involving state, county, and judiciary entities and the private law firm of

Reed Smith Shaw & McClay. Created in 1996, the project addresses a critical problem in the Allegheny County child welfare system: the large number of dependent children languishing in foster care due to stalled or blocked adoption proceedings. Through the efforts of a small local staff and the pro bono work of over 75 attorneys and other staff from Reed Smith, the SWAN-funded project provides additional expertise and legal services to move stalled or blocked adoption proceedings through the courts. In 1997, a record-breaking 344 adoptions of system children were finalized --- almost double the number completed in 1996. One-third of these adoptions can be credited to the work of Reed Smith.

## **PDA Waiver and Options Integration**

These two recently-instituted innovations create a more effective and responsive County system that empower seniors and provide them with easier access to community-based services. The PDA Waiver allows a senior who would otherwise be eligible for nursing home services to remain at home and receive services that he/she selects from community-based service providers. The Options Integration makes negotiating the system easier for seniors and their families by designating the Area Agency on Aging as the single point of contact for persons who need or want aging services. The County provides comprehensive service management, coordination and monitoring of services, while consumers benefit from easily accessible services in community settings. Through both of these programs, we are able to increase the number of persons served and the number of services that can be offered to its seniors.

## **Summer Fund for Children's Program**

The Summer Fund for Children's Program supports positive summer programming for high risk children and empowers resident councils in public housing communities to identify the programming their children need and to design and operate programs to provide the activities. The program models effective partnership among public and private institutions, community residents, and private, non-profit agencies; our funding and planning partners are The Pittsburgh Foundation, the City of Pittsburgh and Allegheny County housing authorities, the Department of Public Welfare, and 27 public housing communities. This unique program is an example of individual, family, and neighborhood strengthening and empowerment. It builds capacity within the housing community and provides employment for residents. It has expanded each of its three years in operation and is now offered year-

round, providing vital after school programming for children and youth.

## **Funding Collaboratives**

To reach previously undeserved populations in effective new ways, we have funded two new collaborative serving primarily low income, at-risk individuals and families. The *Families and Youth 2000 Collaborative* is a consortium of five member agencies that seek to address the mental, emotional, physical, social and spiritual well being of low income families and youth residing in the East End neighborhoods of Pittsburgh. Services offered include: counseling; life-skills --parenting, self-esteem, conflict management, family stability; transportation; employment; day care (tied into life skills or employment); information and referral services. The *Community Service Provider Network Collaborative* is a consortium of eleven member agencies, with Addison Terrace Learning Center as the lead agency. Individuals in need of assistance are conferenced and member agencies who can meet the needs are identified. Funding is disbursed based on the services provided for the individual.

## **The New Request for Proposal (RFP) Process**

In years past, the process used to engage human service providers in developing needed programs restricted and impeded program development. Much of this was the result of our requiring RFP respondents to devise programs so that they met the rigid criteria of categorical funding streams. The Department has undertaken the responsibility of identifying the funding source or sources needed to support program proposals we accept. This year, we have 1) identified the populations that need programs; 2) prioritized prevention and early intervention

programming; 3) expanded and consolidated the mailing of RFP materials to potential partners; 4) held meetings to explain the Request for Proposal Process and offered technical assistance to those interested in responding; and 5) made a concerted effort to attract grass roots agencies.

## **Engaging at-Risk Families: Preventing Delinquency**

This new, state-funded, prevention/early identification project will reduce risks and enhance

protective factors for 200 children and youth in two high-risk Pittsburgh neighborhoods (Aliquippa Terrace and Manchester). The project is based on an identified community need for culturally-acceptable prevention strategies and is community-driven. In each community, community representatives choose a lead agency and decide how the project will be implemented. The project will assist families and children who are at risk of becoming involved in a formal system (police, school truancy, and CYS). Families will be contacted by community-based workers before a child's problems escalate out of control and will be put in touch with easy-to-access community-based services and supports. In addition to community leadership, our partners in this project are members of the Youth Crime Prevention Council (the Mayor's Office/City of Pittsburgh; Allegheny County Juvenile Court; Pittsburgh's police; and Pittsburgh's public schools).

### **Allegheny County "Best Practices" Training Project**

Focusing on case practices and better case management for client families, the R.K. Mellon Foundation is funding a major "best practices" staff training project. Implemented by Community Partnerships Group, a leading international human services training and technical provision organization, the project is designed to dramatically improve service to client families by revitalizing case management. Using community and staff focus groups, consultants will study current case practices. They will note strengths and shortcomings and create individually-tailored training and will develop innovative strategies and approaches for strength-based, family-focused case practices.