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*Transforming Lives through System
Integration: The "Improving
Outcomes for Children and
Families" Initiative*

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Transforming Lives through System Integration: The “Improving Outcomes for Children and Families” Initiative

Already good, wanting to be better

As of fall 2007 the Allegheny County Department of Human Services (DHS) had already gained wide recognition for both its structural reorganization and its performance outcomes. The county’s child welfare system, known for its poor performance in the early 1990s, had turned around since the arrival of Marc Cherna as director in 1996. Coordination of child services had greatly improved following a 1997 decision to combine several previously separate county agencies into a single Department of Human Services under Cherna’s leadership.

DHS had committed itself relentlessly to a progressive child welfare agenda that gave families a greater voice in decisions affecting them, recognized the value of maintaining or reuniting families where possible, and gave preference to placement with relatives (“kinship care”) where children had to be removed from their immediate family. Statistical outcomes documented the fruit of these efforts: in the 10 years from 1997 to 2007, the number of children removed from their home had dropped by 28 percent and the average length of an out-of-home stay had fallen from 21 to 14 months. Media coverage of Allegheny County child services had changed from the embarrassing exposés of the early 1990s to positive national recognition for DHS’s successes in family preservation.

DHS had effectively leveraged strong support from Pittsburgh’s ample philanthropic community toward achieving these goals. Shortly after the establishment of DHS, 17 local foundations created a Human Services Integration Fund, coordinating their response to the department’s financial needs as it integrated its operations. This fund provided an invaluable source of private support for a wide range of innovative undertakings, such as the development of DHS’s agencywide Data Warehouse and the county’s exemplary rehabilitation programs for jail and prison inmates, for which available public dollars would not have been sufficient.

DHS’s conviction that better integration of the many programs that serve children should lead to better outcomes had received a strong boost from state government in 2004, when the Pennsylvania Department of Public Welfare (DPW) began requiring counties to prepare an Integrated Children’s Services Plan reflecting coordination of early intervention, child welfare, mental retardation, behavior health, and juvenile justice programs. But now, in 2007, Cherna and other DHS executive staff were looking to achieve still better outcomes with children and families by further integrating services, to a degree not attempted in any major U.S. metropolitan area.

“More helpers than clients can remember”

Processes such as the Integrated Children’s Services Plan had encouraged the coordination of multiple child-serving systems—for example, by causing staff from various programs to communicate with each other and understand when to refer clients to each other’s offices. But the visionaries at DHS had something larger in mind—not just getting programs to talk with each other, but actually making them a unified team from client intake to completion of service delivery. They believed this was the most fruitful and financially sustainable way to attain an additional, safe reduction in out-of-home placement statistics.

Though pleased with the improvements they had already made, Allegheny County DHS staff had also been noting the systemic issues they still wanted to change. Jacki Hoover, a county child welfare worker since 1995 who had joined DHS’s executive staff in 2006, became committed to the value of service integration when she discovered that families with multiple needs—behavioral health, child welfare, probation, school counseling—couldn’t keep track of who was working with them. “If you can’t remember the name of the person who comes to your house every Tuesday and works on a plan for your child, it’s probably not a good service,” she said.

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Robin Orlando, now a key contributor to system integration activities in DHS’s executive office, had come to similar conclusions through her work in quality assurance. “I have worked closely with families in evaluating the programs serving them,” Orlando stated, “and it is striking to hear them talk about having five people coming into their homes and working on five different plans. Sometimes the plans don’t jell and the families are frustrated. I know the intent of each system is to provide supportive services and protect children, but there must be a way to do it without setting the family back a few steps.”

Former DHS Office of Information Management Deputy Director John Pierce was another strong advocate for further integration. In his previous work at Hershey Medical Center, he had seen outcomes for youths in residential placement improve after the treatment facilities became more holistic in approach, integrating preventive and aftercare services with their residential programs. “We are trying to achieve the same thing here,” Pierce explained, “except that we are integrating all aspects of youth services, not just the child welfare system.”

A plan emerges

The ideas coming together at DHS were not all new. The philosophical underpinnings were already in place. Two prior initiatives aimed at children with behavioral health issues had emphasized the importance of bringing child-serving professionals together as a coordinated team and of giving the youths and families being served a greater voice in decisions on their service plan.

One of them, the federally funded System of Care Initiative, had been operating in Allegheny County since 2000, with support from three federal grants. System of Care’s focus on team-based planning, community partnerships, and consumer empowerment (“family voice and choice”) had improved both client outcomes and DHS’s reputation in lower-income, often distrusting communities.

Through the establishment of joint planning teams, System of Care had made progress in coordinating services more effectively for children with multiple needs. The other initiative, known as Family Group Decision-Making, introduces the use of an independent facilitator to ensure that families are empowered to participate as partners in formulating a plan that meets their needs.

But those previous efforts, being pilot projects, had reached only a modest number of clients. DHS leadership now wanted to take these practices “to scale”—that is, to make them the normal way of doing business across the department—and to combine them with several additional innovative steps. Of course, implementing best practices systemwide, not just with a selected subset of staff, would be a more imposing task.

Indeed, many internal discussions would take place over the next two years on how best to expand best practices to scale—for example, whether to focus on certain client target groups first, or to gradually include additional staff who showed interest in new initiatives, or to try to reach everyone at once.

The emerging ideas were articulated formally in September 2007 as part of a three-page concept paper, modestly titled “Improving Outcomes for Children and Families in Allegheny County” and prepared for circulation to Human Services Integration Fund members. The concept paper expressed DHS’s belief that more thorough and widespread service integration could further reduce the number and length of out-of-home placements, and it enumerated a series of specific project objectives that could enable this integration.

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These objectives included:

- Developing the tools for a common, systemwide intake process, assessment instrument, and service plan
 - The incorporation of “System of Care values” throughout the whole child-serving system
 - Development and implementation of a change management strategy among staff, contracted providers, and service recipients
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- Training front-line workers in skills relevant to the functioning of an integrated system
 - Restructuring financial incentives and performance indicators in provider contracts to align with the goal of integration and the desired service outcomes

Attracting funds

This daunting project, unprecedented for a system as large as Allegheny County’s, would require considerable expertise to implement. But DHS’s ambitious vision received an early, crucial vote of confidence from a major, strategically congruent organization: Casey Family Programs, the nation’s largest operating foundation focused entirely on foster care and on improving the child welfare system. Casey Family Programs had established a goal of safely reducing the number of out-of-home child placements nationally by half—from about 500,000 to 250,000—between 2005 and 2020.

The foundation, which is working in more than 40 states, was attracted to Allegheny County because it had a competent, highly motivated child service agency that had already demonstrated a significant reduction in out-of-home placements and was capable of initiating further advances that could serve to inspire change nationally.

Cherna presented the concept to Casey Family Programs senior management, with whom he already had a strong professional relationship, and found them receptive. “They liked the idea of strengthening a system that was already working well and then replicating it,” Cherna recalled.

As a result, between October 2007 and February 2008 the three-page “Improving Outcomes” concept paper grew into a 20-page submission. Casey Family Programs agreed to fund the involvement of two nationally prominent leaders in the field: Fred Wulczyn, a research fellow at the University of Chicago’s Chapin Hall Center for Children, and John VanDenBerg, an expert in guiding implementation of the client service approach known as High Fidelity Wraparound. In addition, Casey Family Programs’ in-house experts would take a hands-on approach, coming to Pittsburgh for quarterly meetings at which they would receive detailed program updates and offer suggestions.

The interest shown by Casey Family Programs further encouraged local foundations whose assistance was needed to fill other funding gaps. Most significantly, the Richard King Mellon Foundation provided a \$1.5 million grant to upgrade DHS’s information technology infrastructure so that the agency could implement a new behavioral health assessment tool known as the CANS (Child and Adolescent Needs and Strengths) and improve its capacity to track and analyze client outcomes. The Grable Foundation and the Heinz Endowments also awarded grants.

Community Care Behavioral Health, the managed care organization directing Medical Assistance funds for behavioral health services in Allegheny County, became another valued partner in finding ways to provide reimbursement for DHS’s systemic innovations.

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Bringing in more players

To garner staff feedback and buy-in, DHS formed seven multisystem work groups, composed of 10 to 14 members each, in April 2008. The topics for these work groups flowed from years of observing the systemic barriers that needed attention.

They included:

- common registration and intake
- common assessment and service planning
- a team-based service approach with one staff member as the facilitator or “single point of accountability”
- inclusion/recruitment of youths and family members with personal experience of the system to become members of the service team
- workforce development to implement new service approaches effectively
- performance-based contracting
- development of neighborhood centers

Rather than simply asking each deputy director to assign staff, DHS “looked for people whose interest had been sparked and who wanted to do something different.” As a result, the teams performed energetically, sometimes generating more ideas than could be pursued right away. For example, the neighborhood centers group’s suggestions on strengthening DHS’s community presence have had to wait while other changes more directly related to the Improving Outcomes goals have taken priority.

The work group on common registration and intake proved to have the easiest assignment, largely because of the considerable investment in data integration and management that had already taken place since the creation of DHS in 1997. Information technology director John Pierce had spearheaded unification of the data from DHS’s five predecessor agencies, each of which had its own recordkeeping system incompatible with all the others. “My goal was to remove barriers that would keep people from getting integrated information and providing better service,” Pierce stated

DHS’s status as a super-agency was crucial to achieving this goal, because if the agencies were still separate they would face greater regulatory obstacles in sharing client information with each other. Since Cherna, as head of DHS, is officially recognized as responsible for all the records, he could more easily direct their combination in a single database.

Finalizing the agreements on how a Master Client Index would collect data and make it available across systems took six months. But Pierce’s experience—dating back to his Ph.D. research in 1971 on the benefits of removing barriers to information sharing—has made him a firm believer in integration. “Where we have been able to measure the difference in outcomes between single-focus agencies and a multiservice agency, the outcomes have been dramatically different,” he indicated.

DHS’s Master Client Index now contains about 15 million records on 600,000 individuals, greatly enhancing Allegheny County’s capacity to implement an Improving Outcomes initiative.

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Can we agree on a CANS?

Meanwhile, the work group developing a common assessment and service plan worked through sensitive negotiations, seeking agreement on a form of the CANS assessment that could be shared by all child-serving agencies.

The CANS, developed by John Lyons of the University of Ottawa, is designed to help child-serving staff obtain information on clients and families through conversation, rather than in the ponderous and intrusive style of survey questionnaires.

“The CANS enables the individual and family to use their voice to guide the process,” DHS’s Robin Orlando explained. According to Orlando, caseworkers trained in using the CANS have found it invaluable in building a partnership with families. Comments like “I didn’t know that much about this family and I had been working with them for two years” have been common.

Orlando and others had seen the CANS’s value in behavioral health settings. But before it could become a common assessment, work group members had to align their varied perspectives on what information they are required to collect, what additional information would be helpful, and any disclosure limitations. The new tool would have to bridge the differences in treatment approaches and statutory obligations between child welfare, mental health, substance abuse, and juvenile justice providers. Lyons himself communicated with work group members regarding issues of information gathering and confidentiality.

Gradually the objections were addressed. Some of them turned out to be false alarms—cases where, as Hoover put it, “there are certain myths that something is a legal requirement, whereas actually it’s just the way you’ve always done it.” Behavioral health staff discovered that they could request a waiver to use the CANS in place of another state-required form. Billing and payment procedures were aligned with the CANS to make completion of other redundant forms unnecessary. Team member Mark Waitlevertch of the Allegheny County public defender’s office argued that he would not let his juvenile clients undergo a CANS due to the risk of self-incrimination; the group acknowledged that he was right and successfully advocated for state legislation to bar courtroom disclosure of assessment information.

Eventually the work group arrived at a final draft, though it did not remain “final” for long. As Orlando began holding informational and training sessions on the new CANS for casework staff in early 2009, new suggestions emerged—for instance, on ways to get more details about the client’s educational needs. Rather than rushing ahead, Orlando slowed down the process to permit additional changes.

From July 2008 to June 2009, 150 county and provider staff were trained in administering the CANS, Lyons certified 16 as CANS trainers, and a temporary data system was constructed to store assessment information.

A challenging new service model: Wraparound

Wraparound’s 10 Principles

- | | |
|-------------------------|----------------------|
| Family voice and choice | Culturally competent |
| Team-based | Individualized |
| Natural supports | Strength-based |
| Collaborative | Unconditional |
| Community-based | Outcome-based |

Integration of client registration, assessment, and planning were all significant steps—but what would come after that? How could the direct services provided through DHS be revamped in order to produce continued improvement of outcomes? The main answer to that question was High Fidelity Wraparound.

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Although its philosophical foundations are not new, Wraparound began to take shape as a distinct service delivery model in the early 1990s. Its ten core principles (see sidebar) call for a team-based approach, intentionally guided by the family’s view of its needs and priorities; recognizing and building on the family’s strengths rather than focusing on weaknesses; and incorporating reliance on “natural supports” such as relatives, community resources, and places of worship that can remain involved with the family long after the professional treatment providers have gone.

Wraparound has gained stature as a treatment option through a growing body of research on its application, the establishment of a National Wraparound Initiative (which codified the ten principles in 2004), and the development of an instrument to measure the extent to which actual service delivery conforms to the principles. The term “High Fidelity Wraparound” serves to underscore movement leaders’ contention that conscious, consistent fidelity to the principles is necessary in order to achieve the desired outcomes.

For Cherna, the selection of Wraparound as a delivery model had to do not just with the value of the principles, but also with who was disseminating them. Cherna had known John VanDenBerg professionally for 25 years and had brought him to Allegheny County as far back as 1996, for staff training on how to keep families intact.

Other local administrators also appreciated the choice; for example, Keith Solomon, who moved to the DHS Executive Office to support the initiative, had studied under VanDenBerg in the late 1990s and had applied Wraparound principles as a site supervisor in the first System of Care program. The executives at two of DHS’s contracted behavioral health providers—Doug Spencer of the Allegheny Children’s Initiative and Deb Freeman of the Human Services Administration Organization—had learned from VanDenBerg in the 1990s as well.

Even before receiving Casey Family Programs funding for technical assistance, DHS brought VanDenBerg to Pittsburgh in January 2008 to lay the groundwork for the planned initiative. His presentation on the value of team-based collaboration—including a representative illustration of a family of five whose complex needs caused them to receive services from 26 different staff with 12 separate treatment plans and 33 goals—resonated with DHS staff. Two of the seven work groups developed plans for important aspects of Wraparound implementation: the Workforce Development group focused on means of training staff to function as an integrated team consistent with Wraparound principles, while the Single Point of Accountability group examined what it would take to equip caseworkers as effective team leaders.

Meanwhile, DHS addressed the “where do we start” question by deciding to focus its Wraparound services initially on “high-end” youths with complex needs. These clients seemed most likely to benefit from service integration, since they were already involved with multiple child-serving systems, and represented the cases where Wraparound’s intensive, comprehensive services had the greatest opportunity to improve outcomes without inflating costs.

Both providers and advocates describe Wraparound’s unflinching insistence on “family voice and choice” as perhaps its most revolutionary characteristic. Granted, social work degree programs and caseworker orientations urge attentiveness to clients’ needs and desires, but large caseloads, budget limitations, and the tendency to fall back on cookie-cutter planning when one is overworked erode the focus on being client-centered. Once one commits to fidelity to Wraparound principles, that mission drift is no longer permissible.

Walter Smith of Family Resources, a major child-serving nonprofit organization in Allegheny County, explained how business incentives usually work against family voice and choice: “If I want to balance my budget, I don’t want to give families choices. The meetings will last longer and the families may ask for something we don’t have available. It’s a lot easier to give families a prepackaged program and call it choice. What’s different here [in Wraparound] is that DHS is giving us resources so that we can give the family the ability to make real choices.”

Spencer of Allegheny Children’s Institute, which is serving one-third of the initial 100 families participating in Wraparound as of summer 2010, cited DHS’s service integration efforts as another boost for family voice and choice. “Marc Cherna came to town with the vision of breaking down professional silos,” Spencer explained. “Say the consumer comes for services through the mental health door; an assessment is performed, a prescription is made, and there is an assumption that Mental Health is in charge—whereas the family should be in charge and everyone else should be hired hands. I think DHS is giving families and their natural supports true ownership in designing the services that will guide them to self-sufficiency.”

“High Fidelity Wraparound is a culture change,” said Laurie Mulvey of the University of Pittsburgh Office of Child Development, who serves on the DHS advisory board known as the Children’s Cabinet. “You will see the impact on children and families because they are listened to.”

Pat Valentine, DHS’s deputy director for the Office of Behavioral Health, finds the Wraparound “revolution” exciting too. “For some of the families in our system, it has been so long since anyone asked them what they want or what their dreams are. We are often too busy telling them their child needs to get his medication stabilized or stop acting out in school. Wraparound is based on the core conviction that the family possesses or can find the vast majority of the tools it needs to repair itself. This core conviction, and the willingness to back it up with resources, are changing the system.”

Quality makes a difference

Quality control is a big deal in the Wraparound movement—so big that its proponents have adopted the title “High Fidelity Wraparound” (HFW) to emphasize that getting good results requires careful fidelity to the principles.

DHS Systems Integration Director Jeanine Rasky, who supervises the delivery of Wraparound, has found that staff members are ready to start implementing its principles after an initial six-day training program. Becoming thoroughly grounded in Wraparound, however, takes more time. “You have to demonstrate 120 skill sets, and the coaches review videotaped sessions to see if you have acquired the skill,” Rasky explained.

While many participants have suggested that the extensive formal credentialing process could be streamlined, everyone speaks positively of the training program John VanDenBerg has constructed.

“The training gives you concrete strategies on how to put Wraparound’s principles into practice,” stated DHS’s Keith Solomon, “but the credentialing involves actually applying those strategies to a real-life situation. They want to see you do it until you get it right; that’s why the process can take such a long time. Although the credentialing process is extensive, it has to be there—otherwise it’s too easy for staff to gravitate back to their past practices after the six days of training.” Solomon added that it is important to have supervisors on site who understand the process and are trained to consistently reinforce the implementation of Wraparound principles.

Deb Freeman, executive director of one of Allegheny County’s Wraparound provider agencies (Human Services Administration Organization, or HSAO), noted the tension between ensuring high fidelity and taking the program to scale. “If it takes 18 months to get to where you need to be and the average staff tenure is two and a half years, we’ll always be retraining,” she said. She agreed with Rasky that staff can understand, within six days of training, how Wraparound principles can be applied effectively. At the same time, she acknowledged the importance of having facilitators well enough trained that they can teach others effectively.

Allegheny County has also benefited from the state Department of Public Welfare’s 2007 decision to launch a statewide Wraparound initiative. Allegheny was accepted as one of six “early implementer” counties, receiving additional technical assistance with Wraparound implementation. By fall 2009 DHS staff were attaining unusually high scores—in the 80 percent range—on a Wraparound fidelity instrument and were beginning to see the fruit of their labors.

Steven Freas, a joint planning team supervisor at HSAO, provided an example of how intentional application of Wraparound principles can make a difference: “We had a young lady who wanted to move out at age 18 and live with her cousin and aunt in Florida. While she was living in residential treatment the joint planning team built strong supports around her. The facilitator got the aunt and cousin on the phone for meetings; we got other natural supports involved, including relatives who visited her in residential treatment and planned for her discharge.

“Before Wraparound there would not have been so much thinking outside the box, but this process enabled the young lady and her family to make decisions with support. Her voice was heard, as were family members’ voices as to what they would need to be okay with her move. Rather than just running off, this lady went to Florida with a specific action plan that has enabled her to be stable and successful.”

Youth Support Partners: bold step, big reward

DHS has taken another bold step beyond rigorous implementation of Wraparound principles by employing a significant number—perhaps the largest contingent anywhere in the U.S.—of staff who have experienced the child welfare system personally.

“People who have been there always seem to be more effective in relating to the persons we are trying to serve,” said DHS director Cherna. “[Former gang member and inmate] Richard Garland has credibility at the jail. People in recovery from mental illness are effective peer counselors. So why not take young people who have successfully gotten through the system and let them impart their strengths to others?”

But deploying these Youth Support Partners (YSPs) within the child welfare system brings unique challenges. YSPs bring great passion to their work but also need instruction in areas that social work professionals take for granted—from dress to communication skills to managing their 401(k) account. Moreover, placing young people (some under 20) with difficult backgrounds in confidential, often wrenching relationships with teenage or transition-age clients can reawaken the painful emotions of their own experiences. The biggest challenge is a balancing act: how to enable YSPs to perform like professionals while not undermining their ability to build bridges to the youths they serve.

DHS leadership intensely debated how best to hire, train, and support their YSPs. From the beginning, the training was extensive, encompassing Wraparound principles, team building, time management, professional behavior, setting emotional boundaries, and more. Dedicated to improving the system for other families, the YSPs welcomed this training and applied it well. But early experiences showed that they also needed ongoing support with both their emotional engagement and their still-complicated personal lives.

“Many of them don’t have natural supports themselves,” said Amanda Hirsh, who manages the YSP unit. “When a car got towed or a family member passed away, YSPs would turn to us for help.” As DHS expanded its contingent of YSPs to 10 early in 2010, it settled on a management structure that includes Hirsh and two supervisors, one of whom (Aaron Thomas) was promoted after starting as a YSP. Although Thomas retains a partial caseload, the availability of three supervisors for 10 line staff ensures significant ongoing support. In addition, the YSPs meet monthly for group mentoring with an experienced child services director, Walter Smith of Family Resources.

Smith has noted that YSPs suffer acutely from a problem that affects many human service professionals: the tendency to identify with their clients’ pain. “These youths see themselves in their clients, so it is hard for them to separate what they are feeling from what their clients feel,” Smith said. “They have benefited greatly from learning how to depersonalize their work enough to be effective while still connecting with people.”

As befits the distinctive job qualifications for a YSP, the selection process must also be somewhat nontraditional. Resumes were required—“they had a lot of personality to them,” Hirsh recalled—but life experiences and a heartfelt concern for reaching youths in trouble were valued more highly than professional-looking, typo-free resumes. Candidates interviewed with community panels including youth, family, and partner agency representatives along with DHS staff; they also completed a questionnaire and a simulated job activity.

As DHS’s Jeanine Rasky noted, YSPs are not only uniquely capable of connecting with their clients, but also excellent advisors to their coworkers: “We benefit from having former recipients of services on staff because they know the system and can tell us what does and doesn’t work.”

“The YSPs are tireless in their efforts to meet with youth,” observed CYF caseworker Zachary Stewart. “And the families immediately recognize that having these young people talking to their children is something different. For me, getting a monthly home visit in can be like pulling teeth, but when the YSP comes they don’t mysteriously fail to answer the door.”

Sometimes the YSP becomes a role model without saying anything. Aaron Thomas’s visit with a client at the county’s juvenile detention center became a vivid illustration of how a troubled youth’s life can get straightened out. As he and his client traveled through the building together, detention center staff greeted Thomas and asked how he was doing—for they recognized him from his own stay in the facility. YSPs, particularly in view of their own age, sometimes have trouble winning the respect of other team members. “I tell my YSPs they have to show that they deserve to be included as equals by showing up at meetings and doing what they say they will do,” Thomas said. “I gained respect on my team because I was the one who could get the youth to communicate with me. When doctors from Western Psychiatric [Institute and Clinic] started calling me for advice, I knew I had made it.”

“I wish every one of my clients had a YSP,” Stewart declared. Indeed, the biggest problem with the YSP program appears to be that demand for their time far exceeds supply. As of late 2010, the 10 full-time YSPs had a total of 106 youths on their caseloads.

From rocky life to rock-solid support partner

Asbely Hartman has experienced a lot of heartache in her short life—from drugs, alcohol, foster care, truancy, teen pregnancy, rape, physical abuse, close friends in jail, and a sibling in the child welfare system. But at the ripe age of 19, Hartman has become a shining example of how a young woman with resilience can inspire other youths in trouble.

Hartman dropped out of school following the trauma of being raped by a friend’s brother. A boyfriend provided an escape from her drug-influenced home life, but then she became pregnant with twins at age 14.

While many youths in such situations feel poorly served by the child welfare system, Hartman says the system did not fail her. On the contrary, Children, Youth, and Families (CYF) provided day care and transportation so that she could graduate with honors from Carrick High School. She was attending community college and working at a restaurant when she learned that the county was recruiting people like her to become YSPs. Hartman interviewed in November 2008, but then had to relocate after her twins’ father became abusive. Thus, when funds to hire YSPs became available the following March, she was out of reach. Happily, DHS’s Jacki Hoover frantically phoned counselors and relatives until she could track Hartman down and hire her.

Hartman is a passionate advocate for the value of peer counselors like herself. “I can remember my conversations with caseworkers when I was a teen parent,” she said. “I would think to myself, ‘How can they teach me how to hold a child when they don’t even have kids? Or how can they say they know how I feel when they’ve never been raped?’ Education is good, but overall, life experience is a more effective resource.”

While Hartman considers her personal experience crucial to her work effectiveness, she has built on this experience through attentive engagement with the extensive training YSPs receive.

Because she has a deep emotional investment in her clients—“I had bags under my eyes at first from always trying to fix things for them,” she recalled—the training on combining empathy with professionalism has been especially valuable. “Whenever something [in a client’s story] brings flashbacks, it makes the bond closer,” Hartman said. “I sometimes get teary-eyed but it does not take away from my professionalism—it shows youths that their story hurts us too but that they still have to learn how to succeed.”

Hartman vividly remembers her first referral, a pregnant girl who was refusing prenatal care. Hartman offered to accompany the young woman to appointments, shared her own story, and helped her get back on track through delivering the baby and returning to school. For her and for many others, this YSP—still facing many adversities, but with a high school degree, a steady job, and a car—has become a credible role model.

“Clients can’t believe how young I am and how far I’ve come,” Hartman acknowledged. “I tell them that if I did it, they can do it too. Knowing that someone else has had similar experiences and still succeeded gives them motivation. It comes across differently when they hear it from someone who has been through it themselves, who is in their own culture, who has the same CDs in her car that they have on their iPod.

“YSPs should be tried everywhere,” she concluded. “I know it is risky because we are so young, but a good hiring process can find the right people to take this job seriously.”

A special organization for FSPs—and for families

Technically, DHS does not employ Family Support Partners. Instead the FSPs work for a special organization that nurtures their unique role as advocates for the families they serve. With encouragement and technical assistance from DHS staff, Allegheny Family Network began operating in 2007. At AFN all the staff—not just the 30 FSPs, but everyone from the executive director down—and 70 percent of the board have experience in raising a child with behavioral health needs. FSPs are currently working with a total of 105 youth.

Ruth Fox, AFN’s executive director, emphasized that FSPs are the team members best positioned to understand families’ perspectives and to help family members speak up. When Fox’s daughter was receiving treatment for depression, she recalled, she and treatment team members “sat at a table with everyone telling me what to do. I knew some of their ideas would never work, but I did not feel empowered to say that because they were the professionals.”

FSPs’ separate chain of accountability enables families to see them differently from other team members even in uncomfortable situations like an unwanted out-of-home placement. “We can talk to families at their level and reach them, get them to open up and feel more comfortable,” Fox said. “We can be up front about their situations and bridge the gap between the family and the clinical staff.”

FSPs’ commitment to advocating for families sometimes puts them in a precarious relationship with other team members, as Toni Ballard, who supervises FSPs for AFN, explained. “The FSP’s job is to help the family push for their choice until they feel empowered to do it themselves,” Ballard said. “That is hard. They may feel the team will retaliate against them. But sometimes you have to go against the grain.”

Ballard described a case where some team members wanted to limit the time the FSP spent with the family. “The family became enraged,” Ballard recounted, “and said that if they didn’t have access to the FSP they would fire everyone. The team members who wanted the FSP to pull back were used to being in charge of the team. But now the family is in charge of the team.”

As FSPs need professional skills, empathy, and thick skin, the hiring process itself can be profoundly emotional. One interview became a healing experience for the interviewee, who had felt poorly served while raising a grandson with mental health issues. As she retold her experience, Ballard said, “all of a sudden she started crying. She commented that she did not think she was ready to support others because she was still dealing with issues herself. But she said [the interview] was the first time people had listened to what she had gone through.”

AFN does public outreach as well, making presentations to clients of other human service agencies or meeting with consumers to explain High Fidelity Wraparound and the FSP’s role. “We want people who can balance their anger at the system with their passion for making it right for others,” said Laurie Mulvey, the University of Pittsburgh Office of Child Development staff member who also chairs the AFN board.

Mulvey sees value in Allegheny County’s unusually complex organizational model: “In other counties one agency hires the YSP, FSP, coach, and supervisor and trains them all. Here you have multiple agencies with more chaos and confusion, but with more opportunity for family choice.”

Ballard believes the introduction of Wraparound has made DHS caseworkers more openminded about listening to families rather than rushing to judgments. “It thrills me to see CYF working with FSPs to support families and give them a voice,” Fox added. “Of course CYF has [child protection] mandates that are not negotiable, but the FSP can bring things to the table that would otherwise never be heard.”

A new world for caseworkers

Wraparound brings with it a dramatic change in a caseworker’s job. Accustomed to controlling key decisions about families’ service plans, under Wraparound the caseworker becomes facilitator of a multisystem team that seeks to put the family in the driver’s seat. It is thus essential to make caseworkers feel competent and comfortable amidst this culture change.

DHS’s Jeanine Rasky, who was responsible for much of the staff and provider orientation regarding Wraparound, has found that the requirements of this approach, especially the team-based planning and extensive interfacing with natural and community supports, pose initial challenges for child welfare staff. “But once you explain the model, the need for smaller caseloads, the length of time that the team stays involved, and the use of YSPs and FSPs in a true partnership, there is an ‘aha’ moment,” Rasky said. “The caseworkers realize that they don’t have to do it all themselves but are part of a team who shares the workload, and they become very responsive.”

Realizing that they are no longer expected to have all the answers—that their job is now to present an array of resources and help families identify the services they want—can relieve stress too. As Pat Valentine of DHS’s Office of Behavioral Health put it: “To acknowledge that we are not the experts on everything can be threatening, but to recognize that we don’t have to be the experts can be so freeing.”

Jim Gavin, president of Community Care Behavioral Health, also emphasizes the importance of sensitivity to front-line workers’ attitudes and concerns. “Changing the workforce culture is the primary vehicle for progressive change in human services,” Gavin said, “so we should treat workers as stakeholders and include them in the dialogue so that they feel valued and take ownership of the project.”

One key factor in changing the workforce culture is to change the expectations for which staff are held accountable. “Accountability has historically meant the relationship between payor and provider, when the true accountability should be to the consumer,” Gavin stated. In contrast, under Wraparound DHS supervisors are looking more closely at whether service plans reflect the family’s voice, a strength-based approach, or engagement of natural and community supports. “With Wraparound,” said Keith Solomon of DHS’s executive staff, “there is a shift in emphasis from making sure the youth has a plan to making sure the youth and family take ownership of their plan.”

The two best ways to win staff’s allegiance are to make their work easier and to demonstrate success. Thus far, Wraparound teams have done both for DHS caseworkers. Their cases are complex and intense, but they have smaller caseloads and more team support. And, although it is still too early to compile statistics, caseworkers and supervisors are anecdotally reporting better outcomes, thanks in large part to the support partners’ successes in bridge building.

Caseworker Zachary Stewart presented a typical example in DHS’s October 2009 meeting with Casey Family Programs. A 16-year-old girl named Courtney, whose anger, criminal behavior, and mental health issues had overwhelmed her mother and grandmother, refused to come out of her bedroom on a home visit. Stewart and two support partners talked with Courtney’s grandmother, who eventually persuaded the girl to talk with YSP Ashley Hartman. Over the next weeks the two young women built a relationship, based on their shared experiences, that Stewart could never have achieved.

“Courtney had been in placement before and didn’t want to talk to any therapist,” Hartman reported. “She said nobody could understand her experience unless they’d lived it. Now she has agreed to go to therapy, is doing well in school, and sends me text messages all day.”

About the experience of leading a Wraparound team, Stewart observed, “Having someone else to help set priorities has been good. When a teenager goes to court, the judge wonders who all these extra people are—but the support partners have been very outspoken and the judges have been receptive. I’d like to give every kid a YSP.”

A Convinced Caseworker

Team-based, collaborative planning that respects the family’s voice and choice sounds great in theory, but to make it happen on the front lines, you have to equip and inspire people like Zachary Stewart.

Stewart is a caseworker for DHS’s Office of Children, Youth, and Families (CYF), so dedicated to his work that an early supervisor cautioned him not to spend too much time on his clients and burn out. He participated in the System of Care Initiative’s early childhood program, receiving some training in Wraparound principles, though they were not as rigorously applied as in the present Improving Outcomes undertaking. When he was asked to become part of the High Fidelity Wraparound team, his first reaction was that it would mean more work with no more pay and no certainty of better results.

But that was before he got to experience the in-depth training and coaching that came with High Fidelity Wraparound—and before he saw Youth Support Partners (YSP) and Family Support Partners (FSP) in action. Intensive training and ongoing coaching helped to overcome the initial reluctance Stewart and others felt. “Instead of just having four days in a room and then being told to go out and do it, we have monthly reviews with people who helped to design Wraparound, showing us how to improve,” he said. “I wish the certification process were faster, but the support is good.”

Even though he feels he always respected clients’ viewpoints, Stewart nevertheless believes Wraparound’s emphasis on family voice and choice has affected his service focus. “As a regular caseworker,” he explained, “I would come up with the family service plan goals, and meeting them was the fastest way for a client to get out of CYF. With Wraparound you are working with the family on their goals. When you put the focus on what families feel they need, a lot of other things fall into place.”

Stewart has also come to appreciate both the teamwork and the independent perspectives that YSPs and FSPs provide. “We were with a family one night for two hours, working through an emergency issue,” he said. “When I was starting to wear down I could ask the Family Support Partner what she has done with her own children [in similar situations], or I could ask the Youth Support Partner to talk about what the child might be thinking. It’s not just that we have more people there; the support partners are free to say what they think.”

DHS has started by applying Wraparound to high-risk teenagers; Stewart hopes it doesn’t stop there. “When Marc [Cherna] asked me what more we can do to help,” Stewart recalled, “I said let’s give every child over age 10 a Youth Support Partner. Having a mentor for these kids can make such a difference.”

A new world for residential providers too

John VanDenBerg once ran a residential treatment facility but resigned in disgust when he learned how many of the youths who showed promise in his program reverted to dysfunctional behavior upon returning home. “Intervention is of no value if it doesn’t generalize to the home environment,” he now asserts. “In a residential facility we modify the environment and modify the behavior, but then we send the youth home to a very different setting.”

VanDenBerg advocates for shorter residential placements and tighter collaborations among residential providers, families, and communities.

His argument relies on premises that are hard to dispute:

- The longer a troubled youth stays in residential placement, the more the family develops without him or her, making eventual reunification more difficult.

- Residential treatment approaches not culturally relevant to the family will not be maintained when the youth returns home, making it unlikely that the youth will sustain any gains attained during the placement.
- If residential facility staff have no contact with parents, youths will probably not experience smooth transitions back into their home settings. Getting a residential staffer to even one post-discharge meeting with parents and a Wraparound team can help.

For residential providers to support the Improving Outcomes initiative’s goals of shorter out-of-home placements and fewer repeat placements, a paradigm shift must take place. Rather than offering a temporary oasis removed from a troubled family life, residential providers must work with families toward successful reunification and remain involved through the post-placement transition period. But it is difficult for providers, many of them already under financial strain due to declining residential caseloads, to embrace these strategies as long as they are paid for each day of inpatient or group home care they deliver and not for welcoming parents or participating in transitions.

Thus DHS, after more than two years of preparation, began in late 2009 a move toward shifting the incentives for child welfare placement providers. With help from Fred Wulczyn of the University of Chicago’s Chapin Hall policy center, DHS identified data that could be used, in the aggregate, as indicators of provider performance. Measures selected include the percentage of youths served who exit the child welfare system permanently (through family reunification, adoption or permanent legal guardianship) within two years; the percentage of clients reentering the system again within one year of their exit; and, as a measure of placement stability, the number of times a youth is moved between facilities for every 100 days in a provider’s care. Recognizing that some agencies serve more difficult youths than others, DHS used a “hazard ratio” to adjust the results so as to take into account the attributes of each case.

DHS then calculated these data for child welfare providers, rated the providers in the top, middle, or bottom tier on each measurement, and shared these data with the organizations at individual meetings in January 2010. To encourage provider cooperation, DHS has taken a go-slow approach, indicating that, for now, the data will be used as a guide to improvement, not as a basis for revising or canceling existing referral contracts. Eventually, however, DHS hopes to reward residential providers financially for achieving success with their young clients, rather than on a per-day basis regardless of quality. It is also developing a similar performance-based system for in-home providers.

Wulczyn also tries to present the paradigm shift as nonthreateningly as possible. “Where you have multiple providers, it makes sense that there will be some differences,” he explained. “That is not to say some are good and some bad, but simply that there will be variations between units that provide a service. It is important for the public sector to ascertain the extent to which that is true. Then that information can be shared with providers. We also recognize that there also are problems with how residential providers are reimbursed; under the current system, performance improvement is not rewarded financially. That is a difficult incentive structure, so removing financial barriers is an important component of reform.”

Robust data, Wulczyn urged, are the key to improving services to children and families within an accountability framework; issues related to performance are harder to defend in a context of transparency. Simply releasing the ratings publicly can have a powerful effect. After the *New York Times* published performance assessments on New York City providers, consumers began asking to have their child not placed at a low-performing facility.

Erin Dalton, DHS’s deputy director for the Office of Data Analysis, Research and Evaluation (DARE), said the first round of performance outcome review meetings with child welfare placement providers went very well, though “we haven’t had hard conversations yet since the ones who wanted to come in were the better ones.” Dalton found the providers not only receptive to change but willing to share best practices where appropriate; she had feared that the best facilities might be reluctant to help their “competition” improve. She and DHS hope subsequently to develop a similar performance-based system for in-home providers. This is not just about improving provider performance, it’s about the critical link between provider performance and the overall performance of the child welfare system,” Dalton said.

Currently, the most obvious measure (placement reductions) is being met. Child welfare placements have been reduced by 34 percent from January 1, 2007 to January 1, 2010 and days of care (a measure which includes cumulative days of placements) revealed an even deeper reduction in days of congregate care. Continuously reviewing key system measures is critical to the success of the Improving Outcomes initiative.

Evaluating what’s really working

“At the end of every research report,” Fred Wulczyn of Chapin Hall frequently reminds his listeners, “the researcher concludes that we need more data.” That attitude is understandable in a research community whose main purpose is to expand knowledge. But in human services agencies, waiting until more questions are answered can delay action and prevent effective use of the data at hand.

“Often,” Wulczyn said, “a group responding to data immediately starts asking about the other information they would like to have. Then two things can happen. Either they use the data they have to make the best decision possible, or they say ‘we don’t have all the data we need so we can go back to making decisions without data.’”

Wulczyn and DHS are doing all they can to avoid the latter result. The Improving Outcomes initiative includes a comprehensive data-gathering component, both to evaluate the project itself and to provide a firmer basis for future adjustment, expansion, or replication.

Chapin Hall is conducting an independent evaluation of DHS’s Wraparound implementation, as well as of the two preceding pilot projects, the System of Care Initiative and Family Group Decision-Making, that had applied the “family voice and choice” and team-based planning principles in a similar manner.

The evaluation is designed to assess whether the following six desired outcomes have been achieved:

- Reduced number of children requiring out-of-home care
- Reduced average length of out-of-home stay
- Reduced number of placement moves, within or across systems
- Reduced frequency of reentry into care after release
- Reduced reliance on “high-level” placements (e.g., increased use of kinship care rather than residential facilities or group homes)
- Reduced cost—or, at least, achievement of the first five goals without increased cost

Evaluation design faces two big challenges: data collection and cause-effect analysis. To address the first problem, a longitudinal file with a unique, confidential identifier is created for each child, enabling researchers to view the full history of services provided to that youth and the resulting outcomes.

Linking cause and effect is more complicated, due to the various potentially confounding factors: youths are not randomly assigned to Wraparound, implementation effectiveness may vary across the county, and there is no way to create an otherwise identical non-Wraparound control group. Surmounting these difficulties calls for Chapin Hall’s technical expertise in sifting through client demographics to construct a suitable comparison group while controlling for other variables.

To protect the integrity of its research, Chapin Hall staff are vigilant about maintaining their professional distance. “If you are engaged in continuous quality improvement, there really is no bad news,” Wulczyn noted. “To the extent that we expose warts, we try to present the information in a way that encourages positive change. As long as administrators are interested in that, there is no problem.”

DHS’s Pat Valentine considers rigorous evaluation an essential component of Improving Outcomes. Most human service agencies, she commented, “don’t properly prepare and fund evaluations to demonstrate the benefit (or lack of benefit) of what we do over a sufficient amount of time. Until we do, we will never really know what works and what doesn’t.”

Inua Ubuntu: communities lifting children up

Child welfare agencies battle the stigma of being “the people who take our children away.” That challenge is most acute in the African-American community, which represents 12 percent of Allegheny County’s population but 60 percent of its CYF caseload. And many of those cases evolve into tomorrow’s juvenile justice or adult crime problems, causing disproportionate and immense suffering within African-American neighborhoods.

Marcia Sturdivant, Ph. D., DHS’s deputy director of CYF, was determined to make her agency a positive player in the lives of troubled black children. Her vision has grown into Inua Ubuntu, an innovative effort to heal African-American families by mobilizing community resources.

Whenever a child is referred to CYF, the agency has 60 days to complete an assessment and decide whether that child should be accepted for services. While CYF must take protective action in abusive situations, many other referrals arise from concerns, such as truancy or parent-child conflict, that do not pose an immediate safety threat. Sturdivant believes that linking these children to robust community services rather than making them child welfare cases can improve outcomes and reduce the number of youths removed from their homes.

Based on this premise, Inua Ubuntu—the name is drawn from Swahili and Bantu words meaning “I am because we are,” signifying that our communities lift us up—started with public meetings to discuss how to develop child services that would be community-based and intensive but not intrusive. “It is less intrusive,” Sturdivant argued, “if you have a mentor meeting with you every day rather than government.”

Sturdivant showed DHS’s seriousness about the initiative by bringing money to the table. Three inner-city communities—the North Side, Hill District, and East Liberty—each identified a lead agency and collaborative partners, and DHS contracted with them to fund their activities.

Under the Inua Ubuntu intervention model (implementation of which began in March 2010), all new child welfare referrals involving African-American males are routed to a specially assigned Inua caseworker, who will take a cultural consultant from that community’s lead agency on the home visit. The community-based agency will arrange needed services and mentoring while CYF monitors the case every 15 days until a resolution is reached.

If a child must be removed from home, there is a continuum of placement alternatives, beginning with kinship respite care (i.e., with relatives), followed by group home respite care lasting no more than 30 days. Also, day services at former Pittsburgh Steeler Mel Blount’s youth home in Washington County are provided for children who need intensive intervention during the day but can return home each evening. Unaware of any similar community-based model for keeping kids out of the child welfare system, Sturdivant and DHS devised this one from scratch.

“The only way to make change,” Sturdivant stated, “is to recognize where we fall short and try something different. It might not work, but you have to try it. I can’t look at these kids and say I didn’t try to do anything to help.”

Keeping stakeholders in the loop

With so much change taking place in Allegheny County’s child-serving systems, keeping stakeholders meaningfully informed and engaged becomes essential. DHS ensures this regular information exchange through quarterly meetings of its “Children’s Cabinet.”

The Cabinet had existed from 2000 to 2005 as a group of key decision makers on human services issues. When Cherna revived it in 2007 he had a different goal in mind: to convene a more diverse, inclusive group for quarterly meetings at which they would hear about recent developments at DHS and have the opportunity to offer input. Local funders, partner agencies, counseling professionals, and a significant number of consumers attend. Cherna personally leads the meetings and facilitates discussion. The Cabinet “is a good way to connect with other people and learn what the county is doing,” said Mary Carrasco, who directs the Department of International and Community Health at Pittsburgh Mercy Health System.

“I see ideas come up that trigger responses in other people that might not have occurred if we weren’t discussing the ideas as a group.” DHS also receives valuable guidance from the Cabinet; for example, Dr. Carrasco recently pointed out how a plan for DHS client data sharing would have to be adjusted to comply with HIPAA privacy requirements.

To ensure the inclusion of clients and family members, DHS’s Jacki Hoover visits prospective consumer participants to explain the Cabinet and its value. Barbara Witherspoon, a retired nurse raising two grandchildren with special needs, has attended regularly and become an important liaison between DHS and consumers in her home community of Wilkinsburg.

“I started out wanting to make sure we were receiving the right services, but not knowing how to advocate,” Witherspoon recalled. “Now I understand what programs like High Fidelity Wraparound are about and I can explain them to other families.” DHS also helped Witherspoon construct a one-day program for adults raising grandchildren, which attracted 50 grandparents.

“We have done a lot of brainstorming and all our suggestions are taken into consideration,” stated Leah Walker, adoptive parent of two former foster children. Walker said she values the chance to help youths in the system “come out into the world with a lot less baggage.”

Can we afford it?

No program, regardless of quality, can survive unless someone pays for it. Several aspects of the Improving Outcomes model, such as family-driven planning, the use of support partners, and the intensive coaching provided to caseworkers, can add to service costs. Is the model financially sustainable? Can it be taken to scale affordably?

If so, Jim Gavin, president of Community Care Behavioral Health, the managed care organization for Medicaid-funded mental health services in Allegheny County, will likely be a big part of the solution. Community Care has been widely praised for its out-of-the-box thinking in finding ways to apply Medicaid funds more effectively.

“There is new energy in the game,” Gavin said of the innovative components of Improving Outcomes, “and we have to find a way to support that. But typically it’s complicated to adapt the economics to support the energy.”

Gavin has a history of creatively using Community Care’s purse strings to drive organizational change. He has required contractors to increase the percentage of total funds that go to case managers; encouraged pay raises for caseworkers in order to stabilize the workforce; made providers commit to participation in training collaboratives; and included parent satisfaction as a criterion in assessing clinical teams’ performance.

Pat Valentine stressed the importance of Gavin and Community Care’s efforts to rewrite descriptions for “supplemental services” so as to permit funding of programs such as Wraparound. “Community Care understands,” she said, “that they can’t just look at the Medicaid-reimbursable part of services—that they need to work with us to develop a more holistic plan for families with multiple needs. So they devote enormous amounts of time to non-Medicaid planning processes that they wouldn’t have to do and aren’t getting paid for.”

Valentine understands the sustainability challenge quite well. She has seen the System of Care Initiative undergo significant changes when federal funding ended, because Pennsylvania could not secure a state waiver to reimburse nonmedical System of Care services, such as family support and service coordination, with Medicaid funds.

Valentine thinks the federal Substance Abuse and Mental Health Services Administration (SAMHSA, which gave Allegheny County three grants for System of Care) and Center for Medicare and Medicaid Services (CMS) must not talk to each other, “because SAMHSA funds these wonderfully creative things for five years and then CMS will not allow Medicaid funds to be used to reimburse them.” The funding dilemma drives Valentine back to stressing the need for excellent program evaluation, so as to demonstrate that these additional expenditures are paying for themselves through better client outcomes.

DHS Caseworker Zachary Stewart feels confident that Improving Outcomes can demonstrate its fiscal as well as its programmatic value. “Initially it might cost more,” he acknowledged, “but I believe more of our clients are going to get straightened out, stay out of jail, not have police called to their house, and not be a drain on public resources. If our goal is to get people off the public dole, this is a better way to do it.”

It’s about leadership

Evaluation of the major elements of Improving Outcomes are not yet available, but a summary of what has been achieved so far is quite impressive:

- DHS and provider staff have been effectively trained in Wraparound principles, with high fidelity scores and a widely acknowledged improvement in enabling family voice and choice. Descriptive statistics on High Fidelity Wraparound are available in the DHS Improving Outcomes quarterly reports.
- Three provider agencies have begun working with about 100 high-end youths and their families selected to be the first recipients of High Fidelity Wraparound services.
- Ten Youth Support Partners and 30 Family Support Partners—believed to be the largest contingent of support partners in the country—have been trained and mobilized.
- Common registration, common assessment, and integrated data management processes are in place to get all team members on the same page and ensure that children and families have “no wrong door”—that is, that they get the same services regardless of how they enter the system.
- A major community-based initiative to address the disproportionately high prevalence of African Americans in the child welfare system has established a strong base of acceptance in target neighborhoods.
- DHS has taken effective first steps toward revamping the undesirable incentives surrounding compensation of residential treatment facilities.

Participants both inside and outside DHS are optimistic that, when project data become available beginning in 2011, they will show further improvement in Allegheny County’s service to children in need, justifying the significant investments made by Casey Family Programs and local foundations and positioning DHS as a model for national replication.

But they also warn that it won’t be enough for other jurisdictions simply to replicate strategic plans and training curricula. Consistently, they insist that the quality, dedication, and risk-taking innovativeness of DHS leadership comprise an indispensable part of the agency’s success.

“The model of services we have put in place has helped, but it’s leadership and courage that have made the difference,” declared Walter Smith, executive director of Family Resources. “We would not be here if Marc Cherna hadn’t been able to withstand the political battles that followed when he changed how the system was funded and reduced the number of children in residential placement. DHS deputies and provider agency directors have been on board too, saying that even if their business is going to lose money, we should make this change because it is the right thing to do. I tell other communities that you could take all these models and throw them into an environment without the leadership and cooperation we have, and they won’t work.”

Allegheny Family Network’s Toni Ballard said that, in Cherna, Sturdivant, and Valentine, the county “has people at the forefront of child welfare saying we have to look at how families can empower and strengthen one another. People are recognizing that, if our leaders are on board, we have to come on board.”

Deb Freeman attributes DHS's successes to the presence of leaders who are willing to undertake “the tension of trying to create something—to sit through hard discussions, hear everyone’s perspective, and try to reach common ground. It’s hard work, but these people are willing to do it time and time again. That is what allows for creative kinds of programming.”

At a January 2010 meeting with DHS and Casey Family Programs, John VanDenBerg summed up the significance of what is happening in Allegheny County. “How many large American cities,” he asked rhetorically, “have a truly integrated system where family don’t end up with duplicated plans and everyone is working under the same principles? None.”

Now one agency is well on the way. But the story won’t be over, and DHS staff and partners won’t be satisfied, until the impressive systemic changes they have brought about lead to unmistakable transformations in the lives of the children and families they serve.

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