

# VISIONTEAMS

*Imagining Allegheny County's Tomorrow*

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# Executive Summary

The Department of Human Services (DHS) has distinguished itself as a national model of innovation and has been recognized widely for service integration. The Human Services Vision Team provides the following recommendations which are designed to respect the leadership and history of DHS while better positioning the Department to thrive in light of significant budget cuts and policy shifts. Additionally, enhancing and broadening the Kane Regional Centers by adding services in behavioral health will clearly serve the changing needs of the community.

With this, the team put forth the following recommendations:

- **Develop a New and Updated Vision**

- Give specific emphasis to the integration of services, enhancing prevention and in-home services, and cost efficiencies.
- Convene a series of meetings with key stakeholders to determine the best strategies to structure DHS for long-term cost effective services.
- In light of this new vision, the Department should seek foundation funding partnerships for new models of service and experimentation.
- Undertake a program assessment process that identifies key areas for program integration within DHS and across County Departments.
- Disseminate new vision with estimated implementation timeline to stakeholders.
- Institute regular meetings between County Department Directors and the County Manager to identify opportunities for integration, coordination and avoidance of service duplication.
- Complete demographic and geographic analysis of County-funded programs in order to prioritize opportunities for inter-Departmental program integration.
- Develop an integration committee and train County staff in change management in preparation for program integration.
- Develop a coordinated system for inter-Departmental communication and referrals.

- **Enter an Era of Enhanced Accountability**

- Consider an enhanced accountability model that establishes high expectations for client outcomes.
- Develop expected program outcome guidelines based on yearly achievement of high-performing organizations and use to guide contracting decisions.
- Carry out proposed funding and accountability structure in a pilot format and rigorously assess outcomes prior to large-scale implementation.

- Enter into discussion with The Forbes Funds about services, geographies, and organizational cultures that may benefit from exploration of models of strategic restructuring.
- Provide or contract for a training series dedicated to strengthening human service providers' understanding and use of outcome indicators.
- **Consider Case Rate Funding and Fidelity Management**
  - Create "Lead Agencies" with increased flexibility and responsibility for how clients are served.
  - Streamline the number of County-funded service providers to the highest performing.
  - Reduce redundancy and consider mergers among agencies whose services are repetitive.
- **Conduct a Process Audit to create efficiencies in information technology, purchasing, and contract requirements.**
  - After securing approval from State and/or Federal governments, consolidate audits into one audit/agency within a specific timeframe that addresses fiscal, programmatic, organization issues, etc.
  - Accept publically certified audits for agencies rather than duplicating the current system of having publically certified paid audits in addition to financial audits by the County.
  - Implement a joint purchasing program of supplies, energy, etc. with providers of same program services.
- **Bring Quality Improvement Techniques to Human Services**
  - Train human service organizations in quality improvement techniques so that they can make the best use of available funding and continually improve their services.
  - Support quality improvement trainings for DHS-funded organizations to improve service delivery and strengthen programming during the integration process.
  - Commit to a level of ongoing quality improvement support for interested DHS-funded organizations to ensure appropriate implementation and improvement of outcomes.
- **Institute Regular Meetings Between DHS and Area Councils of Governments (COGs)**
  - Incorporate feedback from COGs on quarterly basis to ensure that DHS is apprised of changes in community needs and challenges.
  - Include information from COG briefs in DHS strategic planning and funding decisions.
- **Emphasize Cost Effective Care for the Aging Population including the expansion of in-home services**
  - Implement an expedited Medical Assistance eligibility and care planning process for people not on Medicaid.
  - Conduct assessment of short-term and long-term cost-effectiveness of expanding in-home services for the elderly; Implement all appropriate strategies identified.

- Draft and implement an expedited eligibility and care planning processes for the Medical Assistance program for individuals not on Medicaid.
- Strengthen the Kane Regional Centers through their participation in quality improvement training and application.
- Consider opening new behavioral units at the Kane Regional Centers.
- Provide quality improvement training and support improvement projects at Kane Regional Centers and monitor progress on key quality indicators.

## Demographic and Funding Context

Allegheny County, under a new administration, aspires to adapt to a changing environment and offer the best human services system possible. After decades of losing population, the County is projected to steadily increase in size over the coming years. The University of Pittsburgh's University Center for Social and Urban Research (UCSUR) projects that the population of Allegheny County will gain nearly 200,000 residents over the next two decades—in stark contrast to having lost 410,000 individuals over the previous five decades.<sup>1</sup> Contributing to this growth is an aging population that is living longer, as well as an increasing number of Latino residents. The number of individuals aged 65-79 is expected to climb rapidly in the next 20 years, and UCSUR projects the County's population age 90 and older will increase 43% between 2010 and 2015.<sup>2</sup> Drawing on Census data, UCSUR also reports that the Hispanic/Latino population in Allegheny County increased by 70.8% between 2000 and 2010 and, as a share of the County's total population, increased from .9% to 1.6%.<sup>3</sup> These changes could pressure County government to provide new and additional services while experiencing reductions in government revenue.

Along with shifting demographics, Allegheny County faces current and historical disparities related to, among other things, race and socio-economic status. For instance, according to an analysis by DHS, the risk of homicide among young, black men in the City of Pittsburgh is 60 times higher than the city-wide average.<sup>4</sup> In the same vein, an UCSUR analysis found that African-American women age 55 to 64 were in poverty at a rate nearly four times higher than White women (26.1% compared to 7.3%).<sup>5</sup> These disparities, which are intimately linked to further disparities in behavioral and physical health, offer a glimpse into the depth and breadth of the issues DHS must address with limited resources.

At present, the County is faced with a more immediate challenge: how to effect efficiencies in order to provide necessary, high-quality human services in the most cost-effective manner. This circumstance is the result of a recession, as well as a number of public and private factors, and may ultimately alter the fundamental funding relationship between the County and the Commonwealth. With the modest economic growth projections from the Governor's Office, County human services received a 10% cut in Pennsylvania's 2012-2013 budget, on top of a series of cuts in

<sup>1</sup> Cited in: Rotstein, G. (July 3, 2012). Pittsburgh's Population Expected to Grow in a Few Years. *Pittsburgh Post-Gazette*.

<sup>2</sup> University Center for Social and Urban Research. (November 17, 2011). Allegheny County's Older Old Population. <http://www.ucsur.pitt.edu/thepub.php?pl=000349>

<sup>3</sup> University Center for Social and Urban Research. (March 24, 2011). Hispanic and Latino Population in Allegheny County. <http://www.ucsur.pitt.edu/thepub.php?pl=283>

<sup>4</sup> Dalton, E., Yonas, M., Warren, L., and Sturman, E. (nd.). *Violence in Allegheny County and Pittsburgh*. Pittsburgh: Allegheny County Department of Human Services.

<sup>5</sup> Schulz, R. and Briem, C. (September 25, 2007). *Pittsburgh and Allegheny County: Portrait of an aging society*. Presentation at *Convening the Next Generation in Pittsburgh – Boomers and All*, sponsored by the National Press Foundation.

recent years. The human services block grant approach being piloted represents another possible change in funding and human services provision facing DHS in the near future. Moreover, health reforms at the national level, especially the ongoing implementation of the Affordable Care Act, will also affect the ways in which the County provides services.

The Human Services Vision Team suggests that these uncertain and demanding times also offer a unique opportunity to conduct a thorough self-evaluation and institute innovative strategies to improve the efficiency and effectiveness of County-funded service providers and, possibly, internal operations as well. Rather than passing along budget cuts to service providers evenly across the board, DHS notably has undertaken an effort to prioritize high-impact services and continue to identify opportunities to introduce innovations designed to further increase efficiency, accountability, and services integration. In response to a series of human services budget cuts at the state level, as well as anticipated cuts in 2013 and beyond, the Human Services Vision Team encourages DHS not to ignore an opportunity to improve the impact of its investments by cutting waste, increasing efficiency, and rewarding high performing organizations.

## *Vision Team Charge*

Composed of nonprofit leaders, government officials, foundation executives, and consultants, the Human Services Vision Team was charged with identifying opportunities for increasing efficiencies in a time of shrinking resources, and envisioning a system for providing efficient, effective human services to Allegheny County residents.

# *Scope of Work/Summary of Methodology*

## Scope of Work

The Vision Team sought to address its charge within the context of a number of factors affecting the Department of Human Services (DHS). One of the central factors was ongoing challenges related to the funding environment, including successive cuts in human services from the state, as well as the impact of the recession on foundations' ability to provide financial support. The other key factor impacting DHS was shifting demographics within Allegheny County, including a large aging population, a growing Latino community, and the onset of overall population growth.

## Methodology

Between April and July 2012, the Human Services Vision Team met five times to offer suggestions for providing even more efficient, effective human services to Allegheny County residents. A lively and beneficial public listening session occurred on April 25 to ensure community input. Additionally, it was expressly important to members that the Vision Team's recommendations accelerate the directions of DHS. Marc Cherna, Director of DHS, and Pat Valentine, Executive Deputy Director of DHS, were invited to present to the Vision Team at the May 25<sup>th</sup> meeting. The purpose of their presentation was to ensure the Vision Team gained a strong understanding of the strategies and approaches already underway at the Department. In addition to the expertise of Vision Team members and DHS officials, extensive input was sought from organizations providing County-funded human services. In collaboration with The Forbes Funds and the Greater Pittsburgh Nonprofit Partnership, a coalition of more than 300 nonprofits in our region, the Human Services Vision Team sent out a "Call for Blueprints" to service providers seeking their input on specific areas and strategies for improving the human services delivery system in Allegheny County. The responses included valuable insights, and three respondents, based on their submitted comments, were chosen by the Vision Team to further detail their ideas in discussions at the June 21<sup>st</sup> meeting. Valuable input on earlier drafts of these recommendations was provided by a number of Vision Team members, which is reflected in this final document.

## *Public Input*

Community input, especially from human service providers who contract with DHS, was central to the Vision Team's work. The public listening session on April 25 exposed the Vision Team to important contributions from the community regarding areas of the current system that could be meaningfully reformed to ensure quality while containing costs. Despite this input, Vision Team members sought even greater input from the provider community. In collaboration with the Greater Pittsburgh Nonprofit Partnership, the Vision Team received further input from leaders of nonprofits providing a range of human services in the County about the challenges of the current system and specific recommendations for improvement. In addition to distributing the input to the entire Vision Team, three respondents were chosen to present their ideas and experiences to the Vision Team in person. The community input from the public listening session and the GPNP 'Call for Blueprints' was discussed thoroughly and incorporated throughout the Vision Team's work.

# Findings & Recommendations

## Findings

In analyzing the financial and social shifts impacting how DHS provides human services throughout Allegheny County, the Human Services Vision Team arrived at the following Findings:

1. DHS currently provides and funds many high-quality services for the residents of Allegheny County. The ongoing success of the Department is in large part due to the high caliber of its leadership, including its focus on demonstrating impact for vulnerable clients.
2. Notwithstanding the quality of the services and programs offered by DHS, there are systemic inefficiencies throughout the human services system that result in wasted human and financial resources, and detract from direct services provided.
3. The aforementioned ongoing and impending demographics shifts within the County will likely only exacerbate these embedded inefficiencies.
4. The inefficiencies are largely structural in nature, rather than the result of individual employees, and hence the Department could significantly revamp certain operations and requirements of providers to effect savings and effectiveness.
5. Three key elements were found to be central to fulfilling the Vision Team's charge: giving providers increased accountability for client outcomes in conjunction with greater flexibility in how services are provided; integration of services within DHS and across county departments; and a greater emphasis on value-based purchasing.

## Recommendations

### 1. Develop a new and updated Vision

The Department of Human Services (DHS) could benefit from an intensive Visioning process that might articulate a new "paradigm" for the Department to move beyond incremental change, both in allocating funds among agencies and the number of agencies funded. DHS has the full support of the Vision Team to make the difficult decisions that will lead to a strong, effective Department over the long-term even in the face of financial cutbacks. Moreover, such a Visioning process would likely help DHS produce useful strategic plans that will help guide it in the coming years and offer clear direction to its agencies. Several areas for possible focus were identified. These include:

- a.) Continue and expand the integration of services for certain populations, such as early childhood (preschool, Maternal and Child Health, child welfare, parenting programs, and some items not currently funded). Other populations for special focus could include teens, those with mental illnesses, and seniors (in-home services, informal systems of care, health homes, community health workers, etc.). The intent is that DHS would look internally for ways to continue integrating existing programs. In addition, it could streamline the number of human service agencies by consolidating redundant providers or eliminating less essential providers, and work more closely across County departments, such as with the Departments of Health, Housing, and

Economic Development, to integrate County programs for greater impact. Human service issues are often correlated with housing, economic, and health problems. This effort could also be utilized to focus work in “hot spots”, areas of the County where residents with high levels of need are heavily concentrated. For this level of integration to occur, DHS recommended to the Vision Team that regular, substantive meetings between Department Directors and the County Manager, and as necessary with the County Executive, occur. The Vision Team also recommends that DHS transparently communicate the aspirational integration model they are working towards to the broader provider community.

- b.) Enhance prevention programs. The goal of these services is to avoid future institutional care, whether in group homes, skilled nursing facilities, hospitals, etc. Governments have moved away from institutionalization for a number of reasons, including the fact that institutionalization itself produces certain co-morbidities in vulnerable populations creating further deficits and adds enormous cost to client services. It might be possible to create “SWAT” teams to visit and assess vulnerable individuals and families and construct preventative care plans and less costly early interventions. Case-based payment, which many providers support, would encourage prevention rather than more intensive services when individuals and families have crises, as it would provide an incentive for producing quality outcomes for the lowest cost, which prevention services have often been shown to provide.
- c.) Revisit the cost/benefit ratio of what DHS currently funds vs. valuable services that may be underfunded. These underfunded services are often the informal services such as meals on wheels, caregiver support, parenting education, housing and community stabilization, senior centers, etc. DHS is encouraged to determine what it would take to ensure funding for these services and link them meaningfully to existing DHS programs, as well as assess the job requirements necessary to achieve this. It is possible that more functions could be assigned to paraprofessionals (e.g. community health workers, home visitors). DHS could expand its current in-home services, provided through programs like the Nursing Home Transition Program, or incentivize current home visitors to be cross-trained in order to provide a range of necessary services (and ensure funding streams allow for this to occur).
- d.) Seek foundation funding partnerships for new models of service and experimentation, and encourage longer-term funding agreements. Foundations could also support the hiring of grant writers to assist DHS in attaining federal funds from Centers for Medicare and Medicaid Services. DHS has long had a close relationship with the philanthropic community, especially through the development and use of the Human Services Integration Fund (HSIF). HSIF dollars are often used to allow DHS the funding capacity to improve its operations; this could be an appropriate use moving forward.

In undertaking an intensive visioning process, it is recommended that the County do a report card on the quality of life of its residents as benchmarked nationally and internationally. The measures could include: dropout rates, obesity, smoking, premature births, teen pregnancy, joblessness, homelessness, teen violence, adult violence, depression, substance use, foreclosures, etc. Such a report, including an analysis of trends and projections related to the measures, would enable the County to target human services funding in the most strategic manner. The DHS data warehouse, containing 25 million client records and accessible for real-time reporting, could provide information on many—if not all—of these indicators.

## **2. Enter an Era of Enhanced Accountability**

The Vision Team recommends that DHS continue its current efforts to develop an enhanced accountability model that would hold providers responsible for achieving optimal client outcomes through performance-based reimbursement. This recommendation comes from service providers themselves who advocated for increased

accountability so that high quality organizations are supported at higher levels than poorly performing organizations, ensuring DHS's funds would be used to their greatest potential. This enhanced accountability model requires an increase in data sharing and, potentially, public reporting if more accurate data on performance can be compiled. The KIDS data reporting system was identified as a useful current model.

In general, this recommendation reflects stakeholder input challenging DHS to "raise the bar and the threshold" for funding. Rigorous outcome measures must precede this, so that evidence-based payment is feasible, high performing organizations are fairly identified, and the results of outcome evaluations connect to funding decisions. Such outcome measures are also important as they would help facilitate the Department's performance-based contracting. Program outcome variables need to better represent the achievable gains of different programs and clearly reflect the timeframe that clients are involved in them.

It is suggested that DHS should seek to develop fewer, stronger providers—particularly in reference to Family Support Centers—so that they can achieve their intended results for clients and maintain elevated standards of service. It is also recommended that learning collaboratives could be considered to speed the adoption of best practices and to inform providers about alternative approaches. The United Way of Allegheny County and The Forbes Funds may both serve as important partners in these efforts.

### **3. Consider Case Rate Funding and Fidelity Management**

This suggestion concerns case rate funding (The level of funding identified to manage the care of a person and/or family based on client demographic information) combined with "fidelity management" (The congruence of the delivery of services and the intended outcomes of a particular service or intervention), which would allow providers optimal flexibility and creativity in meeting established goals for client outcomes. The purpose of this shift in funding structure would be the customization of care to meet the needs of different consumers. DHS should consider the creation of "Lead Agencies" to manage the care of any one person or family. The Lead Agency would monitor and coordinate care, maintain ongoing contact with the consumer, and provide follow up after treatment ends to prevent issues such as recidivism or relapse. The Lead Agency could reduce redundancy of services as one of its mandates. Service providers are generally in support of increasing the accountability and responsibility for client outcomes if it is connected to improved ability to serve those clients in different ways as their needs change over time.

Case rate funding and fidelity management could serve to relax inessential program requirements and administrative barriers to quality care. For instance, it was noted that some Drug and Alcohol services use a funding algorithm that allocates cost to appropriate funding streams based on the client demographic information provided. Such an approach applied to other programs could streamline administrative processes so that funding for each case was better utilized through direct services and providers were better able to provide a combination of services in support of their clients. The objective would be to embed improvement processes in organizations that links costs to outcomes, in order to reward the broad achievement of goals while leaving the specific means to the agencies. New efforts related to Family-based Conferencing may serve as an example of care being customized and payments linked to outcomes, which would indicate that DHS is currently moving in this direction and is to be supported in such work.

#### 4. Conduct a Process Audit to Create Efficiencies

In support of a major and consistent request from providers, the Vision Team encourages the County to direct attention to alleviating the heavy administrative burden of inessential and wasteful bureaucracy. The overarching result is that organizations must redirect a substantial amount of resources away from direct services to duplicative and burdensome administrative efforts. Redundant audits were the greatest, and most often cited, hindrance, though providers noted a number of other examples. Renewed attention could be given to a previous RAND study, [\*The Cost of Compliance\*](#), which provides insight on the dimensions of the problem. DHS has a solid history of consolidating contract requirements in order to improve efficiency, and this willingness to undertake improvement efforts which reduce administrative burden could be applied to program and financial audits. DHS should look to gain support from state and federal sources to allow private or public audits on the same funds to be accepted across departments and between entities (state, county, etc.). Other inefficiencies mentioned were unnecessary daily transporting of supplies, and multiple service providers for the same families, creating service duplication. In this regard, consideration could be given to geographically-focused neighborhood and community based plans (Zip Code Care) akin to the “hotspotting” approach to caring for complex health patients. Planning on a subarea basis could produce both efficiencies and more targeted interventions, consistent with other recommendations.

An interest in improving DHS information technology (IT) capabilities was repeatedly mentioned as a way to better coordinate care, reduce duplication of services, and allow organizations to track client outcomes on a broader range of indicators. Centralizing intake through a single portal could reduce administrative burdens on providers and duplication of services. Similarly, it is recommended that DHS investigate appointing a single entity that would be responsible for helping individuals and families navigate the DHS system of providers, rather than the current system with multiple navigation entities. Joint purchasing represents another important area for creating efficiencies among provider agencies and it is likely that improved IT could enable this.

The Vision Team also suggests DHS investigate the possibility of co-locating services in order to provide better coordinated and more efficient services. However, the Vision Team advocates careful study of the costs and benefits, such as whether co-located consumers would appreciate/utilize co-located services and the potential of exacerbating the transportation challenges in Allegheny County. For instance, elderly and poor populations are concentrated in particular areas of the County, and moving services into central locations may make it more difficult for residents to access necessary services. Individuals with disabilities face particularly difficult barriers in travelling to services ; any attempts to co-locate services must pay particular attention to this reality. Should co-location be undertaken as a strategy for increasing efficiencies, it is also suggested that the County look into successful models of co-location, including the need for someone to coordinate co-location across the operation.

One high-priority option beyond co-location and joint purchasing is the consideration of merging provider organizations. While such efforts are inherently complex—requiring due diligence, cultural fit, mission alignment, and more—a partnership with The Forbes Funds could advance this effort, drawing on their leading experience facilitating mergers and other forms of strategic restructuring within the region’s nonprofit community. In recent years, The Forbes Funds has supported both consultants and providers in better understanding the process and purpose of restructuring, as well as its importance in the current funding climate. Agencies and consultants are beginning to incorporate an exploration of restructuring into strategic planning, evidencing a growing openness and interest in merging as a key option for strengthening services and reducing costs.

## **5. Bring Quality Improvement Techniques to Human Services**

Generally speaking, the Vision Team is unanimously supportive of implementing and, perhaps, requiring rigorous quality improvement efforts internally and among their contractors. One member suggested that DHS should investigate the potential to reward individuals/departments for efficiency gains generated from “lean” techniques, similar to standard operating procedures in the service, manufacturing, and transportation industries. While this would likely necessitate significant training in these “lean” techniques, these techniques have demonstrated their value and cost effectiveness in a number of industries. A local example, the Kane Regional Centers have completed a number of quality improvement projects. If linked to enhanced accountability and case rate funding, it would be in agencies’ best interests to continually improve their processes and provide better care for lower cost. Such techniques could also be utilized to improve the integration of services following nonprofit mergers or co-location of services.

## **6. Institute Regular Meetings Between DHS and Area Councils of Governments (COGs)**

The Human Services Vision Team discussed the potential for enhanced coordination and collaboration between DHS and its authorized service providers. In an effort to satisfy this need and in recognition of the important role which area COGs play in the provision of human services, the Vision Team recommends that the County institute regularly-scheduled meetings between the DHS Director and the various area COGs. If service providers (and perhaps consumers) within the jurisdictions of those COGs are also invited to attend such meetings, these gatherings can serve as opportunities to share concerns, exchange ideas and do subarea planning. Departmental staff could benefit from such meetings if they lead to strong partnerships with COGs and service providers. Additionally, staff would also likely gain a better understanding of what is happening in the field. Moreover, such assemblies could also provide service providers with a better opportunity to discuss emerging issues with DHS personnel, thereby avoiding larger problems in the future.

## **7. Emphasize Cost Effective Care for the Aging Population**

Allegheny County’s aging population will place new demands on the human services system, which will require an expansion of programs to help long-term care recipients receive care in the community first, reserving nursing home placement for those who cannot be cared for in their communities. An important role for DHS to play would be in the implementation of an expedited Medical Assistance eligibility and care planning process for people not yet on Medicaid. Such a program could enable individuals to avoid placement in a nursing facility through the delivery of home- and community-based services targeted to their needs.

In follow-up to recommendations made by the Health Care Summit Committee in 2006, a number of recommendations related to the Kane Regional Centers have recently been proposed. These recommendations should be evaluated by the Department. Included among them are to consider the addition of a 30-40 bed locked dementia or behavioral unit at Glen Hazel and a similar unit with 40-45 beds at the Scott Regional Center. The Ross Regional Center, specifically, could consider the development of a Life Center, as well as make an effort to sell six acres of unused land. Furthermore, the Kane Regional Centers would also benefit by continuing their ongoing focus on quality improvement, and are supported in their decision to strengthen their workforce by participating in the Jewish Healthcare Foundation’s Long Term Care Champions program.

## **Additional Issues for Discussion – *not* consensus-based Vision Team recommendations**

- Potential of integrating behavioral and physical health services (a “carve-in”) for providing better coordinated and more comprehensive care.
- Potential impact of State block grant funding on giving the County maximum flexibility in allocating funds.
- Use of predictive modeling to prepare DHS for service needs resulting from demographic shifts in Allegheny County.
- Encouragement for State to explore national demonstrations for moving Medicare/Medicaid dual eligible individuals into managed care.
- Privatizing some current DHS services, as the Department has done successfully in the past. One possibility is to explore the privatization of the Area Agency on Aging (AAA). Though examples of privatized and thriving AAAs were cited, an alternative to outright privatization could be to privatize many of the separate responsibilities and service lines of the AAA, so that it becomes a planning and oversight body reducing redundancies, measuring outcomes, rewarding high performers, and setting countywide agendas.
- DHS working with the Allegheny County Health Department (ACHD) and Pitt’s Graduate School of Public Health to “hotspot” areas of teen homicide and introduce SWAT teams relying on local providers who have demonstrated measurable and credible success in reducing teen violence. This would require the ACHD to use their broad data gathering and database capabilities in conjunction with the GSPH’s predictive modeling skills to pinpoint areas for focused interventions which would be built upon DHS’s close ties with the most effective community based providers capable of leading rapid interventions.
- DHS employing GPS and GIS systems to identify the location of recent immigrant groups in Allegheny County and encouraging provider partnerships to address the many social, health, educational, legal and cultural issues facing new arrivals. One potentially replicable local model is the close collaboration among the Squirrel Hill Health Center, Jewish Family and Children’s Services’ Refugee Resettlement Program, and the Squirrel Hill Community Food Pantry, which collectively are able to serve the multi-faceted needs of many immigrant groups.

# Next Steps

As part of the charge from the County Executive, the Courts Administration Vision Team was also asked to outline next steps, and to categorize those as changes that needed to be made immediately, followed by short term and long term goals. Those steps follow:

## Immediate Changes

- Develop a new and updated vision with specific emphasis on the integration of services, enhancing prevention and in-home services, and cost efficiencies. Involve foundations in supporting the necessary changes. The Department's new, aspirational vision should be clearly communicated to providers and consumers.
  - Convene a series of meetings with key stakeholders to discuss how best to structure DHS for long-term cost effective services and invite philanthropic support for the transition process.
  - Undertake program assessment process that identifies key areas for program integration within DHS and across County Departments.
  - Once drafted, disseminate new vision with estimated implementation timeline to stakeholders via digital and print mediums, as well in person presentations in communities throughout the County.
- Institute regular meetings between County Department Directors and the County Manager to identify opportunities for integration, coordination and avoidance of service duplication.
  - Complete demographic and geographic analysis of County-funded programs in order to prioritize opportunities for inter-Departmental program integration.
  - Develop integration committee and train County staff in change management in preparation for program integration.
  - Develop coordinated system for inter-Departmental communication and referrals.
- Train human service organizations in quality improvement techniques so that they can make the best use of available funding and continually improve their services.
  - Support quality improvement trainings for DHS-funded organizations to improve service delivery and strengthen programming during the integration process.
  - Commit to a level of ongoing quality improvement support for interested DHS-funded organizations to ensure appropriate implementation and improvement of outcomes.
- Consider an enhanced accountability model that establishes high expectations for client outcomes, creates "Lead Agencies" with increased flexibility and responsibility for how clients are served, and streamlines the number of County-funded service providers to the highest performing. Reduce redundancy and consider mergers among agencies whose services are repetitive.
  - Develop expected program outcome guidelines based on yearly achievement of high-performing organizations and use to guide contracting decisions.
  - Carry out proposed funding and accountability structure in a pilot format and rigorously assess outcomes prior to large-scale implementation.
  - Enter into discussion with The Forbes Funds about services, geographies, and organizational cultures that may benefit from exploration of models of strategic restructuring.
  - Provide, or contract, a training series dedicated to strengthening human service providers' understanding and use of outcome indicators.
- Conduct a process audit at DHS to create efficiencies in information technology, purchasing, and contract requirements.
  - After securing approval from State and/or Federal governments, consolidate audits into one audit/agency within a specific timeframe that addresses fiscal, programmatic, organization issues, etc.

- Accept publically certified audits for agencies rather than duplicating the current system of having publically certified paid audits in addition to financial audits by the County.
- Implement a joint purchasing program of supplies, energy, etc. with providers of same program services.
- Institute regular meetings between DHS and Area Councils of Government.
  - Incorporate feedback from COGs in quarterly brief to DHS in order to keep Department apprised of changes in community needs and challenges.
  - Include information from COG briefs in DHS strategic planning and funding decisions
- Emphasize cost effective care for the aging population, including the expansion of in-home services, implementing an expedited Medical Assistance eligibility and care planning process for people not on Medicaid, and strengthen the Kane Regional Centers through their participation in quality improvement training and application. Consider the opening of new behavioral units.
  - Conduct assessment of short-term and long-term cost-effectiveness of expanding in-home services for the elderly. Implement all appropriate strategies identified.
  - Draft and implement expedited eligibility and care planning processes for the Medical Assistance program for individuals not on Medicaid.
  - Provide quality improvement training and support improvement projects at Kane Regional Centers and monitor progress on key quality indicators.

### **Short Term Goals**

- Improvements in providing human services at the County and provider levels lower service cost by eliminating waste in the system, such as duplicative audits and paperwork.
- Providers are better able to track and demonstrate improved outcomes for their clients and are rewarded for high performance.
- Opportunities for service integration across County Departments are identified and explored, resulting in decreased cost and improved client outcomes.
- Communications between DHS and the provider community regarding the Department's overall vision for the department, expectations for accountability, and its plan for implementation are clear and improved.

### **Long Term Goals**

- DHS provides measurable high-quality human services in a cost-effective manner, with an emphasis on community-based in-home and prevention services that decrease the need for more expensive services later in life, and has tools built into the system to ensure continuous improvement in all facets.
- Human service provider community is high-performing, nationally recognized and well-respected by clients, DHS, and the broader community of Allegheny County, as well as leaders in the field.

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