ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

The Allegheny County Experience
Allegheny County Population: 1,231,527

- DHS serves every 5th resident
- Largest county department
- 130 Municipalities
- Manages a budget of over $850 million
- Employs nearly 1,000 staff
- Funds nearly 300 providers for 1,600 distinct services
- State supervised, county administered system
1995 Allegheny County

Child Welfare

- Highly publicized child deaths
- Provisional licenses
- Commissioner-lead public hearings
- Investigative task force report
- Negative press coverage
- Community confidence at nadir

County government

- Considered “antiquated” structurally – examined by Committee to Prepare Allegheny County for the 21st Century (ComPAC 21)
- 30 departments reporting to the three Commissioners
- Change in leadership for first time in 28 years
Deficiencies Identified

- Excessive caseloads and huge vacancies
- Rapid growth in placements
- Adoption backlog: Children “languishing” in foster care
- Backlog in fiscal reconciliations/claims
- Lack of support/tools for direct service staff
- Lack of cooperation between agency and other entities
- Adversarial relationship between management & workers
- Ineffective communications/education efforts with publics
Can CYS be Fixed?

Only if local leaders get the political guts it will take to give Children and Youth Services the support and clear mission it needs to protect children

By Douglas Root
“Allegheny County once was a pathetic national disgrace. Today, it is a shining national model. Allegheny County is showing the nation that child welfare systems can be fixed, and it is showing the nation how to fix them.”

- Richard Wexler, Executive Director, National Coalition for Child Protection Reform
(Source: CNN NewsNight with Aaron Brown, Aired: August 14, 2002)
**Charge:** Provide services more effectively and more efficiently, and integrate the functions of the previously discrete human services departments.
• Oversight Committee guided development
• Public process to develop vision, guiding principles & strategies
• Efficient reorganization of programs/services
• Expanded strategies successful to child welfare reform
• Garnered support from foundations, universities and corporations
  ✓ Human Services Integration Fund
  ✓ Graduate School projects
  ✓ Chamber of Commerce
• Assistance for older persons with/without disabilities
• Child protective services
• Mental health services (including 24-hour crisis counseling)
• Drug and alcohol services
• Services for individuals with a diagnosis of intellectual disability
• Hunger services
• Emergency shelters and housing for the homeless

• Non-emergency medical transportation
• Job training/placement for older adults and adults on TANF/SNAP.
• Family support
• After school and summer programs for children
• At-risk child development and early education
• Centralized financial, human resources, and communications functions
Our Structure

EXECUTIVE OFFICE

Integrated Program Offices
Area Agency on Aging
Office of Children, Youth & Families
Office of Intellectual Disabilities
Office of Behavioral Health
Office of Community Services

Support Offices
Office of Administrative and Information Management Services
Office of Data Analysis, Research and Evaluation
Office of Community Relations
Strengthen families – create safe environment for children:

• Build network of family supports/assistance
• Correlation between neglect/abuse and parental stressors
• Remove children only if absolutely necessary – removal is traumatic
• Strong legal representation for all parties
Focus on Prevention & Access to Information

- Director’s Action Line
- Community Supports
- Family Support Centers
- After-School & Summer Programs
- Resource Connection/LINK
- Home Visiting Network
Family Unification Efforts

• Tangible Goods

• On-Site
  • Housing specialists
  • Addiction counselors & mentors
  • Mental health specialists
  • Resource specialists
  • Transportation specialists
  • Nurses

• In-home services on demand

• Family & Youth Engagement Strategies
  • Conferencing & Teaming
  • Youth & Parent Support Partners
• Facilitator-led meeting (2 hours or less)
• Private family time
• Family decides who participates, including the system partners
• Participants sign a confidentiality agreement
• Focus on needs and solutions (not service driven)
• Strength-based approach based on past successes
• Decisions are made jointly by the team
• Serve 1,000 youth 16-24 years old annually
• 412 Youth Zone
• Educational Liaisons
• Housing Assistance
• Employment
• Life Skills
Transition Age Youth Service Involvement

Transition Age Youth (Active IL Program)

- Mental Health Treatment
- Substance Use Treatment
- Homeless and Housing Supports
- Child Welfare Parent Active
- Public Benefits
- Public Housing
- Jail

2015 currently active vs Ever Active
When Placement is Necessary

- Kinship
- Siblings placed together
- Electronic Placement System
- Rapid Response Team: Multi-systems kids
- Frequent visitation
- 3-month reviews
Kinship Benefits

- Reduces trauma to children
- Maintains family ties
- Less abuse than in non-related homes
- Creates larger pool of foster homes
- Reduces burden in foster care resources
## Placement Trends

<table>
<thead>
<tr>
<th>Type</th>
<th>As of 1/1/96</th>
<th>As of 11/4/16</th>
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</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>214</td>
<td>43</td>
</tr>
<tr>
<td>All foster care (total)</td>
<td>2,557</td>
<td>1,143</td>
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<tr>
<td>With kin</td>
<td>643</td>
<td>715</td>
</tr>
<tr>
<td>With non-kin</td>
<td>1,914</td>
<td>428</td>
</tr>
<tr>
<td>Group home</td>
<td>119</td>
<td>58</td>
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<tr>
<td>Residential</td>
<td>310</td>
<td>26</td>
</tr>
<tr>
<td>Supervised I.L.</td>
<td>118</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>3,318</td>
<td>1,301</td>
</tr>
</tbody>
</table>
Integrated Data Systems

Internal Sources
- Aging
- Child Welfare
- Community Service Block Grant
- Drug & Alcohol
- Early Intervention (partial)
- Family Support Centers
- HeadStart (partial)
- Homeless
- Housing Support
- Mental Health
- Intellectual Disabilities

External Sources
- Allegheny County Housing Authority
- Allegheny County Jail
- Birth Records
- Allegheny County Medical Examiner’s Office
- Public Benefits (State DHS)
- Housing Authority City of Pittsburgh
- Physical Health Claims (Medicaid)
- Juvenile Probation
- Pittsburgh Public Schools + 17 additional County School Districts
- Pre-trial Services
- Adult/family court

Potential Data Sources
- Early Childhood
- Post Secondary Education
- Labor & Industry
• DHS provides an integrated set of services
• Clients are “Clients of DHS”
• DHS data
• Get data where it needs to be
• Community resource: It’s our job to share & democratize data
• DHS believes that sharing protected information is important, and at times critical, for care.

• DHS has a right to client protected information in its role as contracting entity.

• From a feasibility perspective, it is not possible to obtain consent for re-disclosure of client information in a way that will facilitate expedient treatment and coordination of care.

• As a government service coordination and oversight entity, DHS may re-disclose protected information for the purposes of treatment and treatment coordination.
In Allegheny County, rich data are available to:

- DHS Staff (for 10+ years)
- Provider network
- Clients themselves
Client Search

Last Name or Social Security Number is required to search.

Last Name

First Name

Social Security Number

Advanced Search

Search

Announcements

Client View Update Frequency
### Service Involvement

<table>
<thead>
<tr>
<th>First Service</th>
<th>Last Activity</th>
<th>Program Area</th>
<th>Provider/SCU</th>
<th>Service</th>
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<tbody>
<tr>
<td>4/12/2013</td>
<td>5/3/2013</td>
<td>Criminal Justice Re-Entry Services</td>
<td>ALLEGHENY INTERMEDIATE UNIT</td>
<td>Jail Collaborative: Education</td>
</tr>
<tr>
<td>11/5/2012</td>
<td>4/17/2013</td>
<td>Mental Health Services</td>
<td>Human Services Administrative Organization</td>
<td>Administrative Management</td>
</tr>
<tr>
<td>8/31/2008</td>
<td>10/31/2012</td>
<td>PA Department of Public Welfare</td>
<td>-</td>
<td>SSI Benefits</td>
</tr>
<tr>
<td>12/31/2011</td>
<td>7/31/2012</td>
<td>Children, Youth and Families (as Parent)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>10/17/2010</td>
<td>10/24/2010</td>
<td>Drug and Alcohol Services</td>
<td>WHITE DEER RUN, INC.</td>
<td>Non-Hospital Residential Rehab (Level 3B)</td>
</tr>
<tr>
<td>6/9/2006</td>
<td>10/16/2010</td>
<td>Drug and Alcohol Services</td>
<td>WHITE DEER RUN, INC.</td>
<td>Detoxification</td>
</tr>
</tbody>
</table>
### Plans & Assessments

**Doe, John**  
35 years old, Male

#### Service Plans:

<table>
<thead>
<tr>
<th>Service Plan Type</th>
<th>Plan Applies To</th>
<th>Service Plan Approval Date</th>
<th>Download</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Plan</td>
<td>John Doe</td>
<td>9/23/2014</td>
<td>¶</td>
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<tr>
<td>Family Plan</td>
<td>John Doe</td>
<td>10/27/2014</td>
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<tr>
<td>Family Plan</td>
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<td>9/25/2014</td>
<td>¶</td>
</tr>
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<td>Family Plan</td>
<td>John Doe</td>
<td>No Data</td>
<td>¶</td>
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<tr>
<td>Family Plan</td>
<td>John Doe</td>
<td>10/21/2014</td>
<td>¶</td>
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<td>Family Plan</td>
<td>John Doe</td>
<td>10/24/2014</td>
<td>¶</td>
</tr>
<tr>
<td>Family Plan</td>
<td>John Doe</td>
<td>10/10/2014</td>
<td>¶</td>
</tr>
</tbody>
</table>

#### Assessments:

<table>
<thead>
<tr>
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<th>Assessment Applies To</th>
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<th>Download</th>
</tr>
</thead>
<tbody>
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<td>ANSA Assessment</td>
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<tr>
<td>ANSA Summary Detail</td>
<td>John Doe</td>
<td>6/5/2014</td>
<td>¶</td>
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<tr>
<td>ANSA Assessment</td>
<td>John Doe</td>
<td>2/10/2014</td>
<td>¶</td>
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<tr>
<td>ANSA Summary Detail</td>
<td>John Doe</td>
<td>2/10/2014</td>
<td>¶</td>
</tr>
<tr>
<td>ANSA Assessment</td>
<td>John Doe</td>
<td>12/6/2013</td>
<td>¶</td>
</tr>
<tr>
<td>ANSA Summary Detail</td>
<td>John Doe</td>
<td>12/6/2013</td>
<td>¶</td>
</tr>
</tbody>
</table>
• SafeMeasures in child welfare

• Getting data & alerts to the workforce
  – Problems in school
  – Medication management
  – New criminal justice system involvement

• Using predictive risk modeling to improve decision making
Recent Innovation

• **Coordinated Intake**
  – Child welfare, aging, involuntary commitments
  – Homeless, with expansion to all housing
  – Home visiting
  – Behavioral Health (in planning)

• **“One” Case Management IT System**
  – Limited customization – but this is getting away from us
  – Common id, assessments, service plans
  – Provider integration

• **Understanding Client Experience & Engaging Communities in Planning**

• **Advanced Analytics to Support Decision Making**
OPPORTUNITY #1: Improving Child Welfare Decision Making

OPPORTUNITY #2: Rethinking Prevention of Child Abuse & Neglect
Screening Decisions & Outcomes

24,188
Index Referrals

53% (12,894)
Screened Out

35% (4,467)
Re-referred within a year

65% (8,418)
No Re-referrals

47% (11,214)
Screened In

24% (2,681)
Re-referred within a year

76% (8,533)
No Re-referrals
In Allegheny County, rich data are available to case workers to help inform initial maltreatment screening decisions at the child protection hotline, but

- No standardized protocols for using these data to make referral screening decisions
- No method for systematically weighting this information in an equitable manner across all referrals
- No understanding of what information is correlated / predicts future adverse outcomes for children
Developing a Screening Score

- The system will harvest data from the data warehouse.

- At each call, a screening score will be produced for each child associated with an allegation of maltreatment.

- This screening score is comprised of the risk of re-referral, given screen-out and the risk of placement in foster care, given screen-in.

- More than 100 pieces of information are included in the screening model.
Developing a Screening Score

- The **screening score** is from 1 to 20
- The **higher the score, the higher the chance of the future event** (e.g., abuse, placement, re-referral) according to the data

1 in 20 calls receive a **score of 1** (bottom 5% of risk)

1 in 20 calls receive a **score of 20** (top 5% of risk)
Researchers built a screening model based on information that we already collect.

They identified more than 100 factors that predict future referral or placement.

To test if the model might improve the accuracy of screening decisions, we scored thousands of historical maltreatment calls and then followed the children in subsequent referrals to see how often the model was correct...
The Results: Re-Referrals

1 in 10 children with a score of 1 were re-referred within two years of the call.

9 in 10 children with a score of 20 were re-referred within two years of the call.
The Results: Out-of-Home Placements

1 in 100 children who received a score of 1 were placed out-of-home within 2 years of the call.
The Results: Out-of-Home Placements

1 in 2 children who received a score of 20 were placed out-of-home within 2 years of the call.
Under current practice:

27% of highest risk cases were screened out — of these, 1 in 3 are re-referred and placed within 2 years of the initial screened out call.

48% of lowest risk cases were screened in — and yet only 1.4% of those are placed within 2 years.
How the Score fits into Current Practice

Family Screening Score

The purpose of the Family Screening Score is to use information collected by DHS and other partners to inform screening decisions. The Family Screening Score is calculated by integrating and analyzing hundreds of data elements on each person related to the referral to generate an overall Family Screening Score. The score predicts the long-term likelihood of re-referral, if the referral is screened out without an investigation, or home removal, if the referral is screened in for investigation.

If the Family Screening Score meets the threshold for “mandatory screen-in,” the call must be investigated. In all other circumstances, the Family Screening Score provides additional information to assist the Call Screening Unit in making a call screening decision and should not replace clinical judgement.

The Family Screening Score is only intended to inform call screening decisions and is not intended to be used in making investigative or other child welfare decisions.

Last Run By: Jane McBeth  Last Run Date: 4/7/2016, 10:32 AM  Algorithm Versions Used: Re-referral v43 Placement v22

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OPPORTUNITY #1: Improving Child Welfare Decision Making

OPPORTUNITY #2: Rethinking Prevention of Child Abuse & Neglect
How well do our child serving systems choose the right child at the right time?
Not very well:
Over half of children who died (or nearly died) as a result of abuse were never referred to child welfare before the incident.
As *soon as the birth* is registered we could assign a needs score between 1 and 20

**Predicting** a child protection case opening by age 3

- Vision would be to prioritize high needs births for upstream early intervention support in the hopes of preventing the need for later child protection involvement
Of those who received a risk score of 20, 40% of them resulted in an open case by age 3
Offer voluntary services at the time of birth

- Use needs score to prioritize home visiting services through coordinated intake
- Use needs score to provide extra support to families who engage at a family support center
- Proactively reach out to high-risk families who live in a catchment area for family support centers

Build needs score into screening at Children‘s Hospital
For More Information

Analyzed Data in Reports

Interactive Visualizations & Open Data

Homicides, City of Pittsburgh 2010-2015

For More Information

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