

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

The Allegheny County Experience







- 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



A Child Welfare System in Crisis

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

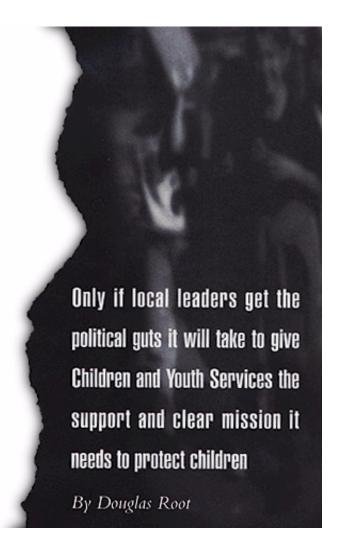
- Considered "antiquated" structurally examined by Committee to Prepare Allegheny County for the 21st Century (ComPAC 21)
- 30 departments reporting to the three Commissioners
- Change in leadership for first time in 28 years

Deficiencies Identified

all the

- 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





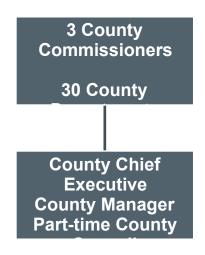
The System is Transformed

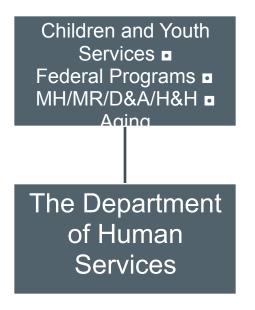
"Allegheny County once was a pathetic national disgrace. Today, it is a shining national model. Allegheny County is showing the nation that child welfare systems can be fixed, and it is showing the nation how to fix them."

- Richard Wexler, Executive Director,
National Coalition for Child Protection Reform
(Source: CNN NewsNight with Aaron Brown, Aired: August 14, 2002)

ComPAC 21 Recommendations







Charge: Provide services more effectively and more efficiently, and integrate the functions of the previously discrete human services departments.

Creation of DHS



- 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

Integrated Human Services Model

- Assistance for older persons with/ without disabilities
- Child protective services
- Mental health services (including 24hour crisis counseling)
- Drug and alcohol services
- Services for individuals with a diagnosise 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





EXECUTIVE OFFICE

Integrated Program Offices

Area Agency on Aging

Office of Children, Youth & Families

Office of Intellectual Disabilities

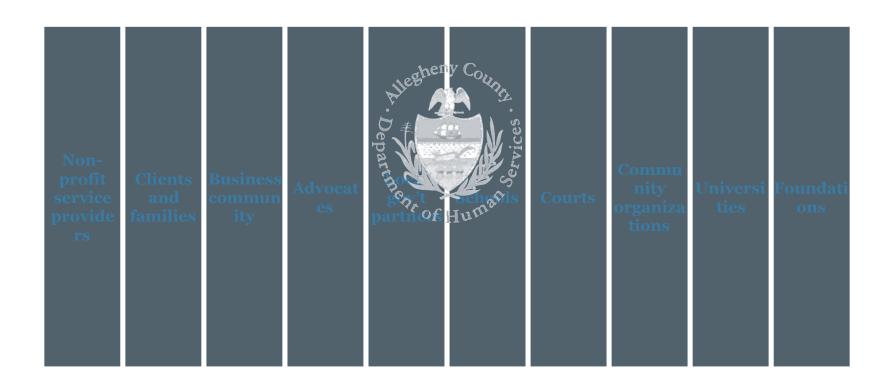
Office of Behavioral Health

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

Key Features of Conferencing & Teaming



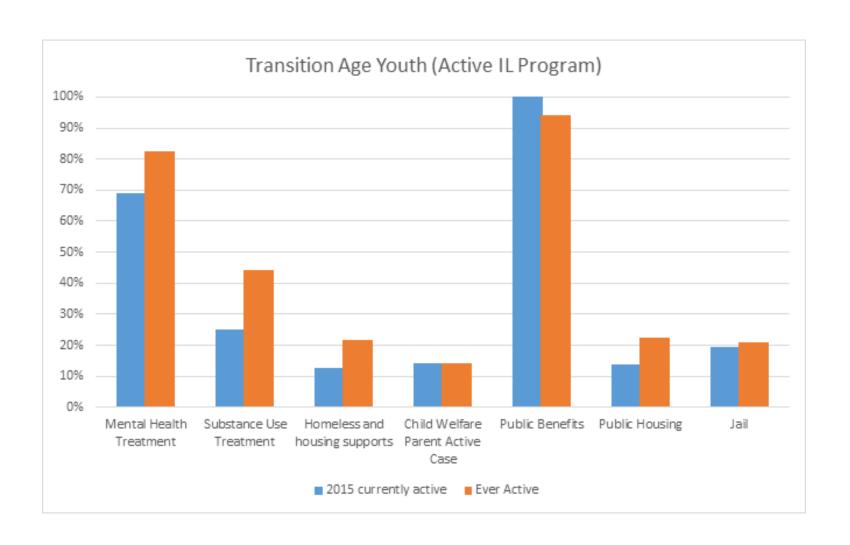
- Facilitator-led meeting (2 hours or less)
- Private family time
- Family decides who participates, including the system partners
- Participants sign a confidentiality agreement
- Focus on needs and solutions (not service driven)
- Strength-based approach based on past successes
- Decisions are made jointly by the team

Transition Age Youth



- Serve 1,000 youth 16-24 years old annually
- 412 Youth Zone
- Educational Liaisons
- Housing Assistance
- Employment
- Life Skills

Transition Age Youth Service Involvement



When Placement is Necessary

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- 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

	As of 1/1/96	As of 11/4/16
Shelter	214	43
All foster care (total)	2,557	1143
With kin	643	715
With non-kin	1,914	428
Group home	119	58
Residential	310	26
Supervised I.L.	118	31
Total	3,318	1,301

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

Potential Data Sources

- Early Childhood
- Post Secondary Education
- Labor & Industry

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

Organizational Viewpoints

- 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



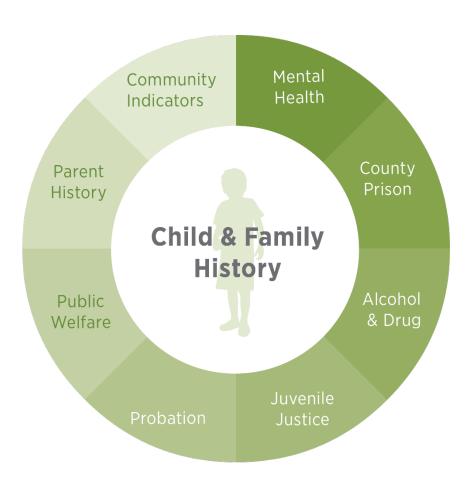
Managing Dissent: Communicating Clearly

- 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

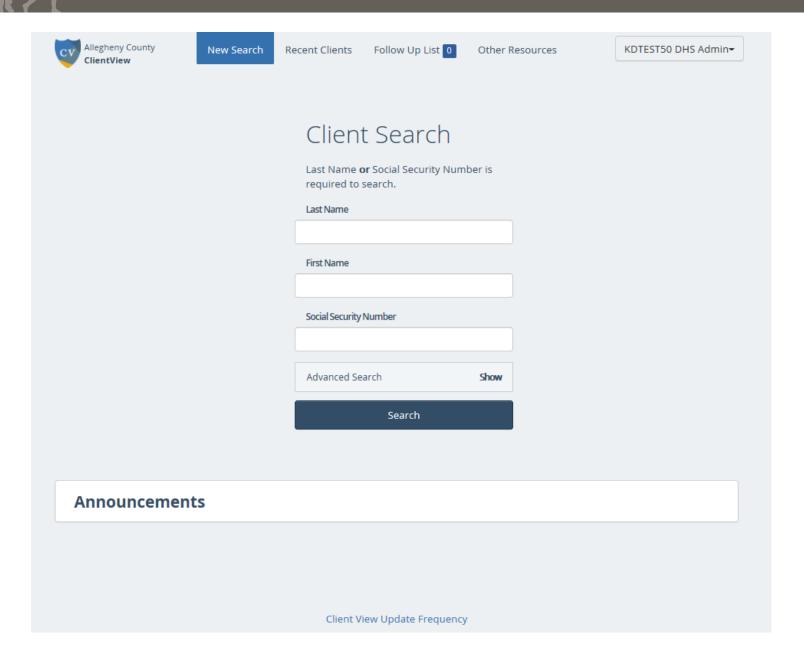


In Allegheny County, rich data are available to:

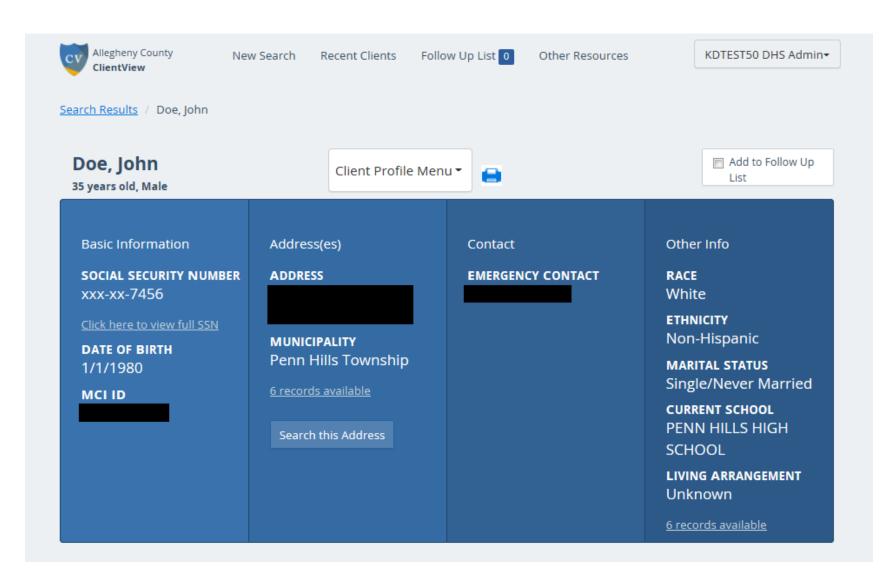
- DHS Staff (for 10+ years)
- Provider network
- Clients themselves



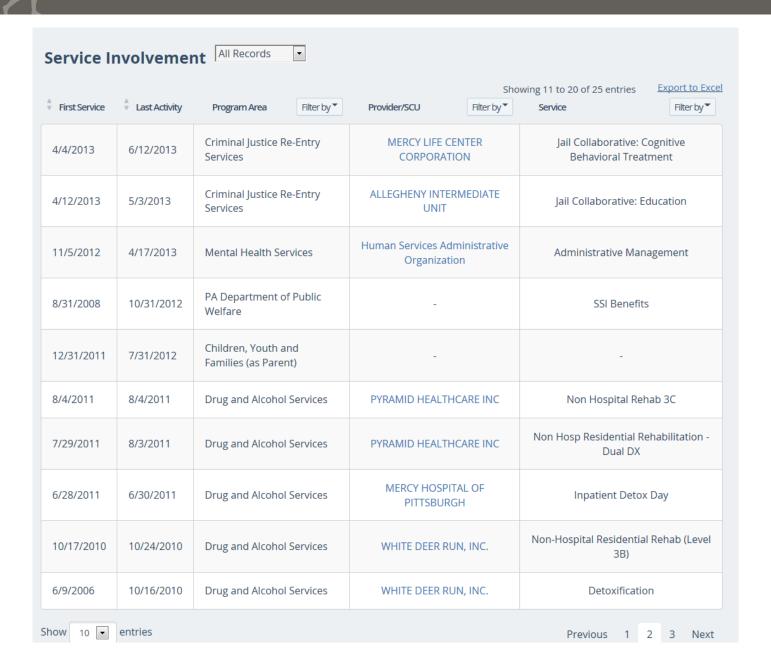
Client Search



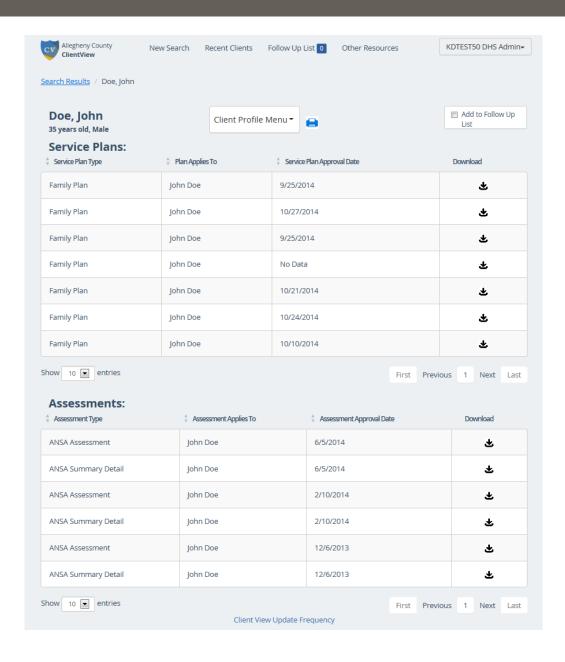
Client Profile



Service Involvement



Plans & Assessments

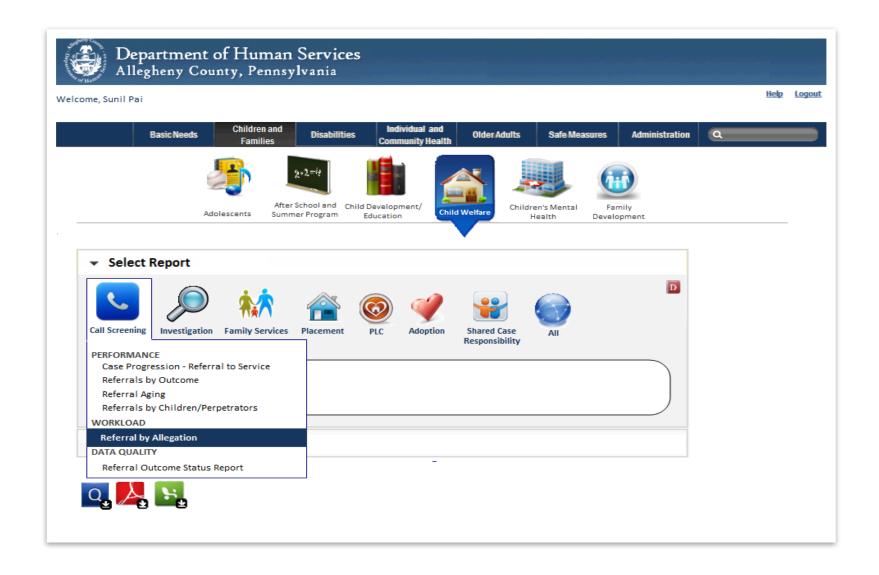


Improving Worker Decision Making



- Getting data & alerts to the workforce
 - Problems in school
 - Medication management
 - New criminal justice system involvement
- Using predictive risk modeling to improve decision making

DHS Reports Portal



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

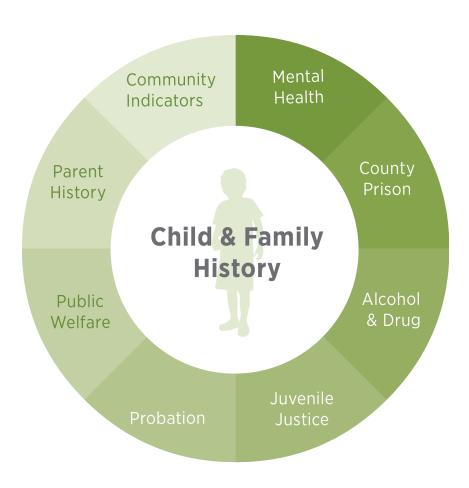
OPPORTUNITY #2:
Rethinking Prevention of Child Abuse & Neglect

Screening Decisions & Outcomes



Today: Using Integrated Data to Inform Decision-Making

- 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

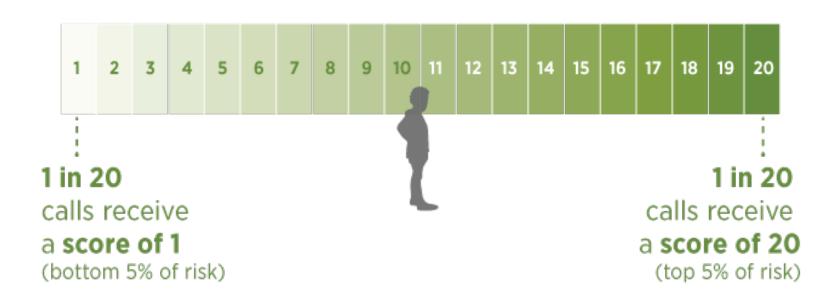


Developing a Screening Score

- 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 rereferral, 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



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...





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



with a score of 20 were re-referred within two years of the call.

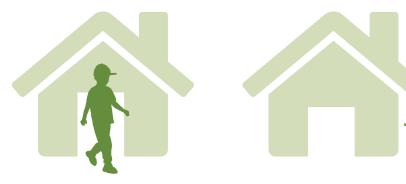


The Results: Out-of-Home Placements





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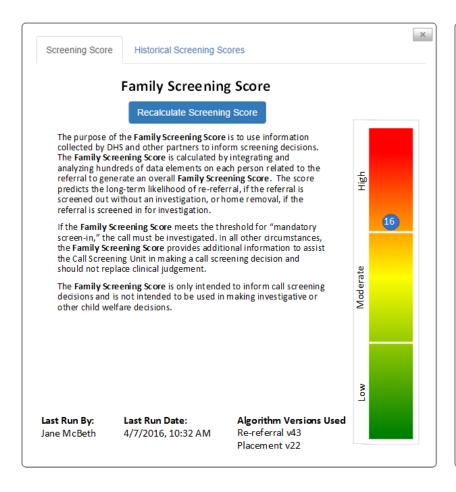
who received
a score of 20 were placed
out-of-home within
2 years of the call

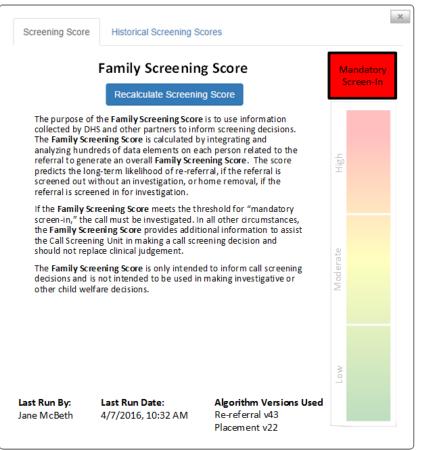
Under current practice:

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





opportunity #1:
Improving Child Welfare
Decision Making

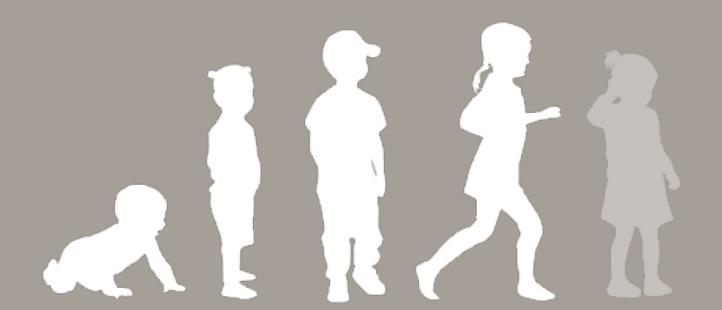
Rethinking Prevention of Child Abuse & Neglect

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.



Generating a "Needs" Score at Birth

As **soon as the birth** is registered we could assign a needs score between 1 and 20

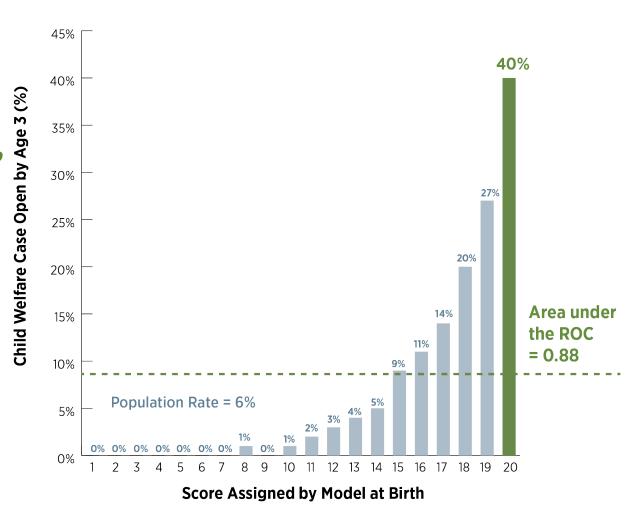
Predicting a child protection case opening by age 3

 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



Generating a Score at Birth

Of those who received a risk score of 20, 40% of them resulted in an open case by age 3



Opportunities for Prevention

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 familes who engage at a family support center
- Proactively reach out to high-risk families who live in a catchment area for family support centers

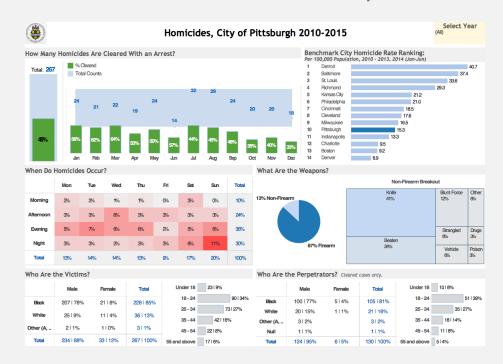
Build needs score into screening at Children's Hospital



Analyzed Data in Reports



Interactive Visualizations & Open Data



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