Integration of Human Services among Counties in Southwestern Pennsylvania: *Five Case Studies*

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TABLE OF CONTENTS

INTRODUCTION

In July 2012, members of the University of Pittsburgh Institute of Politics Health and Human Services Committee met to discuss current policy issues. The 2012-2013 budget passed earlier that month by the General Assembly and signed into law by the governor included a significant decrease in funding for certain human services line items as well as a new human services block grant (HSBG) pilot program that would be open to 20 counties across the Commonwealth. As a result, the committee discussion centered on how human service delivery would be affected by these changes, and how integration might help or hinder counties as they seek to adapt to the changes.

In response, this report considers the following questions:

- What is the status of counties in Southwestern PA with regard to integration?
- How has the level of integration affected counties' ability to either apply for or implement the block grant pilot?
- Are there lessons to be learned from those counties that have already undergone integration?

The Institute of Politics has researched the integration of county human service departments and has conducted interviews with several counties in southwestern Pennsylvania that are in the process of integrating and/or have undergone integration. Many counties have shifted toward an integrative approach to strengthen delivery at the county level and to ensure resilience during times of economic difficulty. Allegheny, Greene, Venango, Washington, Butler, and other counties throughout Pennsylvania have integrated, centralized, and consolidated their offices to improve services. Others, such as Beaver and Westmoreland, operate under a non-integrated model.

The concepts that this report will attempt to explain in greater depth are as follows:

- The level of integration among counties in southwestern PA varies significantly and mirrors the type of variety seen across Pennsylvania.
- The level of integration may not have bearing on the ability to apply for the block grant but may affect how it is implemented.

BACKGROUND

The call for human service integration dates back to 1979, but it is in recent years the concept has become more popular with county agencies.[i] Features of integrated service delivery include:[ii]

Common service areas	Defining similar geographic service boundaries for all services in an area
Co-location	Placing a number of services "under one roof" in communities or neighborhoods
Joint core services	Sharing outreach, intake diagnosis and evaluation, referral, follow-up, and transportation chores among all agencies
Case planning	Designing treatment programs to meet the multiple needs of a given
Case management	Assigning a single service worker to the client to ensure that he receives the services
Joint management services	Using specialized staff, shared equipment, and consulting services
Common eligibility	At minimum, creating a common application form and sharing client data

Benefits of systems integration include:[iii]

- Reductions in administrative staff
- Reductions in needed office space and all associated costs
- Increased leverage with regard to funding streams
- Improved communication between counties and providers

- Reduced transaction times for clients and providers
- Increased efficiency overall in terms of hiring, payments, contracts, and audits

PURPOSE

A primary purpose of human service integration is to provide efficient service delivery to clients. Integration efforts are to be more "comprehensive and less stigmatizing" and also allow for coherence.[iv] Integration is a holistic approach that allows agencies to collaborate and confront interrelated issues. Ultimately, integration can help counties serve clients more effectively, resulting in an improved client experience.

In 2002, the Rockefeller Institute of Government conducted research in 12 states about human service integration. During interviews with program managers they were asked why they decided to embark on the time-consuming process of integration. Their response is as follows:

"Service integration focuses on the multiple needs of individuals and families through community-wide service delivery networks, bringing all community services together in a coherent whole, working toward unified approaches to policy development, administration, planning, and service delivery."[v]

WHAT INTEGRATION LOOKS LIKE

The process of integration can vary significantly according to the needs, makeup, and vision of the county. Some integrative human service approaches include: one stop centers where the various agencies are housed in one location, virtual networks where there is an agreement to work together while maintaining separate locations, and others where they hire someone to 'broker' services for program participants.[vi]

Integration should not be looked at as an event but rather an ongoing process that takes time to develop. Allegheny and Venango counties offer prime examples of this. A chart detailing steps toward integration appears on the next page.[vii]

ENHANCED RELATIONSHIP INTENSITY SCALE

Level 1*: Communication*

- ■ *Procedures for information sharing*
- ■ *Regular interagency meetings on common problems and opportunities*
- ■ *Informal service 'brokering' arrangements.*
- ■*Cooperation - task forces, advisory groups, committees that review/approve plans*
- ■ *Consensus concerning best practices*
- ■ *Cross system's dialogue and/or training*
- ■ *Cooperative monitoring / case reviews*

Level 2: *Coordination*

- ■ *Formal interagency agreements to "coordinate"*
- ■ *Joint mission statement / principles*
- ■ *Joint training/retraining/cross training*
- ■ *Contractual procedures for resolving inter-agency disputes*
- ■ *Temporary personnel reassignments*
- ■ *coordinated eligibility standards*
- ■ *Coordinated personnel qualification standards*
- ■ *Single application form / process*
- ■ *Common case management protocols*
- ■ *centralized functional administration*
- ■ *coordinated IT / (re) programming authority*

Level 3: *Convergence*

- ■ *Contractual provisions for fund transfers / reallocations*
- ■ *Contractual "lead agency" agreements*
- ■ *Pooled resources / budget contributions*
- ■ *Multi-agency/multi-task/multi-discipline service plans & budgets*
- ■ *Seamless interagency service delivery teams*
- ■ *Fully blended interagency planning / division of labor*

FUNDING FOR HUMAN SERVICES IN PENNSYLVANIA

Funding, always a key issue in the delivery of human services, became an even more pressing matter when, as part of his 2012-2013 budget released in February of 2012, Pennsylvania's governor proposed a 20 percent cut to seven line items that provided funding for human services. He also proposed combining these line items into a block grant. In response, the Institute of Politics, together with the United Way of Allegheny County and The Pittsburgh Foundation, hosted a roundtable discussion on the proposal. In attendance were county commissioners as well as human services directors and administrators from across southwestern Pennsylvania, and presenters included Somerset County Commissioner and County Commissioners Association of Pennsylvania (CCAP) Human Services Committee chair Pam Tokar-Ickes and Allegheny County Department of Human Services director Marc Cherna. Many in attendance agreed that the 20 percent cut proposed in the governor's budget would be devastating to the provision of human services, and requiring all of Pennsylvania's 67 counties to figure out how to implement a block grant program in 16 weeks would not be feasible. Also expressed was the need to educate legislators about the difference between human services and public assistance. The final budget that passed in July 2012 included a reduction in the severity of the cut (from 20 to 10 percent). This reduction can be directly attributed in part to the county

commissioners and administrators who advocated successfully against a 20 percent reduction in funding. In addition, the block grant proposal was revised into a pilot program that would allow 20 counties to float up to 20% of the funding for seven line items.

BLOCK GRANT

As mentioned previously, Pennsylvania's 2012-2013 budget provides for a human services block grant (HSBG) pilot program that would be open to 20 counties. The goal of the grant, according to Governor Corbett, would be to ensure that "more funding makes it to our recipients and less is spent on red tape."[viii] The grant contains seven previously separate funding streams, and the program provides eligible counties with the ability to move some, currently 20 percent, of the funds between those seven programs. Ideally, this flexibility would allow counties to prioritize funds to meet the unique needs of the people in their county. The seven funding streams included in the block grant are:

- Act 152
- Behavioral Health Services Initiative
- Human Services Development Fund
- Homeless Assistance Program
- Child Welfare Special Grants
- Mental Health Community Programs
- Intellectual Disability Community Base

The chart on the next page lists the 30 counties that applied to participate in the human services block grant program in 2012 and the 20 that were accepted into the program.

Counties selected to participate in the Human Services Block Grant pilot:			**Counties that applied to participate in the pilot but were not selected:**	
Allegheny	Crawford	Lancaster	Cambria	Potter
Beaver	Dauphin	Lehigh	Columbia	Schuylkill
Berks	Delaware	Luzerne	Lackawanna	Warren
Bucks	Erie	Tioga	McKean	***Washington***
Butler	Franklin	***Venango***	Northampton	***Westmoreland***
Centre	Fulton	Wayne		
Chester	***Greene***			

**Counties in Southwestern PA are bolded and italicized*

LEADERSHIP FROM THE COUNTY COMMISSIONERS

In response to the block grant proposal, CCAP's Human Services Committee created a monthly Block Grant group to provide input and recommendations on issues surrounding the

proposal. Members of the workgroup included volunteer commissioners, CCAP affiliate directors, a member from each CCAP affiliate, and a representative from both Philadelphia and Allegheny counties.[ix] The group's recommendations and inputs have played a critical role in the implementation of the block grant. CCAP also provided a brief HSBG Resource guide that includes a list of county commissioners and administrative staff willing to assist other counties with questions and concerns related to the HSBG. The guide includes each of the selected 20 counties' 2012-2013 block grant plans.

In January 2013, CCAP held a forum for current participants in the HSBG to share concerns, identify best practices, and dialogue with representatives from the Pennsylvania Department of Public Welfare (DPW).

PROCESS

Under the pilot, the selected 20 counties were allowed to move 20 percent of funding between the seven line items included in the block grant in the first year, with the percentage scheduled to increase over five years to 100 percent. Counties could also request waivers to obtain permission to move 100 percent of funding between categories beginning in year one. The guidelines for the program required selected counties to hold two public meetings about the implementation of the block grants.

After the selected counties were announced, each county had 23 working days to complete a HSBG plan that contained the following:

1) Public Hearing Notice (proof that the two required public meetings were held)
2) Waiver Response (whether the county was seeking to obtain permission to move larger percentage of funding between categories for the 2012-2013 fiscal year)
3) County Planning Team and Needs Assessment
4) Narrative
5) Assurance of Compliance Signature Page
6) Appendix B: Human Services Block Grant Proposed Budget and Service Recipients

PROS AND CONS

Proponents of the HSBG argue that counties will save on staffing, planning, and reporting, which will allow for better service delivery.[x] However, the block grant has caused some concern among the provider community. "The block grant will divert money away from programs that help former residents of closed state institutions that live in communities. This will undermine commitments made to individuals as part of the long-term process to downsize the number of state hospitals and centers for the mentally disabled," said George Kimes, executive director of the Pennsylvania Community Providers Association. [xi]

COUNTY STUDIES

The Institute of Politics conducted interviews with five counties in the greater southwestern Pennsylvania area to better understand human service integration and the HSBG. All five counties interviewed have been selected to participate in the block grant pilot; three are integrated, one is in the process of integration, and one has not yet undergone integration. These counties are Greene, Venango, Allegheny, Beaver, and Butler.

While the content of these studies demonstrates the variety in the ways counties approach the administration of human services in Pennsylvania, the interviewees often expressed similar general concerns. These include:

- While the block provides greater flexibility than the previous categorical line items, it may also be easier to reduce a block grant budget than individual line items. County administrators have stressed that they could not handle any further budget cuts without seriously affecting the quality of service delivery to the consumer.
- The state funding that counties receive to divert potential state hospital admissions, known as the Community Hospital Integrated Project Program (CHIPP), was reduced by 10% in the FY 2012-2013 Commonwealth budget. CHIPP dollars are typically assigned to counties that agree to reduce their bed cap (the number of clients served) at the state hospital that serves their counties. Serving residents in the community rather than in a state hospital is almost always less expensive and results in significant savings to the state. CHIPP dollars are traditionally utilized by counties to build program infrastructure that benefit and divert multiple individuals from long-term state care at the state hospitals. With CHIPP dollars, counties are expected to serve the diverted state hospital population in the community by working with local stakeholders to create quality programs and services to meet the needs of residents with serious mental illnesses. Upon the reduction of CHIPP dollars in FY 2012-2013, counties were charged with the responsibility of providing care and services to the severely and persistently mentally ill population, many of whom would have been served in previous years at the Mayview State Hospital, with fewer dollars. Three of the counties included in this report worked collaboratively with the state to close Mayview State Hospital and have operated without access to a state hospital since 2008.
- Though none of the five counties interviewed for this report currently have joinders in place, concerns have been expressed about the implications of joinders for participation in the block grant program. According to an update provided by CCAP, DPW intends to address this issue in the following way:

  > "Beginning in the new fiscal year, July 1, 2012, DPW will calculate each county's pro rata portion of the joinder

> allocation using total county population. Each county's calculated share will then be combined with the other categorical allocations to compute the block grant allocation. Counties will receive a single quarterly payment for the block grant allocation with the expectation that each county within the joinder arrangement will pass through the appropriate portion to the joinder entity for that county. During the transition to the block grant, it is the expectation of DPW that joinder arrangements will continue to be honored by each involved county until such time as new or revised agreements are reached. DPW approval is required for any plan to withdraw from or dissolve current arrangements. The FY 2011-12 categorical allocations as of April 1, 2012 will be used by DPW to calculate the total block grant allocation as well as to determine the required spending amounts on each categorical."

The following case studies featuring Greene, Venango, Allegheny, Beaver, and Butler counties help to demonstrate that while counties experience many of the same challenges, how they respond to those challenges continues to be varied and creative.

GREENE

Greene County is primarily rural with an estimated 40,000 residents and consists of 26 municipalities.[xii] Greene County Human Services (GCHS) department has been integrated since 2000 when they ended their joint arrangement for Mental Health, Intellectual and Developmental Disabilities, and Drug and Alcohol services with Washington County. Karen Bennett, the Greene County Human Service Administrator, states that "integration was the only way to financially do things for Greene County." The Greene County Block Grant Plan notes that "integration and collaboration moves the department forward in strategically accomplishing programing and monitoring to develop and provide cost effective accessible quality services to Greene County residents."

Greene County's integrative approach includes Children and Youth Services, Drug and Alcohol Services, Early Intervention, Transportation, Housing and Family Resource, Mental Health, and Intellectual Disabilities. The Human Services Administrator oversees all seven of these programs, and each program has a director. Other key administrative staff includes the Assistant Administrator/Chief Fiscal Officer, the Human Services Advisory Board, and the Children Youth Advisory Board.

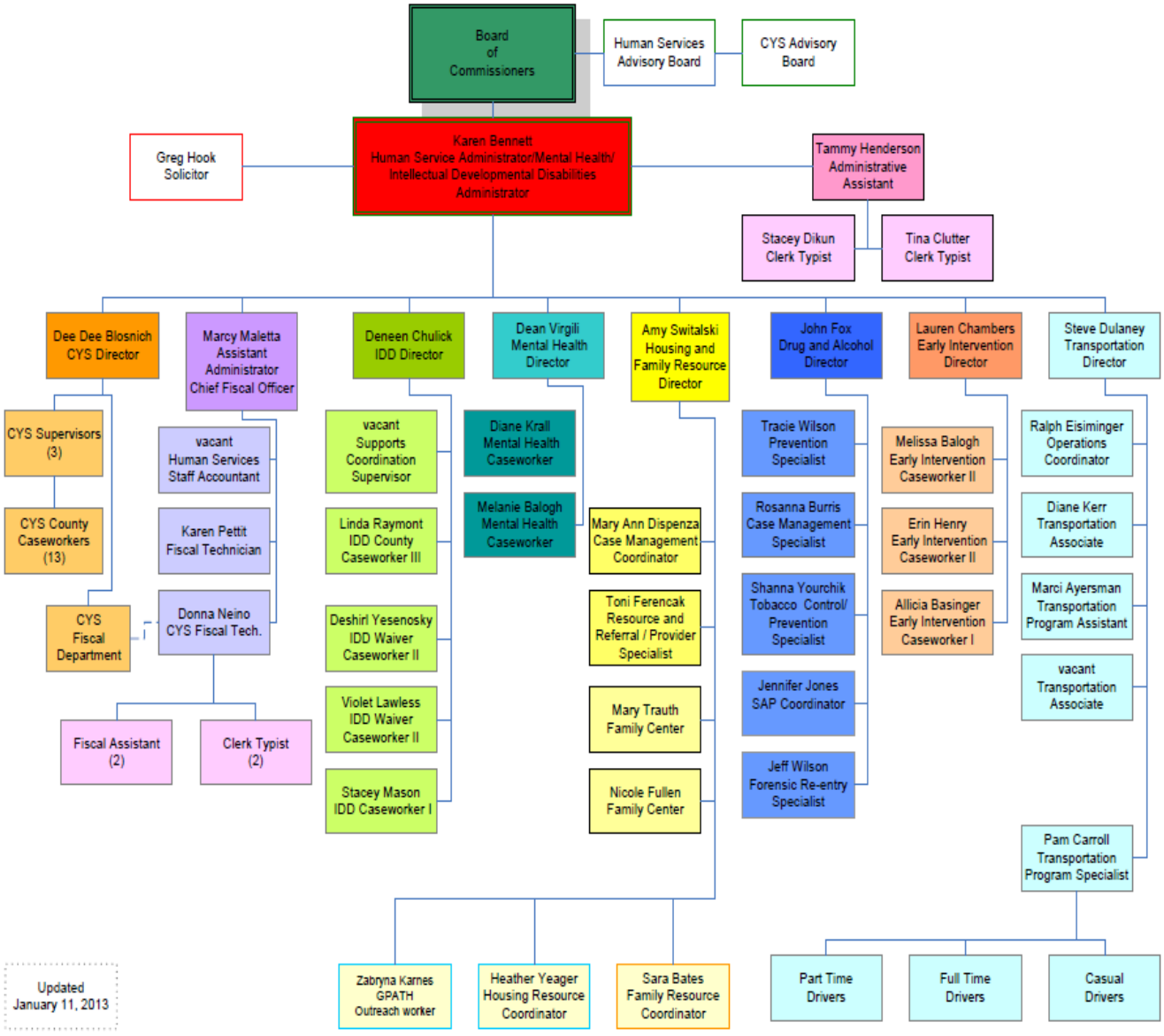
One of the primary goals at GCHS is actively involving consumers, community members, and providers in the various planning processes. To ensure that this active involvement is occurring, GCHS has created various boards, groups, and programs comprised of these stakeholders. Some of these stakeholders include the Greene County Human Services Advisory Board, the Block Grant Advisory Board, Greene County Community Support Programs, Greene County Making a Great Impact Collectively, the Greene County President Judge's Children's Roundtable, Children Youth Service Advisory Committee, the Recovery and Transformation Committee and several other work groups. Overall, these work groups have assisted in the block grant process by providing feedback, fostering communication and collaboration, generating service delivery ideas, and helping GCHS to better identify unmet needs.

Like many other human service departments throughout Pennsylvania, Greene County has experienced great difficulty with the budget cuts. Most providers in the county received a 10 percent cut, and social rehabilitation services received a 50 percent cut with an estimated total of $1 million lost in 2012-2013. Ms. Bennett states that "Because of the cut, we need the block grant; it's not the block grant that is the issue, it's the [budget] cut."

GCHS believes the HSBG is "an opportunity to continue to assess what services we have as a continuum and to reduce, enhance, or develop services that meet the new needs of the community."[xiii] One of the major goals for Greene County this fiscal year is to identify gaps in its data collection ability. Described in Greene County's Human Service Block Grant Plan are new ways that the County plans to maximize its funding such as "tracking outcomes such as hospital re-admission rate and utilization of diversion services…"[xiv] Ms. Bennett also states that thinking

outside the box regarding funding and service delivery has become even more crucial, and the various working groups created by GCHS have assisted in doing this.

Below is Greene County's Human Services Integration Model as described on the previous page.



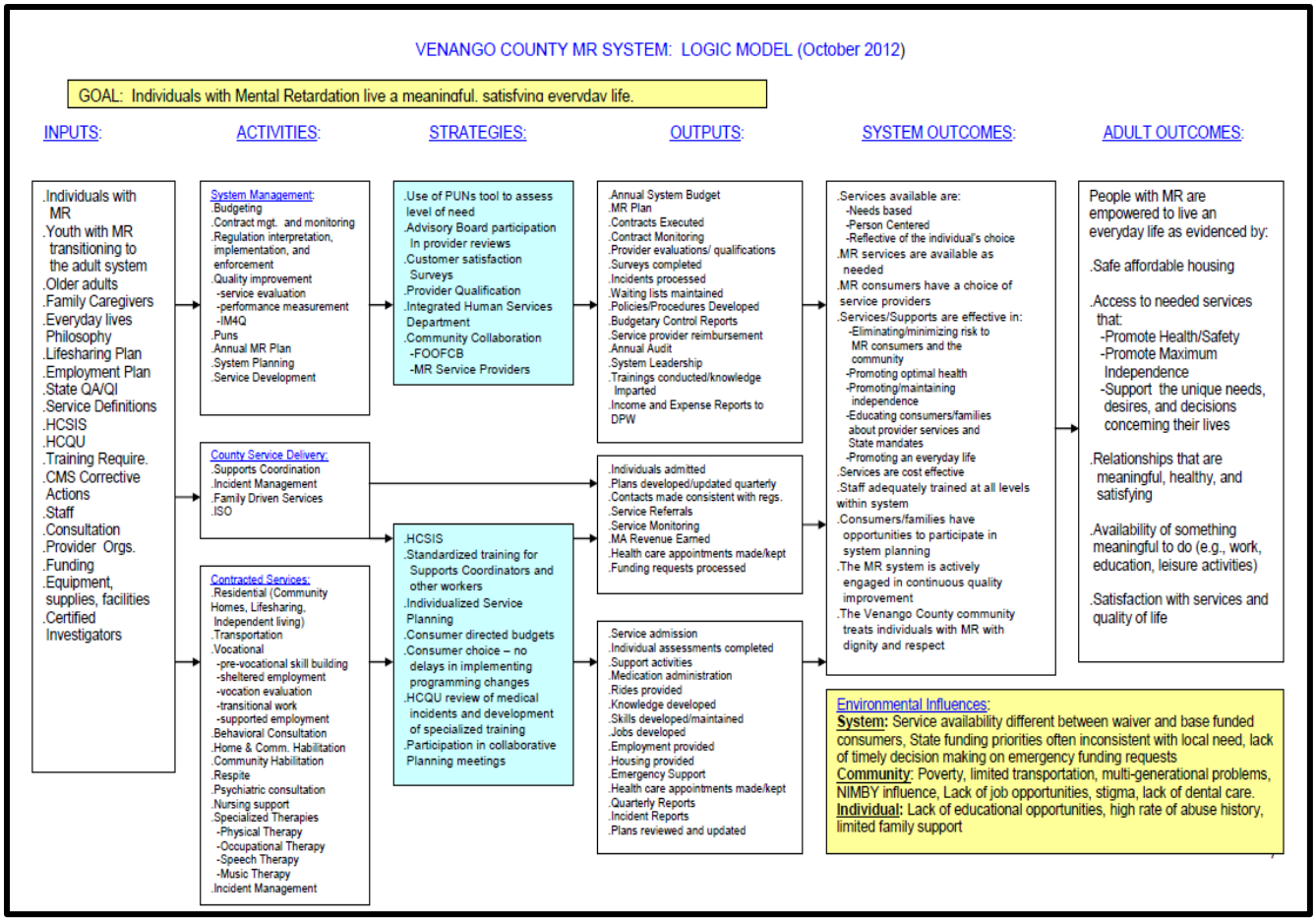
VENANGO

Venango County is approximately 54 percent rural and approximately 46 percent urban with an estimated population of 55,000.[xv] Poverty levels are above the national and state rates with around 15.8 percent of the county's population living below the poverty level.[xvi] Venango County has experienced a decrease in population over the last 20 years due to the closing of many major employers.[xvii] For over twenty years Venango County operated under the human services model where the county's five human service agencies functioned as five separate entities.

According to the Venango County HSBG plan, Venango County Commissioners and administrators had discussed the idea of integration and noted that "the Block Grant has been the push that opened the door for meaningful change in this direction."[xviii] An integrated training program was created so that all five departments felt included during the integration and reorganizing process. Focus groups with stakeholders were also formed and were critical to the success of the integration as were frequent management meetings, a planning/needs assessment group, and working teams such as the fiscal team, intake team, leadership team, and case managing team. With these various forms of communication, Venango County Human Services administrators were able to identify areas for improvement, such as transportation for consumers, and more efficient ways to address other unmet needs. Venango County also held a luncheon with providers to explain the block grant in detail, gain input from the providers, and develop guiding principles and visions that providers helped to design. During the luncheon, providers noted that one way to move forward would be to discuss case studies to help facilitate creative problem solving. Throughout the integration process and block grant process, staff, providers, and consumers were included and were constantly made aware of new developments. Communication has proven to be key in the reorganizing and integration process for Venango County Human Services and can explain much of the success they have experienced thus far.

Jayne Romero, the Venango County Mental Health and Developmental Services Administrator, expressed concern with continued budget cuts but acknowledged the HSBG has allowed for greater flexibility. Ms. Romero believes the block grant to be beneficial, especially in instances where counties would have to send money back to the state if it is not fully expended by the end of the fiscal year. For example, in Venango County, Drug and Alcohol continually runs out of funding, but in previous years the county has had to return Act 152 money. The block grant gives counties the ability to shift funding around, allowing programs that would otherwise run out of funds to receive additional or adequate funding. This year, Venango County used some of the funding available through the block grant to create a care home for those with mental illnesses, which was identified in the planning process as an unmet need.

The following pages feature planning documents that Venango County Human Services used during the reorganizing and integration process.


VENANGO COUNTY MR SYSTEM: LOGIC MODEL (October 2012)
GOAL: Individuals with Mental Retardation live a meaningful, satisfying everyday life.
INPUTS:
ACTIVITIES:
STRATEGIES:
OUTPUTS:
SYSTEM OUTCOMES:
ADULT OUTCOMES:
.Individuals with MR
.Youth with MR transitioning to the adult system
.Older adults
.Family Caregivers
.Everyday lives Philosophy
.Lifesharing Plan
.Employment Plan
.State QA/QI
.Service Definitions
.HCSIS
.HCQU
.Training Require.
.CMS Corrective Actions
.Staff
.Consultation
.Provider Orgs.
.Funding
.Equipment, supplies, facilities
.Certified Investigators
System Management:
.Budgeting
.Contract mgt. and monitoring
.Regulation interpretation, implementation, and enforcement
.Quality improvement
-service evaluation
-performance measurement
-IM4Q
.Puns
.Annual MR Plan
.System Planning
.Service Development
County Service Delivery:
.Supports Coordination
.Incident Management
.Family Driven Services
.ISO
Contracted Services:
.Residential (Community Homes, Lifesharing, Independent living)
.Transportation
.Vocational
-pre-vocational skill building
-sheltered employment
-vocation evaluation
-transitional work
-supported employment
.Behavioral Consultation
.Home & Comm. Habilitation
.Community Habilitation
.Respite
.Psychiatric consultation
.Nursing support
.Specialized Therapies
-Physical Therapy
-Occupational Therapy
-Speech Therapy
-Music Therapy
.Incident Management
.Use of PUNs tool to assess level of need
.Advisory Board participation in provider reviews
.Customer satisfaction Surveys
.Provider Qualification
.Integrated Human Services Department
.Community Collaboration
-FOOFCB
-MR Service Providers
.HCSIS
.Standardized training for Supports Coordinators and other workers
.Individualized Service Planning
.Consumer directed budgets
.Consumer choice – no delays in implementing programming changes
.HCQU review of medical incidents and development of specialized training
.Participation in collaborative Planning meetings
.Annual System Budget
.MR Plan
.Contracts Executed
.Contract Monitoring
.Provider evaluations/ qualifications
.Surveys completed
.Incidents processed
.Waiting lists maintained
.Policies/Procedures Developed
.Budgetary Control Reports
.Service provider reimbursement
.Annual Audit
.System Leadership
.Trainings conducted/knowledge Imparted
.Income and Expense Reports to DPW
.Individuals admitted
.Plans developed/updated quarterly
.Contacts made consistent with regs.
.Service Referrals
.Service Monitoring
.MA Revenue Earned
.Health care appointments made/kept
.Funding requests processed
.Service admission
.Individual assessments completed
.Support activities
.Medication administration
.Rides provided
.Knowledge developed
.Skills developed/maintained
.Jobs developed
.Employment provided
.Housing provided
.Emergency Support
.Health care appointments made/kept
.Quarterly Reports
.Incident Reports
.Plans reviewed and updated
.Services available are:
-Needs based
-Person Centered
-Reflective of the individual's choice
.MR services are available as needed
.MR consumers have a choice of service providers
.Services/Supports are effective in:
-Eliminating/minimizing risk to MR consumers and the community
-Promoting optimal health
-Promoting/maintaining independence
-Educating consumers/families about provider services and State mandates
-Promoting an everyday life
.Services are cost effective
.Staff adequately trained at all levels within system
.Consumers/families have opportunities to participate in system planning
.The MR system is actively engaged in continuous quality improvement
.The Venango County community treats individuals with MR with dignity and respect
People with MR are empowered to live an everyday life as evidenced by:
.Safe affordable housing
.Access to needed services that:
-Promote Health/Safety
-Promote Maximum Independence
-Support the unique needs, desires, and decisions concerning their lives
.Relationships that are meaningful, healthy, and satisfying
.Availability of something meaningful to do (e.g., work, education, leisure activities)
.Satisfaction with services and quality of life
Environmental Influences:
System: Service availability different between waiver and base funded consumers, State funding priorities often inconsistent with local need, lack of timely decision making on emergency funding requests
Community: Poverty, limited transportation, multi-generational problems, NIMBY influence, Lack of job opportunities, stigma, lack of dental care.
Individual: Lack of educational opportunities, high rate of abuse history, limited family support

VENANGO COMMUNITY NEEDS ASSESSMENT/PLANNING WORKGROUP
LOGIC MODEL

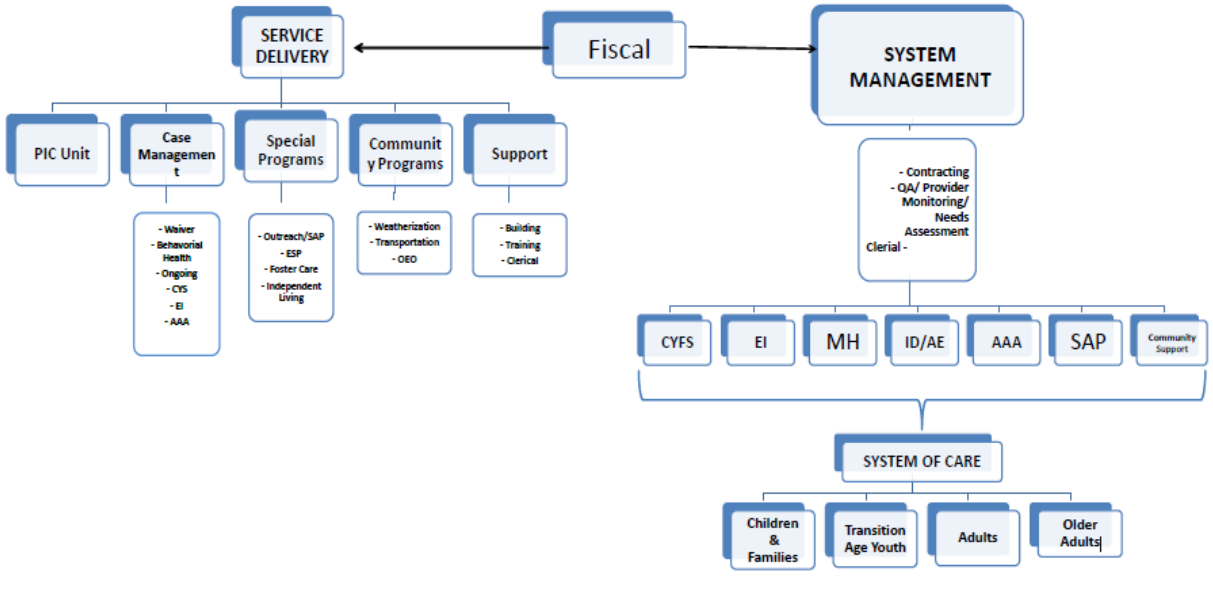
GOAL: To develop an overall needs assessment and service plan for the Venango County Human Services System.

Inputs	Activities	Outputs	Initial Outcomes	Intermediate Outcomes	Long-Term Outcomes
Human Services Staff Consumers/ Families Service Providers State Offices • DPW • ODP • OMHSAS • OCYF • OCDEL • PDA • BDAP County Commissioners State / Federal Regulations Funding Streams HS Admin./ Leadership Available Data for each categorical Co-location of HS Departments Managed Care Organization	Conduct Stakeholder Focus Groups Conduct Needs Assessment Surveys Review of existing plan processes and formats Development and Submission of required plans to state entities Incorporate current Compliance & Quality Assurance Measures	State Planning and Needs Assessment Requirement are met. Venango County is better able to meet the needs of consumers/ families. Programs Developed based on idenfied gaps. Targeted use of funding to meet identified needs. Address waiting lists	Identify consumers/families currently on waiting lists. Identify groups of stakeholders from all HS areas. Review/ Analyze utilization/ provider performance for those services not meeting needs. Review existing needs assessment /planning tools and processes. Coordinate outreach efforts to incorporate community / consumer/ family "buy in" to integration process. Identify areas related to needs assessment and planning that require state waivers.	Identify funding needed to serve priority needs of wait list. Tabulate and analyze results from surveys/ focus groups. Develop recommendations re: services with low utilization/ outcomes. Use available data to target program development focus. Combine multiple planning and needs assessment tool into one format.	Decrease number of consumers/ families on wait lists. Use funding in the most cost-effective manner. Develop new services/ supports that meet stakeholder needs. Eliminate ineffective, low usage services. Increase awareness of emerging trends effecting consumers/ families within our community. Utilize an integrated Human Service needs assessment, planning tool and process. Venango's Integrated Service Model is vewied as a "best-practice" by the state

Environmental Influences:
Dedicated time from work group memebers to this project as well as other job demands
Reaching all stakeholders due to varied demographics in County of Venango
Maintianing Confidentiality
Cost of surveys, focus group etc.

7

VENANGO COUNTY (INTEGRATED) HUMAN SERVICES



ALLEGHENY COUNTY

Allegheny County has an estimated population of 1.3 million, making it one of the largest counties in Pennsylvania.[xix] Allegheny County's human services have been integrated for over 15 years; formerly, they were provided through four separate county human service departments. Allegheny County's Department of Human Services (DHS) integrative approach includes the Area Agency on Aging, Behavioral Health and Intellectual Disability, Children Youth and Families, and Community Services. The Director of Human Services oversees all four programs, and each program also has a deputy director, except for Area Agency on Agency which has an administrator. Other key administrative staff includes the Deputy Director of Community Relations, the Deputy Director of Administrative and Information Management Services, the Deputy Director of Integrated Program Services, and the Deputy Director of Data Analysis Research and Evaluation.

Allegheny County is fortunate to be the seat of numerous private and community foundations, and foundation dollars played a role in facilitating the county's integration through the establishment of a special fund called the Human Service Integration Fund (HSIF). This funding continues to be used to make smart investments, including the evaluation of existing programs and the creation and continuation of innovative programs such as the Allegheny County Jail Collaborative[xx]. Funding streams such as HSIF or other private funding also help to strengthen grant applications leading to additional funding from the federal government.

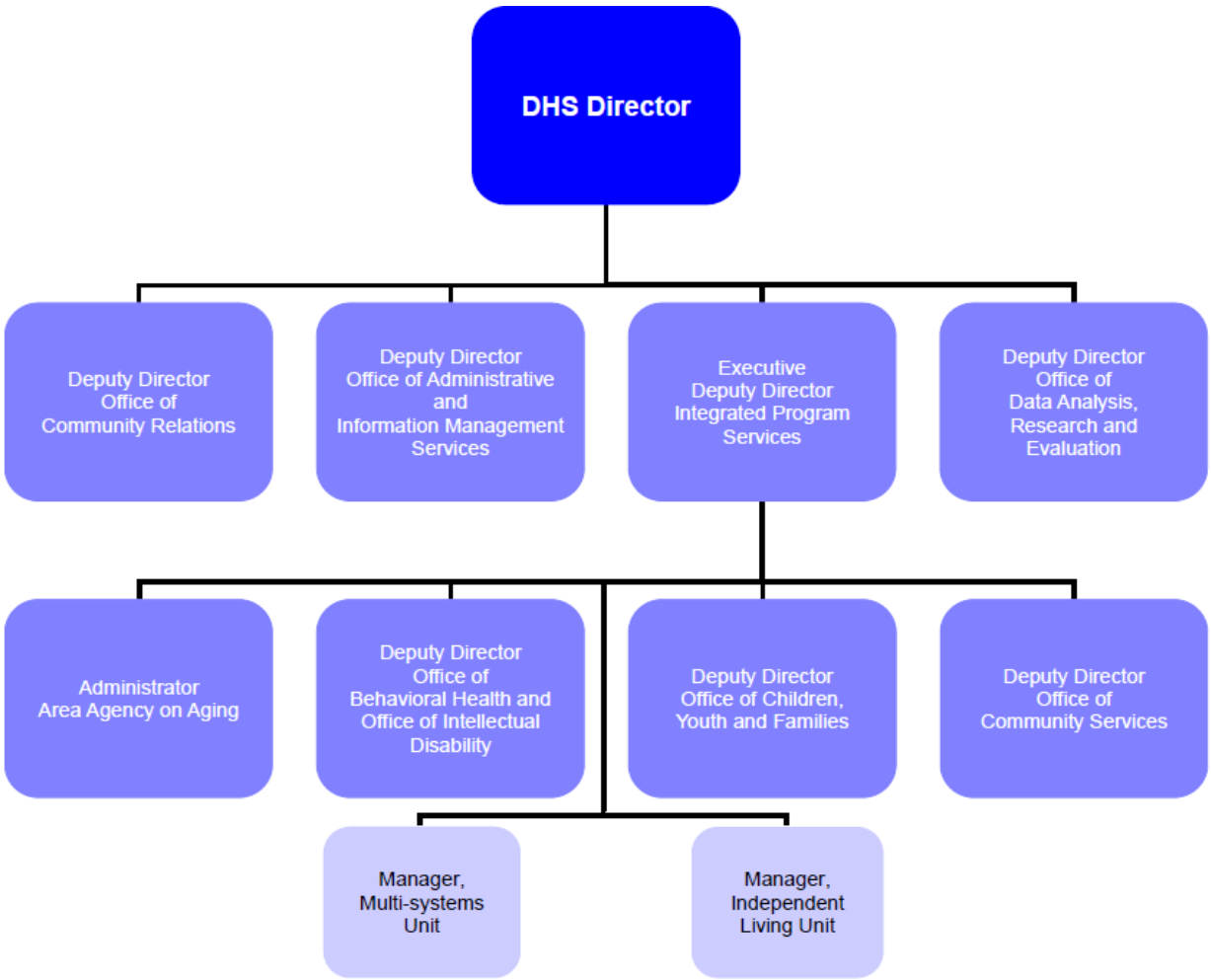
Allegheny County has experienced much success with integration with improved outcomes and cost savings for the county. Described in the Governing Institute & Center for Digital Government *Health and Human Services: Special Report*, some of these successes include:[xxi]

- Developing a single contract processing system which cut processing time from 112 days to 55 days causing a 10 percent cost savings
- Standardizing audit guidelines which cut the time needed to conduct audit reviews from 6 days to 1 day
- Decreasing new hire transaction time from 6 weeks to 5 days resulting in a 25 percent cost savings
- Designing a centralized management system allowing for enhanced collaboration and communication
- Developing the Master Provider Enterprise Repository for staff and providers to keep all agency and service information up to date

The Allegheny County Block Grant Plan highlights many of the benefits that the Human Service Block Grant can provide, such as flexibility, which allows DHS to rethink ways in which they currently fund services and identify needs. To assist in this process, DHS has established a Needs Assessment Workgroup to ensure that the services offered are meeting the needs of the

consumer. Allegheny County's two public meetings, required as part of the block grant planning process, included almost 200 consumers, advocacy groups, contracted providers, and staff from DHS.[xxii] The primary concerns expressed during both meetings included the effects of the budget cut, how the state was going to effectively evaluate the Human Services Block Grant Pilot, and questions about what will happen to programs such as Link and Family Support Centers under the block grant. During the first public meeting DHS Director Marc Cherna stated "We serve 220,000 people, and there is more demand and less money." More demand and less money appears to be the scenario for many counties in southwestern PA, and the need to rethink funding and service delivery has become critical.

Below is Allegheny County's Department of Human Services Integration Model as described on the previous page.



BUTLER COUNTY

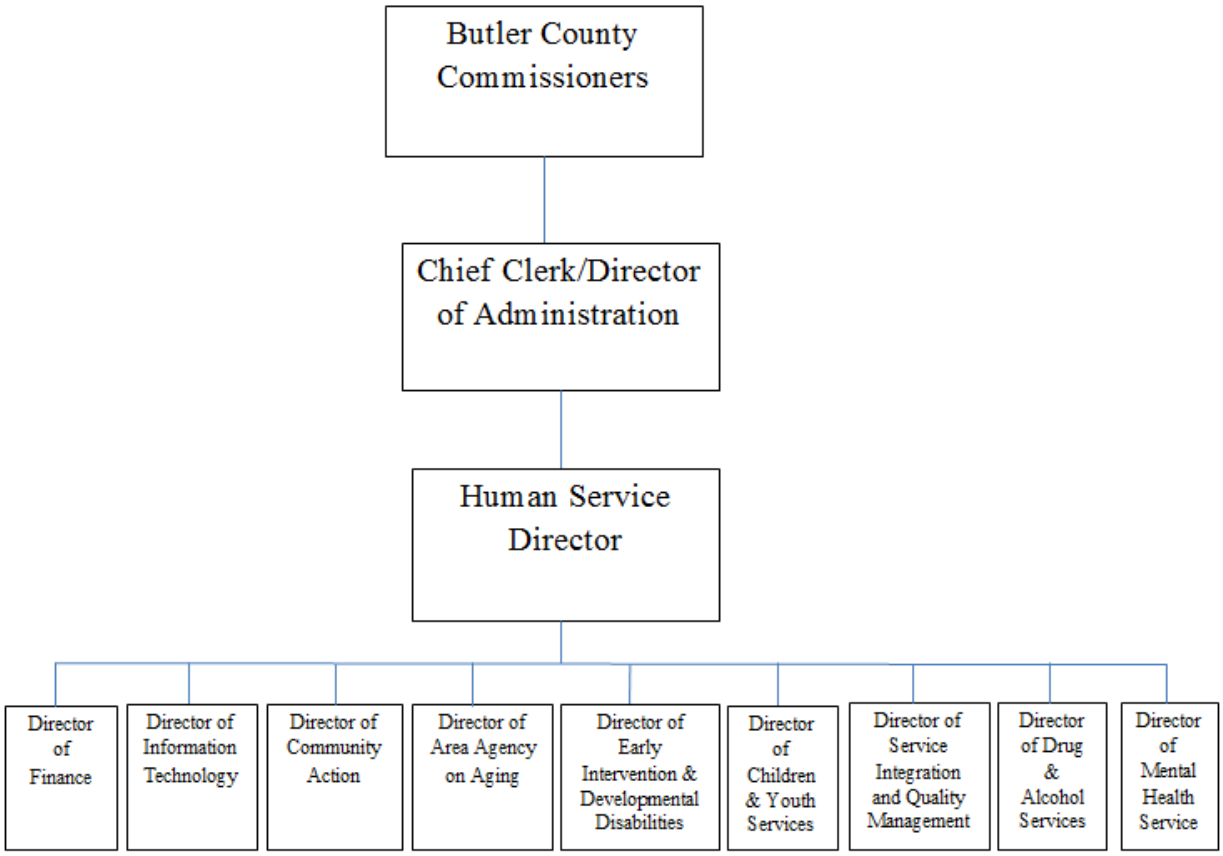
Butler County has an estimated population of 185,000 residents.[xxiii] Butler County's Human Services Department has been integrated for several years. Butler County decided to move toward an integrative approach due to lack of funding and to ensure sustainability. This approach has led to improved outcomes for consumers. According to the Butler County United Way Executive Director, Leslie Osche, "In order to make an impact on any issue in our counties, we must acknowledge that the economy, education and social issues are intertwined. A county is like a machine with many interactive parts. If one goes down, the whole system fails. If we are to improve anything, it requires us to be in step with one another. Collaboration not only solves problems more effectively, it does it more efficiently, ultimately saving the county millions in expenditures. If business is going to succeed, it must have productive employees who need good training, work ethic, health, child care and transportation. Conversely, we need business to succeed in order for families to be financially healthy. Working together we create sustainable systems."[xxiv]

Butler County's integrative approach includes seven program areas, including Area Agency on Aging, Drug and Alcohol, Children and Youth Services, Community Action, Mental Health, Intellectual Disabilities, and Early Intervention. The Executive Director oversees all seven of these of programs, and each program also has a program director. Other members of the Human Services administrative team are the Finance Director, Director of Service Integration and Quality Management, Contract Administrator, and Director of Information Technology. According to Butler County's Director of Human Services, Carmine Scotece, integration has allowed for administrative efficiency, consolidating reporting, better use of staff, and improved services for the consumer.

Amanda Feltenberger, Director of Service Integration and Quality Management for Butler County, states "it was definitely much easier for us to implement the Block Grant because we already operate under an integrated model. However, we did still have some challenges. When we first started the process of applying for the block grant, we did hear from concerned citizens, especially providers, who were fearful that the system they are involved with/work in could potentially lose money to one of the other systems. This seemed especially true from the Drug and Alcohol System. That is a system that has struggled year after year to be able to provide the necessary services despite very limited funding. The fear was that they would lose even more through this process, though that has not been the reality." Both Ms. Feltenberger and Mr. Scotece agree that the flexibility that the HSBG provides has been very beneficial and will aid in providing better service delivery to the consumers of Butler County.

The following page displays Butler County's Human Services Integration Model as described above.

Butler County Human Services Department Integration Model



BEAVER COUNTY

Beaver County has an estimated population of 170,000 and consists of 52 boroughs and townships.[xxv] Beaver County is currently participating in the HSBG, but its human services are not integrated. According to Lisa McCoy, the Deputy Administrator of Beaver County Behavioral Health, little is expected to change with the introduction of the HSBG, at least in this first year. Beaver County implemented the block grant in the last half of the 2012-2013 fiscal year, beginning in January 2013. Though one of the primary benefits of the block grant program is flexibility to move dollars between categorical funding lines, Ms. McCoy indicates that Beaver County has not yet been able to take advantage of this flexibility due to the 10 percent cut in funding in the 2012-2013 budget. However, Ms. McCoy also points out that when consumers have dual-diagnoses, such as an intellectual disability and a mental health issue, the flexibility of the block grant can potentially be very beneficial. If funding grows moving forward, it is expected that the HSBG will offer increased flexibility and opportunity at the county level. However, Ms. McCoy notes that if funding cuts continue the potential benefits of the block grant will be nullified and the results could be potentially catastrophic for individuals in need of behavioral health support.

Beaver County's human service departments include: Children & Youth Services, Behavioral Health (includes Mental Health, Developmental Services, and Drug and Alcohol Services), Office on Aging, Community Development Homeless Assistance, and Veteran Affairs. Despite human services not being integrated in Beaver County, Ms. McCoy notes that implementing the block grant was not difficult, due to Beaver County's relatively small size and its history of cooperation between county departments and provider agencies. In Beaver County, consumers in need of multiple services from various departments can find most closely situated or housed in one location. During the block grant planning process, various committees were formed involving the managing departments and stakeholders of all categories in the block grant so that there was constant communication of any changes or issues, and mini focus groups were created in the community as well. Ms. McCoy also states that administrators have worked quite well and collaboratively with County Commissioners regarding the funding process and the human services delivery system.

According to Ms. McCoy, the 10 percent budget cut had a great impact on Beaver County and many services had to be "tightened down." Ms. McCoy also commented that, at this point, "fingers are crossed that no one needs more expensive care and that dollars can be stretched." The CHIPP funding that was reduced in the FY 2012-2013 budget remains the biggest challenge as the seriously and persistently mentally ill population in Beaver County has not lessened accordingly. Beaver County has been building a countywide system of care with nationally recognized consultants Drs. Christie Cline and Kenneth Minkoff on ways to enhance and improve Beaver County's mental health and substance abuse service.[xxvi] Additional funding will enable Beaver County to continue to build on its many successes in service delivery for its residents in need of behavioral health and developmental services.

CONCLUSION

As noted by CCAP and other stakeholders, counties previously have advocated for the introduction of block grants to provide human service agencies with the flexibility to move funding between programs based on need. Consequently, most counties are receptive of the idea of the HSBG, as they are open to and have already been exploring innovative ways to maximize their funding streams.

However, the 10 percent reduction in funding that accompanied the introduction of the HSBG pilot program last year has, according to those interviewed, limited the ability of counties to take full advantage of the flexibility offered. Most anticipated that all funds under each categorical would be spent, leaving none to be distributed elsewhere. This financial challenge has been exacerbated in Southwestern Pennsylvania by the adjustments to the CHIPP funding stream.

The integration of county human service departments appeared to play a role in the successful implementation of the block grant program, even in the cases of Beaver and Venango counties, which are not fully integrated. All interviewees noted that timely and appropriate communication has proven to be key in successfully implementing both integration and block grant processes. Although not formally integrated, Beaver County has almost all of its human services agencies located within one building in Beaver Falls, thereby fulfilling the "colocation" component of integration. All counties interviewed indicated that integration at some level (even at the colocation level) has offered efficiencies for both the county and the consumer and has improved the quality of the services delivered.

NEXT STEPS FOR COUNTIES IN THE PROVISION OF HUMAN SERVICES

In January 2013, CCAP issued a publication summarizing county government priorities for 2013. The article notes that underfunding for human services has greatly impacted program delivery and counties cannot withstand any additional decreases in funding.[xxvii] Current CCAP Human Services Committee chair and Dauphin County Commissioner George Hartwick recommends that the HSBG be extended to all counties that wish to participate in the 2013-2014 fiscal year so that they too can choose the best possible means of meeting the needs of consumers given the current economic climate.[xxviii] It is also noted that "conversations related to funding need to reflect a stronger recognition by both state and county leaders of the distinction between human services and public assistance, and must acknowledge communities' needs for county human services programs."[xxix]

In the Governor's proposed 2013-2014 budget human services have been left unharmed with increases in funding proposed for the Mental Health Services and Intellectual Disability Services line items. Funding for the County Child Welfare, Human Services Development Fund, Behavioral Health, and Drug and Alcohol Programs line items remains the same from the 2012-

2013 budget (which represented a 10 percent reduction from the 2011-2012 fiscal year). Future plans for the Human Services Block Grant remain to be seen.

As mentioned previously, integration is continuous and ongoing at many counties in Pennsylvania. In Allegheny County, integration continues in the form of partnerships with other providers in the area to ensure that community needs are met more efficiently and effectively than ever before. The county's efforts to build a comprehensive and secure client data warehouse were featured in a February 2013 report from the U.S. Government Accountability Office. The county believes that this data sharing "has helped with coordinating services for clients because workers have a better understanding of families with multiple needs across multiple programs."[xxx] County officials negotiate separate agreements with each partner that specify the type of data to be shared and how they will be used. As of the date of the report, the partner agencies include four public schools (including Pittsburgh Public Schools), corrections facilities, housing authorities, and the PA Department of Public Welfare, who provides information on income support clients and those receiving Social Security Disability.

Ultimately, there are a number of other steps that counties in Pennsylvania could take toward becoming completely integrated. In other states, features of integration include the colocation and coadministration of income assistance benefits (such as food stamps) and workforce development services (like unemployment compensation and job training) along with county-provided human services. Because of the challenges with the multiple and distinct funding streams for these types of programs, it may be easier to pursue data sharing, as Allegheny County is doing, rather than complete integration of these systems.

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