Improving Human Services in Westmoreland County

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The Hill Group
Management Consultants

United Way of Southwestern Pennsylvania

The Community Foundation of Westmoreland County
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Executive Summary

Human services build, maintain, and repair the means of well-being that people need to thrive and be self-sufficient, especially those who are vulnerable, through prevention, intervention, and advocacy. In Westmoreland County, Pennsylvania, nearly 160 nonprofit and government agencies provide human services to tens-of-thousands of clients across six third-class cities, 38 boroughs, and 21 townships spanning one of the Commonwealth’s largest counties by population (nearly 350,000) and land mass (1,028 square miles).

With continuous improvement in mind, United Way of Southwestern Pennsylvania and the Community Foundation of Westmoreland County, supported by the County of Westmoreland, engaged The Hill Group to assess the effectiveness of human services throughout the county and make recommendations for improvement.

Starting in August 2020, project partners worked together and with a steering committee of providers and community leaders to articulate a mission, vision, and values for human services, research and review best practices from inside and outside of Pennsylvania, critically assess the current state of services within the county, and make recommendations to expand access, increase capacity, and improve infrastructure.

Today, the human services ecosystem in the county exhibits several promising strengths. There is a large and diverse ecosystem of providers that has created informal approaches for cooperation and collaboration. There is acknowledgement among many county leaders, providers, and funders that more formal systems and structures for service integration are worth pursuing.

Driven in part by COVID-19, there is widespread intention in the county to “think differently” and “do things better.” Yet, long-term effectiveness and efficiency is hampered by challenges and barriers of varying sizes and scopes, some of which can be addressed simply and others that are pervasive.

At the county level, there is no integrated human services system, and this has traditionally led to siloed funding and operations. The lack of integration also has minimized attention to and investment in county-wide technology infrastructure for providers and consumers. At the provider level, there is increasing demand but decreasing funding available, a growing need for improved case management particularly for complex cases, and an ever-present challenge of attracting and retaining staff and volunteers. Finally, for citizens of the county who need services, there continues to be a lack of awareness of available services, a societal stigma around their use, and well-known challenges with inadequate emergency housing, inadequate services for formerly incarcerated individuals and other populations, and inaccessible public transportation.

Many of these challenges are not unique to Westmoreland County, and comparable regions within and outside of Pennsylvania have addressed them in varying ways. A synthesis of promising practices highlights the value of integrated planning and coordinated case management, needs assessments, co-location and cross-system collaboration of service providers, better use of technology, creative and flexible funding mechanisms, out-of-the-box partnerships, and evaluation of outcomes and impact, among others.
Westmoreland County leaders may consider expanding access to services by increasing community outreach efforts and conducting needs assessments; increasing provider capacity by creating shared databases and common intake tools, enhancing the Human Services Advisory Committee, and leveraging partnerships; and improving county-level infrastructure by appointing a Human Services Director, better leveraging technology, advancing creative funding models, and shepherding a culture of continuous improvement in human services.

Ultimately, by leveraging existing strengths and addressing these challenges, many are hopeful that physical, mental, emotional, and social well-being will be hallmarks of Westmoreland County, aided by a human services ecosystem that is accessible, adaptive, equitable, high-capacity, integrated, and trauma-informed – a critical component of the County of Westmoreland’s bold vision set forth in its *Reimagining Our Westmoreland* Comprehensive Plan to sustain a healthy economy and vibrant county.
Introduction

The human services ecosystem in Westmoreland County is complex and fragmented, like many similar systems in southwestern Pennsylvania. In Fall 2019, a collaboration between the United Way of Southwestern Pennsylvania (UWSWPA), the Community Foundation of Westmoreland County (CFWC) and the Westmoreland County Commissioners (Collaborating Organizations) was formed to study the human services ecosystem in Westmoreland County and make recommendations to improve it while aligning with the County’s goal of a healthy economy and vibrant community set forth in the Reimagining Our Westmoreland Comprehensive Plan.

United Way engaged The Hill Group, Inc. to conduct this study. Starting in August 2020, project partners worked together with a Steering Committee (see Appendix A) of providers and community leaders to articulate a mission, vision, and values for human services; research and review best practices from inside and outside of Pennsylvania; critically assess the current state of services within the county; and make recommendations to expand access, increase capacity, and improve infrastructure.
Methodology

The study of human services in Westmoreland County uses a strategic gap analysis framework to envision a future and better state of human services in Westmoreland, analyze the current state of human services in the County, and recommend strategies to move from the current state to the desired future state.

This gap analysis approach required primary and secondary research and quantitative and qualitative analysis, including:

- Identification and analysis of more than one dozen counties in and outside of Pennsylvania with evidence of promising practices for human services, including a review of data and information published by those counties

- A review of recent literature on human service delivery, including studies of other county ecosystems and promising practices that could be replicated in Westmoreland

- Compilation and analysis of four years each of programmatic and financial data from 54 (the total available) human service providers in Westmoreland County through publicly available tax filings

- Design, development, and deployment of an online survey of human service providers in Westmoreland County to gauge perceptions of ecosystem strengths, weaknesses, opportunities, and threats, including a special section on the impacts of COVID-19

- Compilation and analysis of nearly two dozen annual Human Services Block Grant funding reports for Westmoreland County and peer counties benchmarked for this study

- Interviews of more than one dozen subject matter experts in and outside of Westmoreland County

- Creation and facilitation of a Steering Committee of providers and community leaders who met monthly to review analysis, validate findings, and form recommendations for the improvement of the County ecosystem

This effort occurred between August 2020 and March 2021. A draft findings and recommendations report was reviewed by Collaborating Organizations in early 2021, and this final report was released in April 2021.
Human services build, maintain, and repair the means of well-being that people need to thrive and be self-sufficient, especially those who are vulnerable, through prevention, intervention, and advocacy. In Westmoreland County, Pennsylvania, nearly 160 nonprofit and government agencies provide human services to tens-of-thousands of clients across six third-class cities, 38 boroughs, and 21 townships spanning one of the Commonwealth’s largest counties by population (nearly 350,000) and land mass (1,028 square miles).

In Westmoreland County, for the purposes of this study, human services include nearly 20 service types derived from the National Taxonomy of Exempt Entities (NTEE), a system used to classify nonprofit agencies by services provided. These include:

1. Adult Education and Training
2. Counseling Services
3. Disaster Relief
4. Employment Training and/or Placement
5. Family Services
6. Financial Training and Related Services
7. Food Distribution
8. Housing & Shelter
9. Immigrant Services
10. LGBTQIAP (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Pansexual) Services
11. Mental Health Services
12. PK12 Education and Training
13. Senior Citizen Services
14. Services for Individuals with Intellectual or Developmental Disabilities
15. Services for Individuals with Physical Disabilities
16. Substance Abuse Services
17. Victim Services
18. Women’s Services
19. Youth Development

More information on the number of agencies in Westmoreland County within each service category is included in Appendix B.

The County of Westmoreland itself provides certain human services and infrastructure to support service provision by independent nonprofit agencies throughout the County. Most of the services in the county, however, are provided by the independent nonprofit provider agencies.

The sections that follow provide additional information on the structure and governance of the County of Westmoreland related to human services, a review of the financial health of the service delivery ecosystem according to publicly available financial data, and a synthesis of strengths that bolster and challenges that burden effectiveness and efficiency of human service delivery in Westmoreland County.
Human Services in Westmoreland County Today

Human service delivery in the county rests upon both County Government and the infrastructure it provides along with a significant number of diverse nonprofit service providers in every corner of the expansive county. The ecosystem has strengths to leverage but also faces several challenges that must be addressed to become best-in-class.

County Structure and Governance

The County of Westmoreland offers many services to its residents including general government, judicial, public safety, public works, culture and recreation, conservation and development, and human services. These services are provided through various County departments or authorities all of which are directly or indirectly overseen by a three-member Board of Commissioners (DHS, PA). The figure below (Figure 1) identifies the services that loosely comprise human services offered or coordinated by the County itself. These services are not neatly organized in a single department but fall under the human services banner, according to the County website.

Figure 1. Human Services Offered or Coordinated by the County of Westmoreland

* Victim Witness and Juvenile Detention / Shelter fall partly under the Courts and do not relate solely to Human Services. Human Services are also involved with County Jail and District Magistrates.
**County Budget**

The County’s budget for these services has remained relatively stable over time, and a decrease instituted in 2016 continues to this day. A historical overview of the expenditure within human services in Westmoreland shows that the percentage of expenses dedicated to human services is trending down (Figure 2). All data has been sourced from the County Controller’s Citizen’s Annual Financial Report documents (Westmoreland County).

**Figure 2. Historical Overview of Human Services Expenses 2010 to 2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total County Expenses</th>
<th>Human Services Expenses</th>
<th>Human Services Expenses as a Percentage of Total County Expenses (2010-2019)</th>
</tr>
</thead>
<tbody>
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<td>2019</td>
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<td>$126,990,530</td>
<td></td>
</tr>
</tbody>
</table>

Westmoreland County receives the Human Services Block Grant (HSBG) from the Commonwealth of Pennsylvania. Funds are allocated in the county based upon the recommendation of the Westmoreland County Planning and Leadership Team (WCPLT) which consists of the Human Services Coordinator, Human Services Fiscal Administrator, Behavioral Health Fiscal Administrator, Westmoreland Drug and Alcohol Commission (WeDAC) CEO, and the Housing Authority Administrator and must also have representatives aligned with the following six categories (DHS, PA):

1. Mental Health Community Base Funded Services (MH)
2. Behavioral Health Services Initiative
3. Intellectual Disabilities Community Base Funded Services (ID)
4. Act 152 Drug and Alcohol Services (D&A)
5. Homeless Assistance Program Funding
6. Human Services Development Funds (HSDF)

An Advisory Committee exists to plan for the use of HSBG funds. It consists of consumers, former consumers, family members, advocates, service providers, and advisory board members from the categorical departments as listed in the HSBG: Children & Youth, Behavioral Health,
Improving Human Services in Westmoreland County

Developmental Services (Intellectual Disabilities), and Homeless Assistance. Five out of the current 13 members of the Advisory Committee are consumers, family members or advocates (DHS, PA). Over the years, the role of the Advisory Committee has waned in influence due to a continued increase in concentration of responsibilities at the County Administration level. The Advisory Committee does provide recommendations to WCPLT for the HSBG allocation before the WCPLT submits the annual plan to the Board of Commissioners. The Board of Commissioners ultimately makes the final decision on how funds are allocated throughout the county.

Financial Health of Nonprofit Service Providers

In addition to the county structure, consultants collected financial data from 990 forms submitted by nonprofit service providers that fit the National Taxonomy of Exempt Entities (NTEE) Code descriptions used in this study. NTEE codes are used by the IRS and NCCS to classify nonprofit organizations. Over the last 10 years, there was a total of 214 organizations that satisfied the NTEE Code classification selected for the purpose of this study. Out of these, 157 organization seemed to be in active status with at least one year of recent financial data publicly available. Comparable 990 data over the four-year period of 2015 to 2018 was available for 54 of the 157 organizations in the county. Information on the number of organizations existing in the county versus the number for which tax filing data was publicly available is presented below (Figure 3).

Figure 3. Number of Agencies with Publicly-Available 990 Data by Service Type

- Org within Selected NTEE codes that have at least 1 year of recent financial data
- Org within Selected NTEE codes that have at least 4 years of financial data available for comparison
While collected data is not representative of the entire population of the county providers and it is not possible to draw concrete conclusions from the data we obtained, it is possible to get a preliminary high-level understanding of the financial health of nonprofit human service providers in the region.

Analysis of financial data for these 54 agencies helps to characterize the health of the service delivery ecosystem. Consultants computed selected financial ratios for the sample of organizations and then, where appropriate, for each service group or sector based on data for organizations within that group or sector.

For the following ratios, if service groups had a total of two or fewer organizations, averages were not calculated for those groups. However, these service groups were considered while calculating the overall average ratios to get insights into the typical financial health of the sector.

**Program Expense Ratio**

Program expenses are those costs incurred by agencies for the delivery of services to clients. Program expenses vary with the type of service being provided, but it is recommended to have at least 66 percent of resources directed towards programs (Wang). A detailed table on program expenses by service groups can be found in Appendix C.

The average program expense ratio across the organizations for which data was available was 79.67 percent for the year 2018, down slightly from 85.31 percent in 2015. While high program expenses can be indicative that the provider is using most of their resources for fulfilling their mission, it is important to note that providers may not be spending enough on infrastructure that is needed to sustain their mission and services.

**Contributions Ratio**

The contributions ratio indicates provider reliance on donor revenues which can be unpredictable and volatile. Strong organizations with diversified revenue streams should be minimally dependent, comprising less than 10 percent of total revenue in any given year. The average contributions ratio has also continued to decline from 25.39 percent in 2014 to 17.15 percent in 2018 with a consistent decline for Housing and Shelter and Youth Development providers (a positive trend). Based on four-year averages, the following service groups significantly depend on contributions:

1. Housing & Shelter (45.21 percent)
2. Communities (44.27 percent)
3. Food & Nutrition (34.73 percent)
4. Family Services (31.20 percent)
5. Youth Development (28.76 percent)

This preliminary analysis suggests an opportunity for engaging foundations and private funding streams in the county. Detailed information for individual service groups can be found in Appendix C.

**Government Revenue Dependency**

As the name suggests, this ratio indicates how much a provider relies on government funding as a revenue stream. It is obtained by dividing revenue from government grants by the total
revenue reported. The four-year average for government revenue is 28.28 percent. It is worth noting that some service groups depend more on government funds than others due to the nature of their service. Based on four-year averages, the following service groups depend on government funding significantly:

1. Services for Developmentally Disabled (66.32 percent)
2. Family Services (34.69 percent)
3. Children & Youth (33.16 percent)

Excessive reliance on government funding exposes providers to regulated spend guidelines and less flexibility in how funds can be used. Additionally, it exposes providers to the risk of changing government spending policies. Service providers must try to keep government funding in check and diversify revenue streams to achieve financial stability.

**Fundraising Efficiency**

The Fundraising Expense Ratio calculates the efficiency of raising funds by calculating fundraising expenses as a percentage of total funds raised. The four-year average fundraising efficiency of providers is seven percent (spent seven cents to raise each dollar). While most provider groups reported fundraising expenses well within the recommended upper limit of 10 percent, some service groups showed high costs of raising funds (Wang):

1. Elderly (13.89 percent)
2. Children & Youth (12.76 percent)
3. Youth Development (10.61 percent)

Housing and Shelter showed irregular fundraising patterns which may point to an unstructured fundraising approach in the service providers that were included. This category was eliminated while calculating the four-year average for Westmoreland county to maintain continuity and get a stable picture of the overall fundraising efficiency.

Higher fundraising costs threaten the providers’ availability to focus on the delivery of services. It is important to create avenues of opportunity for providers in the county where fundraising expenses can be minimized. Available digital technologies are an opportunity for Westmoreland County to minimize fundraising costs and focus on service delivery with dollars raised.

**Debt Ratio**

For any provider, to manage the continuity of their services, it is important to manage liabilities. The debt ratio shows liabilities as a percentage of total assets and indicates the overall financial stability of providers. While the data we collected was not exhaustive, we found that the following service groups had high debt ratios beyond 50 percent:

1. Services for the Elderly (51.07%)

This is a concerning finding especially because services for the elderly are important in a community like Westmoreland where the median age of the population is 47.

Over the four-year period between 2015 and 2018, however, the total liabilities to assets have been decreasing. This could be an indicator of providers working to reduce liabilities. The data obtained, however, was not exhaustive enough to draw concrete conclusions.
System Strengths

This section documents an overview of strengths of the human services ecosystem in Westmoreland County according to interviews with subject matter experts, results from the online provider survey, and a synthesis of reviewed data and information.

Collaboration

Westmoreland County is a tight-knit community composed of county administration, county service providers and non-profit organizations. During conversations with the Steering Committee, the group converged on this idea and agreed that Westmoreland county service providers, for the most part, are collaborating with each other. This idea was also reflected in responses to the online provider survey.

Coordination

Even though integrated services in the county are not fully integrated, service providers and county administration work closely with each other to meet the needs of county residents. “For the most part,” as put by Steering Committee members, subject matter experts on human services in the county, and in the online provider survey. Agencies leaders do not “protect their stashes” of funding in the spirit of competition and are open to sharing resources within regulatory bounds.

Large & Diverse Ecosystem

Westmoreland County has nearly 160 small and large service providers. These providers are, for the most part, able to serve people in the more rural and remote spots in the county and carry out service delivery across the entire county. The county also houses several foundations that are actively involved in initiatives that improve the lives of residents in Westmoreland. The county is also home to thriving businesses which results in increased economic opportunity for providers in the county to carry out fundraising initiatives.

Challenges and Barriers

The Steering Committee, other subject matter experts, academics, county officials, and service providers interviewed for this assessment identified challenges and barriers that impede effective and efficient human service delivery in Westmoreland County.

Inadequate Service Levels in the County

Respondents in the provider survey noted that the level of services provided in the following categories is “inadequate.” Based on survey responses, the following are the top unmet needs based on a percentage of service providers agreeing that the service levels were inadequate:

1. Services for formerly incarcerated individuals (90 percent)
2. Housing & Shelter (87 percent)
3. LGBTQIAP Services (85 percent)
4. Immigrant Services (80 percent)
5. Financial Training and/or Placement (75 percent)
6. Mental Health (73 percent)
Housing and shelter services for individuals who are, or are at risk of becoming, homeless seem to be acutely low, possibly with fewer emergency beds and transitional housing options than any other county of our size and scope (The Pittsburgh Foundation). Officials from United Way of Southwestern Pennsylvania’s 2-1-1 service also noted that up to two-thirds of the 1,300 calls received by staff in January 2021 were related to housing or rental assistance. This conflict in increasing demand and inadequate levels of service as indicated by the provider survey presents significant issues to the County’s ability in being able to meet resident needs.

The 2021 Annual Plan by Westmoreland County Housing Authority further noted needs within the county which arise from cost-burden and overcrowding to be highly prevalent (WCHA). The cost burden is further aggravated for those in low-income and racial/ethnic minority groups. As outlined in Reimagining Our Westmoreland, affordable housing options remain a key challenge in the region.

Reimagining Our Westmoreland identifies seven planning districts within the county. According to the online survey, service provision appears to be dense within Northwestern and Central districts (62.5 percent of respondents said they provided services in these regions). Ninety-five percent of respondents noted an unmet need in the county and that they are not able to serve everyone who needs their services.

**Inaccessible Countywide Transportation**

Transportation is a recurring issue for Westmoreland County based on the feedback received from subject matter experts and the online service provider survey. This is especially challenging for those individuals who need immediate assistance. The County has made efforts to improve transportation (Go Westmoreland) but difficulties remain.

**Inflexible and Inadequate Funding**

Providers and County staff are restricted by the regulatory requirements that accompany the current funding sources. Due to these limitations, providers and County staff are limited in their ability to provide efficient and timely services, especially for those individuals with complex cases. This inflexibility coupled with decreased spending on human services is a challenge for the ecosystem. As noted earlier, the County budget allocated to human services shrunk from $173 million to $127 million in 10 years. However, it is important to note that this reduction in funding may have been a shift of expenditures from the County to other entities such as providers serving the regional Southwest Six Counties consortium.

The effect of a shrinking budget is further exacerbated by the impact of the COVID-19 pandemic on service providers. An average of 87 percent of nonprofits experienced negative financial impact in contrast while 36 percent reported an increase in demand for services (The Pittsburgh Foundation; United Way of Southwestern Pennsylvania). When asked about challenges faced in the online provider survey conducted by the consultants, providers overwhelmingly noted that they lacked adequate funding (75 percent). This contradiction of increased demand with shrinking budgets points towards inadequate funding sources in the region which may impede the ability of service providers to meet the needs of residents.
Improving Human Services in Westmoreland County

Siloed Operations

Even though County staff and service providers are motivated to work together and share data, staff feels limited in their capacity to collaborate due to funding limitations and lack of regulatory infrastructure. As there is a general lack of structure within the Human Services system, departments have adopted operating in silos even though there is a recognized desire for more integration.

Inefficiencies in Complex Case Coordination

Coordination is critical to deal with complex clients, such as those that are served by multiple human service agencies for multiple co-existing needs. Complex cases are becoming increasingly difficult (AHRQ), and service providers face uncertainties in collaborating across systems and programs in the county. With an increase in complex cases, as reported by the steering committee and subject matter experts, case coordination and case management need to be addressed with formalized accountability structures in place.

Lack of Integrated Human Services Strategy

With a large and diverse ecosystem of human service providers and lack of an integrated human services strategy, human services in the region are fragmentated and often duplicated as reported by experts and county officials. An integrated human services strategy allows to target specific vulnerable populations, seeks to eliminate fragmentation, complexity, and redundancies in the system, and promotes efficacy and efficiency. Additionally, affordable housing, economic support and assistance, food assistance, employment training, and other services social services help vulnerable populations lead safe and healthy lives, especially in predominantly rural regions (Rural Health Information Hub). Therefore, a continuum of integrated services is vital for effective human service delivery in Westmoreland County.

Insufficient Awareness about Services among County Residents

There seems to be insufficient knowledge among county residents about the services available to them. In addition to awareness surrounding available services, based on the data and toolkits made available by the National Human Services Assembly and Frameworks Institute, there is an increasing need to establish trust and security upon encountering the system (National Human Services Assembly; Frameworks Institute). Based on feedback received from subject matter experts in the county, individuals in the county may be skeptical of services provided. Inadequate public transportation in the county also exacerbates accessibility to services.

Lack of a Culturally Responsive, Diverse and Inclusive System

In Reimagining Our Westmoreland, the County reiterated the importance of being culturally diverse and inclusive to foster growth. Steering committee members and providers in the online survey noted a gap in the delivery of services that cater to diverse cultural backgrounds.

Survey respondents identified a lack of LGBTQIAP services and immigrant services. This is also reflected in the study conducted by Paige Community Coordinators, Westmoreland Community Action, and Seton Hill University in 2015 which was the first study conducted in Westmoreland County titled Confronting the challenge of Diversity (Carlotta and Cavanaugh).
Difficult Staff and Volunteer Attraction, Retention, and Development

Providers find it hard to recruit qualified staff members and retain them once recruited. Some providers, considering inflexible funding, rely on volunteers. The online survey also noted that it is hard to recruit and retain volunteers, especially in the young ones. When asked about challenges faced, more than half of survey respondents noted that they had difficulty retaining staff and volunteers who meet with clients.

Limited Use of Technology and Data for Coordinated Service Delivery

There is acknowledgement of lack of up-to-date technology use in the county and a desire for shared data to expedite client intake and service delivery. For human services specifically, the technology offers opportunities for managing projects, facilitating effective communication, enhancing data collection, and engaging community members (Brown and Dinecola). To support the delivery of human services in the region, it is important for Westmoreland County to recognize and address the current gaps in its technological infrastructure.

Lack of Quantified Community Needs Assessments

As noted in the Human Services Block Grant Plan for 2019 (DHS, PA), Westmoreland County conducts two public hearings where county needs are discussed. In addition, the county partnered with two agencies to conduct needs assessments on specific areas of services (Behavioral Health Rehabilitation System and Suicide Prevention). While this is progress, comparable counties assess their needs on an ongoing basis which gives them deeper and pointed insight on evolving gaps in the county. For example, Allegheny (PA), Fayette (PA) and Pierce (WA) counties conduct regular comprehensive needs assessments to fully cater to the needs of their residents.

Impacts of COVID-19

The ongoing pandemic presents significant challenges for human services providers and their clients due to increased demand for services coupled with decreased funding, described earlier. Based on the collaborative report published by the Pittsburgh Foundation and United Way of Southwestern PA’s 2020 report to the community (June 2019 to June 2020), Westmoreland County saw an increase in request of services the following categories which is high as compared to neighboring counties as shown below (The Pittsburgh Foundation; United Way of Southwestern Pennsylvania):

1. Food Requests increased by 142 percent
2. Employment/Income Requests increased by 91 percent
3. Healthcare Service Requests increased by 231 percent

Figure 4. Percentage Increase in Demand of Services due to COVID-19
Human Services in Comparable Counties

Challenges facing human service providers and the County of Westmoreland are not unique. Other counties and service ecosystems in and outside of Pennsylvania must address evolving funding realities, volatile supply and demand, and systemic challenges like fragmentation and inadequate public transportation, among others. To identify potentially replicable practices, consultants shortlisted 20 counties and benchmarked human services system-related data for 13 counties determined to be similar in several characteristics to Westmoreland County and/or of strategic interest to this analysis. Detailed information for each county is available in Appendix E.

Spending Comparisons

The average county human services expenditure per capita in comparable counties is approximately $365 and, as shown in Figure 5 below, based on the budget information that we extracted from the Adopted budget for 2021, Westmoreland County is expecting to spend about $343 per capita on human services (Westmoreland County, PA). This expenditure rate is below average for the counties we compared. It is important to note, however, that expenditures per resident is not a clear-cut indicator of quality human services. Several counties that spend less-per-resident that Westmoreland have ecosystems and infrastructures that enable strong service delivery. These averages also largely point towards an observation that spending supported by infrastructure can significantly lower costs of delivering Human Services while increasing results (Field, Lohr and Yordy).

Figure 5. Human Services Expenditures per Capita in Comparable Counties
Replicable Practices

Counties across the Commonwealth and the country have adopted a set of promising practices to support their respective human services ecosystems. This section documents practices that may be replicated in Westmoreland County.

Integrated Planning and Delivery of Services

Comparable counties have converged on the idea of having an integrated Human Services department. Programming and planning for allocation of funds is conducted with involvement from multiple stakeholders at all levels: County System Level, Resident Access Level and Service Provider Level. Westmoreland County has taken some steps to integrate in the past, but more work can be done to create an integrated system.

Flexibility in Funding

County departments of human services often struggle to meet the needs of their constituents considering limitations on how funds can be allocated. The HSBG initiative in Pennsylvania has helped many counties achieve increased flexibility in funding. Some counties resort to supplementing restricted funds with private funds, also known as braiding funds, to achieve greater flexibility and sharing of resources. Westmoreland County is already a part of the HSBG offered by the state Department of Human Services. However, it lacks an overarching funding model that encourages increased coordination.

Cross-System Collaboration

Cross-system collaboration is important to address the increase in complex cases, as noted by a majority of benchmarked county human services departments. To collaborate across systems, counties are also increasingly focusing on conducting cross-system education for human services staff members so that every staff member knows about the portfolio of services as offered in the county.

Coordinated Case Management

Counties with coordinated case management can pool resources of service providers to enable timely and cost-efficient services for constituents. Under this model, counties coordinate and share client information with involved parties so that services are effectively delivered by focusing on the client’s individual needs. Ultimately, counties can blend appropriate supports using a coordinated approach to better meet resident needs using this model.

Use of Technology to Innovate Service Delivery and Communication

Several promising practices relate to enhanced use of technology for service delivery and communication. Allegheny County piloted a ride-sharing service delivery model using Uber and Lyft for its constituents. Washington County built a mobile app for clients to easily access human services. Indiana County delivers a biweekly newsletter to constituents. Pierce County maintains an active online blog and social media profile to keep county residents abreast of services.
Programmatic, Financial, and/or Research-Based Partnerships

With limited resources, counties often leverage shared resources through partnerships. These partnerships can be programmatic, financial and/or research-based. This enables counties to share information and resources while delegating some responsibilities either directly or indirectly.

Colocation of Service Providers to Increase Communication

Several counties have adopted a “co-located” model human services to help alleviate siloes. This co-location manifests itself in many ways, including partnering with county departments to be physically located in the same office space to increase communication, increasing partnerships with surrounding counties, and placing staff strategically in offices where their services are needed.

Internal and External Quality Assurance Efforts

With integrated service strategies, counties have focused increasingly on quality assurance methods both internally and externally. By regularly reviewing internal factors like operational processes and external factors such as provider contracts, counties are cultivating a culture of accountability and continuous improvement in County administration and service ecosystems.
The human services ecosystem in the county exhibits several promising strengths. There is a large and diverse ecosystem of providers that has created informal approaches for cooperation and collaboration. There is acknowledgement among many county leaders, providers, and funders that more formal systems and structures for service integration are worth pursuing. Yet, long-term effectiveness and efficiency is hampered by challenges and barriers of varying sizes and scopes, some of which can be addressed simply and others that are pervasive. The following recommendations are intended to provide a roadmap to evolve human services in the county from its present state to a better future state.

The Future of Human Services in Westmoreland County

Members of the steering committee commenced the analysis process by articulating a bold new mission for human services in the county, a vision of a better future, and guiding principles that should frame decision making.

Mission, Vision, and Guiding Principles

Mission: Human Services build, maintain, and repair the means of well-being that people need to thrive and be self-sufficient, especially those who are vulnerable, by providing prevention, intervention, and advocacy support for all.

Vision & Guiding Principles: Physical, mental, emotional, and social well-being will be hallmarks of Westmoreland County. We will strive to create a Human Services ecosystem in Westmoreland County, particularly for our most vulnerable residents, that is:

1. Accessible: Ensuring that every vulnerable individual in need can obtain services in a timely and convenient manner
2. Adaptive: Creating a data-driven human services delivery model which strategically responds to evolving needs
3. Equitable: Meeting the specific needs of children, individuals, families, and communities through culturally responsive individualized services
4. High Capacity: Equipping providers, other natural supports and individuals with necessary tools, training, and resources to achieve sustainable, long-term impact
5. Integrated: Creating a cohesive “no wrong door” human services delivery model for clients with seamless connections between providers that enable holistic and comprehensive support
6. Trauma Informed: Realizing, recognizing, and responding to the physical, psychological, and emotional impact of trauma for providers and clients
Our overarching recommendation is to integrate Human Services in the county while increasing the capacity of providers and raising awareness in the county on services available to them. Following the example set by multiple counties, we identified a triangular approach to creating an integrated human services system unique to Westmoreland.

Three overarching sets of objectives (Figure 6) and associated strategies are presented to improve human services in Westmoreland County: (1) objectives and strategies related to improving human services infrastructure for the County of Westmoreland, (2) objectives and strategies related to enhancing service provider capacity, and (3) objectives and strategies related to expanding access to services for all.

**Figure 6. Three-Part Recommendation to Improve Human Services**

**Objective 1: Coordinated and Integrated Human Services**

Integration at the system level is the starting point and foundation for achieving measurable impact. An integrated system will pave the way for increasing provider capacity and expanding access to services for the county’s most vulnerable citizens.
Strategy 1.1: Leadership

Westmoreland County should appoint a Human Services Director to lead integration efforts.

Core Benefits

The Human Services Director takes ownership of this large-scale integration project and aligns county needs, removes obstacles, reduces excess in the system and provides a unified direction for human services in the region. This will also require strategic planning efforts to establish and set goals for a county Human Services Department. While an outline of a Human Service department exists in the county right now, formalizing the structure of Human Services in the county will help unify the directives around service delivery.

For example, in Washington County, the Human Services Director created a Human Service Development Team to initiate the execution of a long-term vision to improve human services in the county. Allegheny County was able to build an interoperable human services ecosystem with the long-term vision of integrating human services, which started in 1995 with the appointment of a Director. This system was implemented in collaboration with the help of various private, public, and university partners (Smith). Pierce County, WA was able to implement a fully integrated human services model as a strategic priority for the county.

A Human Services Director will also be able to garner regular quantifiable feedback through community needs assessments, surveys, advisory groups, and public sessions to improve the state of Human Services in the county. This position would also be supported by a small administrative staff and the introduction of an IT executive that works with the county IT department to integrate business processes.

Challenges

Integrating human services in the county is a complex task and not without challenge. The County may need to obtain funding for this position, possibly through partnerships with local foundations. Developing a strategic plan on the integration of human services with measurable goals will help establish a culture of accountability and continuous improvement.

Strategy 1.2: Technology

Reimagining Our Westmoreland notes the importance of adapting technology in the county as a strategic goal. Promising practices in technology deployed by benchmarked counties include a mobile app to make service discovery easier for clients (Washington County, PA), telephonic and online modes of service selection and delivery (Allegheny County, PA), and a common database for client information across the county (Pierce County, PA).

Core Benefits

A shared database of client information in Westmoreland County may reduce time for client intake and case management, leading to efficiencies in service delivery and improved service quality. System-wide data may also enable improved collaboration and deeper insights into the needs facing vulnerable citizens in the county.
With the rise of data analytics, many governments are equipping themselves to anticipate problems before they emerge (Perricos and Kapur). This is especially applicable to and useful for the Human Services Departments as they act in the interest of those who are most vulnerable.

**Challenges**

The County may need to obtain funding for development and implementation costs but starting with inexpensive “low-hanging fruit” and using internal talent, like Washington County did, could jump-start a longer investment and implementation process.

**Strategy 1.3: Funding**

Local governments are increasingly diversifying their funding sources and identifying alternative funding models that promote greater collaboration and coordination between the County and service providers (Urban Institute). The following models may be promising for Westmoreland County:

1. **Blended and Braided Funding:** Under blended and braided funding models, individual organizations can use multiple public and private funding streams to deliver a set of programs and services. As part of this model, multiple organizations can also come together to collaborate over common goals.

2. **Collaborative Funding Models:** Funds from philanthropists and/or foundations become available for organizations working towards a similar goal thus enabling resource sharing and collaboration.

3. **Blending Private Foundation Funds:** Incorporating funds from foundations to achieve county human services goals is beneficial to provide services tailored to individuals in addition to the baseline services that can be provided with restricted funds.

Montgomery County, PA has been successful in implementing a braided funding model to braid HSBG, HealthChoices, and Reinvestment Funds. The County uses private funds to enhance and personalize the baseline services provided by restricted funds (Montgomery County, PA).

**Core Benefits**

One core benefit of alternative funding models is that they support coordination and increase cross-system coordination. Alternative funding models increase coordination and collaboration to eliminate challenges like siloed operations due to funding restrictions and timely management of complex cases in the county. Many counties have succeeded in using a combination of restricted and unrestricted funds to deliver Human Services and Westmoreland is within reach to learn from the successes of these counties and upgrade their infrastructure by taking a fast follower approach.

**Challenges**

This strategy requires buy-in from staff at the County level and the provider level and requires a time commitment to plan and execute.
**Strategy 1.4: Continuous Improvement and System of Care**

A continuous improvement approach and culture (Figure 7) will be vital in establishing a *System of Care* model to foster continuous improvement throughout the county. This methodology enables Westmoreland County to periodically assess performance and initiative corrective action and continuous improvement efforts. Community Action Agencies have successfully adopted this culture and significantly formalized this process within the human services industry (Community Action).

![Continuous Improvement Process](image)

Beaver County’s System of Care (Beaver County) is based on the well-known Comprehensive Continuous Integrated System of Care model (Zia Partners, Inc.) and enables an integrated approach to county-wide human services.

**Core Benefits**

A continuous improvement mindset within a System of Care model fosters a cultural paradigm shift from “compliance to excellence.” The County and providers will be able to remove unconscious incompetence and move through phases developing into an unconsciously competent system (Community Action Partnership). This helps target staffing issues that organizations face by helping to elevate the level of professionals within the county through trainings and opportunities for career development. Additionally, adopting this culture and process makes way for extremely transparent governance and systems (McKinsey & Co.). It opens doors for residents to actively engage in becoming self-sufficient entities.

**Challenges**

This paradigm shift in culture must come from within the county and be heralded by County leadership. It is essential for leaders within the county (political and social) to engage across departments and channels to gain momentum. Cultural shifts happen over time and as a result, this strategy is a long-term vision for human services in Westmoreland County to move in the direction of a fully integrated system.
Improving Human Services in Westmoreland County

**Objective 2: Increased Provider Capacity**

Westmoreland County is home to many high-performing provider agencies working tirelessly to meet the needs of the county’s most vulnerable citizens. To meet the increasing demand for human services, additional resources may be directed to increasing provider capacity to ensure they are fully equipped to meet the evolving complex needs of a growing number of vulnerable people.

**Strategy 2.1: Shared Data**

One of the main barriers to delivering services in a timely manner is access to client information. The Pennsylvania Department of Human Services (DHS) is launching a tool (Department of Human Services, PA) for shared client information for counties in south-central Pennsylvania based on the Empower Lancaster initiative.

**Core Benefits**

First developed in Lancaster County, Empower Lancaster equipped service providers in the county with a database of shared client information to streamline and eliminate duplication of services while maximizing funding received from various sources (Community Action Partnership).

One of the core benefits that a shared database of clients offers to the county service providers is the ability to deliver services in a timely and cost-efficient manner. Client history is stored in the platform thus reducing the administrative hours spent by service providers in trying to match individuals with services. Additionally, this improves the experience of clients and offers them much needed relief without having to repeatedly talk about their issues with caseworkers.

In Montgomery County, the Your Way Home initiative to reduce homelessness in the county by 47 percent since launch in 2014 (Montgomery County, PA). Your Way Home allows for service providers in the county to utilize a unified data system using the Clarity Human Services HMIS tool (Your Way Home).

**Challenges**

This strategy presents challenges related to perceptions of client privacy as well as funding and infrastructure to support database implementation and management. DHS indicated that this software will be free for counties and providers that opt-in. Based on our conversation with the Department of Human Services, the state intends to have Managed Care Organizations (MCOs) absorb the costs of this tool thus effectively continuing the data sharing without placing more costs on the providers.

**Strategy 2.2: Centralized Intake or One-Stop Shop**

Many counties are adopting a “no wrong door” policy when it comes to human services. This approach empowers an individual in need to visit any human service provider in the county to commence an intake process that expeditiously, through partnerships and formal hand-offs, directs that individual to the appropriate service provider. A one-stop shop model works in a
similar manner, designating one or several physical locations or digital portals as entry points for individuals. Staff with broad and general expertise in the human service system then direct individuals to the appropriate service providers.

Core Benefits

Centralized intake creates a single point of entry for individuals in need that maximizes customer satisfaction. Additionally, it helps to ensure that residents and services are appropriately matched and enables faster data collection and analysis related to evolving needs in the county. Centralized intake also promotes collaboration among providers and establishes a client-centered service model.

Challenges

To develop this process in the county, it will be important to develop trust between all providers and parties involved while creating a clear relational flow between programs and services. While the relationships between providers in Westmoreland County seem strong, it may be challenging to bolster relationships between providers while adhering to funding regulations. This is also a time-consuming process because it requires extensive stakeholder buy-in from participating organizations and a legal review of the processes developed.

Strategy 2.3: Advisory Committee

We recommend introducing a new Human Services Advisory Committee to actively engage with County leadership and the proposed Human Services Director. Advisory Boards differ greatly in nature from a Board of Directors, and they have no specific authority over the actions and decisions that county governments take.

A shift in culture and intentional group leadership principles may help provide a global view on Human Services in addition to the existing Human Services Block Grant Advisory Committee. A future committee may include representatives from the County Finance Department, leaders from local foundations, smaller service providers, advocates for diversity, equity, and inclusion, and leaders from managed care organizations. To facilitate cross-system collaboration in the county and gain visibility into the shifting needs of its community, Beaver County, PA uses working committees which meet every two weeks to report progress and updates which resulted in a robust and relevant human services plan (Beaver County, PA).

Core Benefits

Advisory Boards bring the public and governments together. It also enables County administration to engage active members of the community and communicate about services being offered. Advisory Boards can be posted as “lookouts” for County leadership and bridge existing gaps between community needs and County policies and programs. Engaging leaders from organizations in the county will also help gain the much-needed buy-in from important stakeholders in the community.

Challenges

One of the biggest challenges facing Advisory Boards is disengagement by advisors which can inhibit communication and, ultimately, sound guidance. Use of video meeting technology
Improving Human Services in Westmoreland County

spurred by the pandemic and meaningful engagement of advisors in meaning strategy conversations can help to improve engagement.

**Strategy 2.4: Partnerships**

One strength of the human services ecosystem in the county is that there are many service providers, foundations, and nonprofit organizations willing to collaborate on a more intimate level to benefit the community at large. Even more can be done to work together.

**Core Benefits**

Currently, the nature of partnerships within the county is ad hoc and informal. Committees and councils are formed as needs arise. Formal strategic partnerships and alliances driven by community needs and data obtained from periodic quantifiable assessments may be beneficial. A Human Services Director may offer a bird’s eye view of where partnerships and alliances may be strategically valuable.

These partnerships can be academic, financial, and programmatic. Westmoreland County is home to a multitude of educational institutions with students pursuing academic programs which can transform the state of human services. Simultaneously, formal partnerships with colleges and universities may help to develop and retain local talent by forming relationships between the community and the individual.

Additionally, the county is situated in southwestern Pennsylvania among a number of highly regarded and strong Human Services Departments, like in Allegheny County, that may be ripe for cross-border partnerships. Within the county, interdepartmental collaborations and partnerships with local foundations and service providers can help to enhance the effectiveness, efficiency, quality, and accessibility of services.

Through partnerships, the county will be able to consider the Social Determinants of Health (SDOH) more closely and provide holistic person-centered care. Effective partnerships also translate into increased information sharing between organizations thus reducing the overhead to deliver services. This allows for efficient use of funds while minimizing duplication of services.

**Challenges**

The cultural differences between mission-driven service providers and external organizations can cause tension related to priorities and decision-making processes which inhibit effective partnerships. Additionally, human services organizations are funded in different ways than healthcare organizations or educational institutions. Roadblocks related to the use of funds can stall even the most well-meaning initiatives. However, these challenges can be alleviated, in part, by blended and braided funding.

Lastly, data-sharing can be a liability due to client privacy and proprietary or competitive reasons. It is important to establish a collaborative, and not competitive, environment for organizations to establish successful partnerships (Nonprofit Finance Fund).
Objective 3: Expanded Access to Services

Ultimately, as outlined in the vision statement presented earlier, improvement of the human services ecosystem in Westmoreland County is about those most vulnerable citizens who need support and services. The preceding objectives and strategies are intended to enhance the delivery of services once an in-need individual approaches a provider. This objective and the strategies that follow are intended to ensure that those in need can find, approach, and make a connection to a provider with ease, ultimately to enhance their self-sufficiency.

Strategy 3.1: Outreach and Awareness

As part of its reimagining of the Human Services Department, the County of Westmoreland may consider creation of a community relations position modeled after a promising practice in neighboring Allegheny County, the Department of Human Services Office of Community Relations. This may enable the County to maintain consistent communication with County staff, service providers, and citizens via campaigns, public relations, volunteering opportunities, and more.

Core Benefits

Awareness of the multitude of services available in Westmoreland County remains lower than desired among citizens in need. As described previously, this is in part due to the fragmented service delivery system and the lack of integration countywide. A centralized and concerted effort to amplify communication about human services may help to amplify awareness and ensure that all citizens who need service can find service.

Challenges

Community outreach efforts are limited by the quality of staff and communication programs developed (Coyle). Conversations with human services leaders in the county presented the challenge of framing the message of human services to include even those who are otherwise unlikely to turn to the County for help. It is important to overcome this challenge and ensure thorough understanding of programs, services, and eligibility to promote social structures that support self-sufficiency.

Strategy 3.2: Needs Assessment

Community Needs Assessments aim to understand the root causes of problem that plague communities and residents. Westmoreland County may invest in regular, scientific assessments of community need to inform human services strategy. Peer counties, like Chester County, PA, seem to have county-level needs assessments that are robust and helpful to enhancing their service ecosystems (Chester County, PA).

Core Benefits

Conducting periodic needs assessments helps single out root causes of problems communities face at large. It also helps develop programs and initiatives that are tailored to the needs of a
community. Periodic assessments also help eliminate services and programs that the community may have outgrown. Needs assessments also increase involvement of county residents thus tailoring the programs and services being offered to meet specific needs of the community. (Community Toolbox)

**Challenges**

Managing expectations can become a challenging task while conducting needs assessments. It is also crucial to conduct these assessments in a timely manner with iterative focus areas to measure success of programs and initiatives. Therefore, it is important to create a strategic plan that drives action based on needs identified. With appropriate reporting and measurement tools, counties can leverage community needs assessments and easily quantify how they must allocate resources to tackle issues within the county.
References


Chester County, PA. "FY 2020-21 CHESTER COUNTY DRAFT HUMAN SERVICES BLOCK GRANT PLAN SUMMARY." Online PDF Document. 2019.


{The Hill Group Management Consultants}


THE HILLGROUP
Management Consultants
Urban Institute. *Identifying and Leveraging Multiple Sources of Funding*. n.d. 01 2021. 


<https://www.co.westmoreland.pa.us/Archive.aspx?ysnExecuteSearch=1&txtKeywords=annual+report&lngArchiveMasterID=62&txtStartDate=01%2F01%2F2010&txtEndDate=01%2F01%2F2021>.


Appendix A: Steering Committee Members

To help define the direction of this report and to gain a deeper understanding of the human services system in Westmoreland county, we solicited advise from a steering committee consisting of executive directors, county officials and local foundation leaders. Following is a list of all individuals who were a part of this steering committee:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate Cala</td>
<td>Executive Director</td>
<td>East Suburban Citizen Advocacy</td>
</tr>
<tr>
<td>Dan Carney</td>
<td>Executive Director</td>
<td>Union Mission of Latrobe, Inc.</td>
</tr>
<tr>
<td>Alyssa Cholodofsky</td>
<td>Westmoreland Regional Director</td>
<td>United Way of Southwestern Pennsylvania</td>
</tr>
<tr>
<td>Ann Emmerling</td>
<td>Executive Director</td>
<td>Blackburn Center</td>
</tr>
<tr>
<td>Dorothy Gordon</td>
<td>Executive Director, Development and Communications</td>
<td>Merakey</td>
</tr>
<tr>
<td>Prachi Jhala</td>
<td>Project Consultant, Researcher, and Steering Committee Facilitator</td>
<td>The Hill Group, Inc.</td>
</tr>
<tr>
<td>Amanda Johnson</td>
<td>Local Government Coordinator</td>
<td>Westmoreland County Community Development</td>
</tr>
<tr>
<td>Phil Koch</td>
<td>Vice President of Policy and Community Impact</td>
<td>The Pittsburgh Foundation</td>
</tr>
<tr>
<td>Dirk Matson</td>
<td>Human Services Coordinator/Administrator (Retired)</td>
<td>Westmoreland County BHDS/Early Intervention</td>
</tr>
<tr>
<td>Sheryl Nunn</td>
<td>HR Manager</td>
<td>West Penn Power</td>
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<tr>
<td>Jordan Pallitto</td>
<td>Project Consultant, Researcher, and Steering Committee Facilitator</td>
<td>The Hill Group, Inc.</td>
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<tr>
<td>Heather Speeney</td>
<td>Associate Director</td>
<td>East Suburban Citizen Advocacy</td>
</tr>
<tr>
<td>Jesse Sprajcar</td>
<td>Community Impact Director</td>
<td>United Way of Southwestern Pennsylvania</td>
</tr>
<tr>
<td>Sara Stenger</td>
<td>Administrator</td>
<td>Westmoreland County Behavioral Health and Developmental Services</td>
</tr>
</tbody>
</table>
## Appendix B: NTEE Code Groups included in Human Services

The following table contains a list of NTEE Codes that we used to gather a list of Human Services providers in Westmoreland County. It is not a standardized list and was used to categorize “Human Services” for this report.

<table>
<thead>
<tr>
<th>NTEE Code</th>
<th>NTEE Code Description</th>
<th>NTEE Code</th>
<th>NTEE Code Description</th>
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<td>Single Organization Support</td>
<td>P20</td>
<td>Human Service Organizations</td>
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<tr>
<td>F20</td>
<td>Substance Abuse Dependency, Prevention &amp; Treatment</td>
<td>P27</td>
<td>Young Men's/Women's Associations</td>
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<tr>
<td>F21</td>
<td>Substance Abuse Prevention</td>
<td>P28</td>
<td>Neighborhood Centers</td>
</tr>
<tr>
<td>F22</td>
<td>Substance Abuse Treatment</td>
<td>P29</td>
<td>Thrift Shops</td>
</tr>
<tr>
<td>F30</td>
<td>Mental Health Treatment</td>
<td>P30</td>
<td>Children &amp; Youth Services</td>
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<tr>
<td>J30</td>
<td>Vocational Rehabilitation</td>
<td>P33</td>
<td>Child Day Care</td>
</tr>
<tr>
<td>K30</td>
<td>Food Programs</td>
<td>P40</td>
<td>Family Services</td>
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<tr>
<td>K31</td>
<td>Food Banks &amp; Pantries</td>
<td>P43</td>
<td>Family Violence Shelters</td>
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<td>K36</td>
<td>Meals on Wheels</td>
<td>P44</td>
<td>In-Home Assistance</td>
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<td>K40</td>
<td>Nutrition</td>
<td>P45</td>
<td>Family Services for Adolescent Parents</td>
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<td>L21</td>
<td>Low Income Subsidized Rental Housing</td>
<td>P46</td>
<td>Family Counseling</td>
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<td>L41</td>
<td>Homeless Shelters</td>
<td>P58</td>
<td>Gift Distribution</td>
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<td>M20</td>
<td>Disaster Preparedness &amp; Relief Services</td>
<td>P60</td>
<td>Emergency Assistance</td>
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<td>O20</td>
<td>Youth Centers and Clubs</td>
<td>P70</td>
<td>Residential Care &amp; Adult Day Programs</td>
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<td>O21</td>
<td>Boys Clubs</td>
<td>P72</td>
<td>Halfway House Short Term Residential Care</td>
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<td>O22</td>
<td>Girls Clubs</td>
<td>P73</td>
<td>Group Homes</td>
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<td>O31</td>
<td>Big Brothers &amp; Big Sisters</td>
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<td>Hospices</td>
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<td>Boy Scouts of America</td>
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<td>Supportive Housing for Older Adults</td>
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<td>O50</td>
<td>Youth Development Programs</td>
<td>P80</td>
<td>Centers to Support Independence of Specific Populations</td>
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<td>O51</td>
<td>Youth Community Service Clubs</td>
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<td>Senior Centers</td>
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<td>Youth Development Agricultural</td>
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<td>Youth Development - Citizenship</td>
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<td>P12</td>
<td>Fund Raising &amp; Fund Distribution</td>
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Following is a breakdown of Service Groups by NTEE Codes included while performing Ratio Analysis to determine the financial health of human service providers in Westmoreland County.

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<th>Service Group</th>
<th>NTEE Code (NTEE Codes)</th>
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<td></td>
<td>P82</td>
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Appendix C: Ratio Analysis for Nonprofits in Westmoreland County, PA

Fifty-four of the 157 organizations which satisfied the human services classification, based on the shortlisted NTEE codes in Appendix B, had comparable data available for a four-year period from 2015 to 2018. The data obtained is not representative of the entire population of service providers in Westmoreland County. However, this analysis presents a high-level view of the financial performance of organizations in the region.

Names of Organizations Included in Ratio Analysis:
1. accessAbilities Inc
2. Acme Providers Inc
3. Adelphi USA Inc
4. Adelphi Villlage Inc.
5. All Abilities Inc
6. Alle-Kiski Valley Senior Citizens Center Inc
7. Alternative Living Solutions
8. Beverly’s Birthdays
9. Bishop Morrow Personal Care Home
10. Blackburn Center
11. CASA of Westmoreland, Inc.
12. Catholic Charities of the Diocese of Greensburg
13. Christian Family & Children’s Center
15. Community Living Care Inc
16. East Suburban Citizen Advocacy Inc.
17. Elrc4Kids Inc
18. Faith in Action Laurel Area
19. Gilbert Straub Plaza Inc
20. GPU Companies Long Term Disability Income Plan for Employees Reprsntd
21. HHH Senior Specialist
22. Homes Build Hope Inc
23. K of C 1480 Foundation
24. Kiski Valley Opportunities Unlimited
25. Latrobe Store
26. Laurel Valley Senior Citizen Center
27. Ligonier Valley Learning Center, Inc.
28. Lola’s International Inc
29. Mental Health America of Westmoreland County
30. Miracle League of Western PA
31. Murrysville Christian Concern Inc
32. National Minority Education Initiatives Inc
33. Outside-in School of Experiential Education Inc
34. Police Athletic League of North Huntingdon
35. Redstone Presbyterian Senior Care
36. Regional Family YMCA of Laurel Highlands
37. Regional Integrated Human Services Inc
38. S A R P H
39. Seton Hill Child Services Inc
40. St Vincent DePaul Society  
41. Teen Pregnancy Child Care Training Program  
42. The Union Mission  
43. Threshold Inc  
44. Tri-City Meals on Wheels  
45. Valley Community Services (Valley Special Needs Programs Inc.)  
46. Valley Points Family YMCA  
47. Valley Youth Network  
48. Westmoreland Community Action  
49. Westmoreland County Blind Association  
50. Westmoreland County Food Bank  
51. Westmoreland Fayette Council, BSA  
52. Westmoreland Human Services Inc  
53. Westmorland Multi-Service Centers Inc  
54. YMCA of Greensburg PA

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<th>2017</th>
<th>2018</th>
<th>Average</th>
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### Government Funds Ratio

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### Fundraising Efficiency Ratio

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<td>Housing &amp; Shelter</td>
<td>3.16%</td>
<td>3.16%</td>
<td>2.45%</td>
<td>3.15%</td>
<td>2.98%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>61.23%</td>
<td>54.07%</td>
<td>50.17%</td>
<td>51.02%</td>
<td>54.12%</td>
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<tr>
<td>Youth Development</td>
<td>6.44%</td>
<td>9.68%</td>
<td>8.70%</td>
<td>7.43%</td>
<td>8.06%</td>
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<tr>
<td><strong>Average</strong></td>
<td><strong>28.22%</strong></td>
<td><strong>26.56%</strong></td>
<td><strong>24.21%</strong></td>
<td><strong>22.76%</strong></td>
<td><strong>25.44%</strong></td>
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Appendix D: Subject Matter Expert Interviews

The following individuals were interviewed by consultants to gain subject matter expertise on the human services ecosystem in Westmoreland County. Following the list of individuals is a consolidated summary of all one-on-one interviews.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Nora Carreras</td>
<td>Special Advisor to the Secretary</td>
<td>PA Department of Human Services</td>
</tr>
<tr>
<td>Alejandra Castillo</td>
<td>Founder &amp; Director</td>
<td>Familia &amp; Comunidad Westmoreland Initiative</td>
</tr>
<tr>
<td>Dr. David Droppa</td>
<td>Program Director of Social Work</td>
<td>Seton Hill University</td>
</tr>
<tr>
<td>Lynnette Emerick</td>
<td>Executive Director</td>
<td>Westmoreland Casemanagement and Supports, Inc.</td>
</tr>
<tr>
<td>Phil Koch</td>
<td>Executive Director</td>
<td>The Community Foundation of Westmoreland County</td>
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<tr>
<td>Dirk Matson</td>
<td>Human Services Coordinator/Administrator (Retired)</td>
<td>Westmoreland County BHDS/Early Intervention</td>
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<tr>
<td>Jamie Overman</td>
<td>Supports Coordination Program Director</td>
<td>Westmoreland Casemanagement and Supports, Inc.</td>
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<tr>
<td>Tim Phillips</td>
<td>Executive Director</td>
<td>Westmoreland Drug Overdose Task Force</td>
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<tr>
<td>Regina Sciullo</td>
<td>Advocate</td>
<td>Achieva</td>
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<tr>
<td>Sara Stenger</td>
<td>Administrator</td>
<td>Westmoreland County Behavioral Health and Developmental Services</td>
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<tr>
<td>Bev Toomey</td>
<td>Director of Intellectual Disabilities</td>
<td>Westmoreland Casemanagement and Supports, Inc.</td>
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<tr>
<td>Dr. Geoff Wood</td>
<td>Associate Professor of Sociology</td>
<td>University of Pittsburgh, Greensburg</td>
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<tr>
<td>Mandy Zalich</td>
<td>CEO</td>
<td>Westmoreland Community Action</td>
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</table>

County Funding Must be Revisited based on New and Emerging Needs

- Taxes have not been raised in the county in years which results in a mismatch of county revenues available for funding
- Funding is scarce in the county for Human Services
- Funding is limited due to state regulations and it becomes hard to collaborate
- Need to take a bottom-up recommendation-based approach to funding with inclusion of stakeholders across the board instead of a top-down funding allocation

County and HS System Needs to be Vision-Driven

- County would benefit from increased human services leadership from the top down
- We are currently in a state of no unified direction in human services
- Human services are not based on infrastructure – it is based on who is leading the department in the county
There needs to be a strategic plan for Human Services to move forward so that the infrastructure for a good system is built instead of relying on one person to do the job. Need to focus more on Social Determinants of Health and how it affects overall holistic service provision in the county.

Professionals in HS Sector Need Training, Guidance and Support

- There is no clear message about what needs done with a “putting out fires” mentality
- People need better training and developmental opportunities to serve those in need
- Human Services professionals are burnt out and they need to be educated on self-care
- Compensation is low and turnover is high in human services which makes for less effective services
- Need more data-driven decisions on what the community needs
- Need to conduct community assessments to understand the changing needs with an increasingly diverse population
- Need strategic guidance for County leadership including future HS leaders so that decisions are not made for the short-term but with a long-term vision and infrastructure in mind

Desire for Coordination and Collaboration Needs to be Capitalized

- People in Westmoreland are eager to coordinate and collaborate, but they do not have the means to do that right now
- County does not have a strong and formal advisory body for human services
- Some people try to coordinate efforts but the lack of formal recognition results in an eventual dissipation of these efforts
- United Way, County Administration and Pittsburgh Foundation have started working on this after COVID-19 hit the county – these efforts should continue

Complex Cases Need Better Infrastructure

- Professionals are limited by how they can spend funds
- There needs to be a single client database where professionals can access information
- There are few resources for complex cases in the county
- Younger Executive Directors and CEOs are wanting to collaborate and share data by using better available software

Social Equity Needs to Be Emphasized

- County is behind in achieving social equity
- There are disproportionately fewer opportunities and services for people in minority groups
- Youth is fleeing because of lack of opportunity
- Minority populations show distrust when approached with services due to lack of representation
- Immigrant populations do not have a platform to feel welcomed or accepted in the county
Appendix E: Analysis of Comparable Counties

To understand methods adopted by other counties to develop a strong human services system, we profiled counties across the Commonwealth and the United States. This section contains a detailed profile of the counties that we profiled.

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>Population</th>
<th>Median Age</th>
<th>Median Household Income</th>
<th>Total County Budget</th>
<th>Total &quot;HS&quot; Budget</th>
<th>% of Total</th>
<th>$ per Capita</th>
<th>Practices that support the County's Human Services Ecosystem</th>
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<tr>
<td>Westmoreland</td>
<td>PA</td>
<td>348,899</td>
<td>47</td>
<td>$59,073</td>
<td>$341,091,002</td>
<td>$117,664,255</td>
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<td>2. Human Services Integrated Fund</td>
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<td>3. Integrated Referral Form</td>
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<td>Allegheny</td>
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<td>$146,332,912</td>
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<td>PA</td>
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<td>39.6</td>
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<td>4. HS Informer Newsletter</td>
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<td>41.1</td>
<td>$92,302</td>
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<td>Northampton</td>
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<td>41.9</td>
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<td>$469,301,200</td>
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<td>$789</td>
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<td>2. Continuous Quality Improvement Unit</td>
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<td>3. Complex Case Coordination</td>
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<td>Pierce</td>
<td>WA</td>
<td>904,980</td>
<td>36.4</td>
<td>$79,243</td>
<td>$1,101,681,188</td>
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<td>$98,729,128</td>
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<td>28.64%</td>
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<td>3. Inter-Departmental Collaboration</td>
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<td>4. Communities of Home and Other Initiatives</td>
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<td>York</td>
<td>PA</td>
<td>449,058</td>
<td>41</td>
<td>$69,172</td>
<td>$579,730,905</td>
<td>$120,645,950</td>
<td>20.81%</td>
<td>$269</td>
<td>1. Highly Visible Human Services Department</td>
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<td>4. Communities of Home and Other Initiatives</td>
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Allegheny County, PA

County Overview
Allegheny County is the second-most populous county in the Commonwealth of Pennsylvania with a population of 1,216,045. The county has an extremely sophisticated structure for its Department of Human Services (DHS) with dedicated departments for Aging, Behavioral Health, Children, Youth & Families, Developmental Support, Integrated Program Services, and Community Relations. It also constitutes an Office of Analytics, Technology and Planning. For the year 2020, Allegheny County spent approximately 21.40 percent of the total county budget on Human Services.

Integrated Service Delivery
Allegheny County has a dedicated department which oversees the integration of cross-system departments while assuming responsibility for Mental health/jail collaborative, multi-systems integration, strength-based family workers credentialing, systems integration, and Youth Support Partners (YSP). The county also supports this integrated human services delivery model by coordinating with the Office of Analytics, Technology, Planning, and the Office of Community Relations. Technology has become an integral part of the county’s spending plan. The Office of Community Relations provides prevention support to clients.

Flexibility in Funding
Allegheny County’s philosophy to integrate human services as much as possible resulted in the establishment of a Human Services Integration Fund (HSIF). This fund is a result of funding provided towards integration and innovation initiatives to carry out ambitious pilots that can otherwise not be carried out while using public dollars. This flexible funding made it possible for Allegheny County to carry out initiatives to focus on using technology to improve quality, physical relocation project for the county DHS to improve communication and collaboration, increase community outreach and engagement through surveys and feedback, improve the quality of services provided by the county, and focus on research and program evaluation.

Collaboration and Coordination
The county DHS maintains an organizational structure that fosters collaboration and coordination among its contracted providers, department officials and cross-department personnel. The county also maintains a database of all contracted providers and utilizes a comprehensive common referral intake form. Clients are matched with services based on the intake form to improve efficiency, increase client satisfaction, and eliminate duplication of services. The county also invests through the Office of Community Relations to communicate the services available to county residents. It monitors the efficiency of services provided to its residents via feedback and client satisfaction surveys.
County Overview
Beaver County is home to approximately 162,820 people with a median age of approximately 45.1 years according to Census Reporter. Beaver County’s total reported budget is approximately $212,373,699 with a majority, about 54.76 percent, allocated to Human Services. Department planning is led by the Office of Children and Youth Services, the Office on Aging, and the chairs of the Beaver County System of Care (SOC) Steering Committee.

System of Care Philosophy
The county focuses on a system of care philosophy where it strives to eliminate duplication of services by fostering collaboration instead of competition between providers. The ecosystem focuses on a collective of agencies co-located in the same area so that consolidation of services becomes easier. The county also relies on sharing of resources instead of creating siloed pools of resources to support complex cases and service delivery.

Cross Collaboration of Services
The county has also elected to participate in the PA Human Services Block Grant (HSBG) model and continues to administer advisory committee meetings to make recommendations on how Human Services Funds are allocated. Due to its participation in this program, the county has increased overall collaboration and services by conducting regular meetings with advisory groups and working committees. The County has also taken measures to involve county leadership and the SOC Steering Committee at all points to increase participation and engagement at all levels.

Electronic Service Plan
Beaver County has implemented the electronic Service Plan (eSP) so that staff can log and track key consumer information including, demographic information, housing information, and social, natural, and clinical supports. Staff can also link a consumer’s service plan in eSP. A key part of this electronic service plan system functionality supports crisis and prevention planning.
Bucks County, PA

County Overview
With a population of 628,270 and a median age of 44 years, Bucks county is similar in age demographics to Westmoreland County. It has a median income on the higher end of the spectrum with $93,767. The county also spends about $93.2 million from its approximately $450.9 million budget on human services.

Integrated Planning for Human Services
Bucks county is involved in extensive integrated planning for delivery of Human Services. The Bucks County Executive Planning Team is actively involved in planning for the HSBG Initiative, and it involves the following groups: Division of Housing & Human Services (DHHS) Director, DHHS Deputy Director, HSDF Coordinator, Administrator of Mental Health/Developmental Programs (MH/DP), MH/DP Fiscal Manager and Assistant Director along with Fiscal Staff, Community Housing Provider Leadership, Bucks County Housing Services Department, and Bucks County Opportunity Council. In addition to these individuals, Bucks County Commissioners and County Chief Operating Officers are also informed on an ongoing basis with opportunities to provide inputs.

Continuous Community Assessments
As a part of their integrated planning process, Bucks County continuously assesses the needs of county residents. The county receives feedback from service providers via working committees and advisory boards. The county also partners with hospitals in the county to get regular inputs from CEOs and co-sponsored a Social Determinants of Health task force meeting to enhance engagement of providers and give participants the opportunity to educate themselves on the best practices around ecosystem development and human services collaborations.

Cross-System Collaboration and Co-location of Services
Integration and cross-system collaboration are strategic initiatives in Bucks County, which is supported by monthly meetings between department heads of the DHHS that include Child Welfare, MH/DP, Behavioral Health, Bucks County Drug & Alcohol Commission, Housing Services, and the Area Agency on Aging. The Executive Director of the Bucks County Opportunity Council was added to these meetings to increase collaboration and services. In addition to regular meetings between department heads to plan for service delivery in the county, during 2019-20 the county services are also moving to a shared office space in the County Administration Building. The various county departments are in separate offices spread out in the county which exacerbates siloed operations.
Butler County, PA

County Overview
Butler County, PA has 187,853 county residents with a median age of 43.8. The median household income for this county is $72,262. The total reported county budget was approximately $172.85 million with about $46.7 million allocated to Human Services which is about 27 percent allocation of the county budget.

Integrated Human Services Department
Butler County has a human services department that is integrated by function. Under the purview of the Director of Human Services, there are seven program areas including Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth Services, Homeless Services, and Area Agency on Aging. The individual programs have appointed Program Directors who manage the administration of the respective program’s initiatives. The Human Services Administrative team also consists of the County Budget and Human Service Finance Director, Director of Information Technology, and Contract Manager. Butler County mirrors the model adopted by Allegheny and has a dedicated Director of Service Integration and Quality Management.

Dedicated Working Committees
Butler County has dedicated working committees that meet at least once per month. The Children’s Consultation Committee (Triple C), which consists of Children and Youth Services, Mental Health, Intellectual Development, and Juvenile Probation meets every two weeks to discuss, triage, and plan for cross-system cases. This ecosystem of communication and collaboration gives County DHS valuable insights into the needs of its target population.

Trauma Informed Care
Butler County’s Partners for Building a Trauma Informed Community serves as a cross-system team which works within the county departments regularly interfacing with service providers. Their goal is to create awareness about the importance of providing trauma informed care throughout all systems of care. They trained all staff members on the impact of trauma and best practices to operate in a trauma informed manner. The committee produces quarterly newsletters for distribution.

External Partnerships
The county partnered with Slippery Rock University to increase engagement for clients hosting two social events for individuals and families. In addition, the county also maintains a strong relationship with United Way to collaborate financially and programmatically. County administration also maintains strong relationships with the Butler County Chamber of Commerce and providers.
County Overview
Chester County is rural in demographic and nature. Home to approximately 523,989 people with a median age of 40.4 years, the county has a total budget of about $492.5 million. Chester County spends 47.59 percent of its county budget on Human Services related activities.

Integrated Human Service Delivery Planning
By strategically focusing on integrating the System of Care and Recovery-Oriented System of Care planning efforts, the county involves multiple internal and external stakeholders in their human services delivery planning process. In addition to routine meetings between the Policy Leadership Team and the Planning Team, the county organizes ongoing meetings of several cross-systems stakeholder groups which provides additional opportunity for regular feedback and input in the planning of their Human Services delivery efforts.

Strategic Focus on Human Services
Chester County is committed to improving the lives of residents via strategically incubated cross-system efforts such as “Decade to Doorways” and “Roadmap to Health.” Decade to Doorways is the county’s 10-year plan to end homelessness in the county. Roadmap to Health focuses on comprehensive county health planning efforts while incorporating social determinants of health.

Staff Development
Chester County identified, in 2019, several non-clinical and clinical opportunities for its Human Services staff where they can grow and enhance their skills. These needs were identified via projects and monitoring competencies to support clients in the county. Additionally, the county also put into place a Peer Support Expansion Initiative (PSEI) which was designed to develop a ready, willing, able, and culturally diverse workforce to meet the growing peer support employment needs of the County.

Coordinated Service Delivery Efforts
Chester County has been in long-term relationships with local partner organizations to foster a community integrated and supportive environment for its constituents. In its 2019 Block Grant plan, the county outlined their continued focus on communication and training for individuals, families, providers, and teams to support individuals with complex needs. County DHS emphasized the importance of working collaboratively to assure access to human services, and on blending appropriate and needed supports to clients.
**County Overview**
Cumberland county has a population of 253,370 people and a median age of 41.3. Human Services are a part of the Health & Human Services Department which operates across the county taking on special initiatives to include social aspects in the health of delivery of services to county residents. It consists of Aging and Community Services, Children & youth Services, Commission for Women, Drug & Alcohol Commission, Library System, Mental Health & Intellectual & Developmental Disabilities, Recycling & Waste, Transportation, Vector Control/Weights & Measures, Veterans Affairs, and the Claremont Nursing & Rehabilitation Center.

**Integration with the Criminal Justice Policy Team**
Just like other counties listed previously, Cumberland County also participates in the HSBG Initiative and has a designated Human Services Policy Team (HSPT) which utilizes a wide range of tools and strategies to fulfill the mission of conducting needs assessments, developing outcome measures, implementing service models, and delivering public information and outreach programs to county residents. Cumberland County ensures that this team meets with the Cumberland County Criminal Justice Policy Team to address issues that affect all departments and engage human services and criminal justice representatives.

**Employment First Initiative**
Transition Coordinators in Cumberland, Dauphin, and Perry counties are part of the Employment First work group which meets monthly. This group focuses on educating individuals and families, schools, and employers about the need to start planning early for transition from high school into adult services. This enables Cumberland County to deliver smooth and effective transitions which meet the needs of customers.

**Working Committees**
In the 2019-2020 Human Services Plan, Cumberland County lists 13 working committees focused on different cause areas like Community Needs, Intercounty Committees, Community Support Programs, and more. These working committees meet on a regular basis throughout the year and provide feedback to inform integrated planning and delivery.

**Joinder with Perry County**
Since 1967, Cumberland and Perry Counties have partnered to provide Mental health, Intellectual and Developmental Disability Services, and the Drug and Alcohol Commission. This partnership has enabled Cumberland and Perry counties to provide services that would otherwise not have been afforded.
County Overview
Dauphin County is home to 278,299 people with a median age of 39.6 years. Dauphin County has structured and organized efforts to integrate their Human Services department with an annual Human Services Budget of about $196.77 million.

Integration Plan
Dauphin County has developed an Integration Plan that includes its Human Services Departments: Area Agency on Aging, Social Services for Children and Youth, Drug and Alcohol Services, and Mental Health/Autism/Developmental Programs. Cross-system direction and oversight is provided by the Human Services Director’s Office. This plan also ensures that the human services departments in Dauphin county work closely with related departments such as Probation Services, Judicial Center (Centralized Booking), Work Release, Prison, Victim/Witness, and Pretrial Services. The goal of this Integration Plan is to provide cost-effective customer-oriented services, county processes, and programs. An interesting element of their plan is recognizing that the fully integrated system will take years to complete with annual achievable goals put in place.

Coordinated Service Delivery
Dauphin County began its integration plan and efforts to integrate the delivery of Human Services in the county in 2017 with the expectation that, in addition to collaborating internally, staff will work together in new spaces and workgroups towards common goals to combat barriers in human service systems in the county. The Human Services Director’s Office focuses on inter-departmental relationships, increasing communication, advocating to reassess conflicting policies that prohibit short-term access to services and long-term success to those who need services.

Quality Assurance Efforts
Dauphin County focuses on building collaborative relationships between the public and the private sector. To ensure that performance is guaranteed, county officials regularly monitor provider contracts to promote accountability in external entities. To handle internal efficiencies, the county has deployed an internal task force, the Quality Assurance Unit, which is centralized within the Human Services Director’s Office. Currently, the unit is responsible for case reviews for Children & Youth services with plans to expand its role to all Human Services Departments.
Indiana County, PA

County Overview
Indiana County has a population of 86,073 per 2019 census reports. The county has a median age of 40, and a county budget which totals roughly $156.2 million. The county spends approximately 48 percent of its budget on Human Services.

Partnership with Neighboring Counties
To maximize the delivery of its Behavioral and Developmental Health Program and Drug and Alcohol Commission, the county has joint ventures with Armstrong County, and Armstrong-Clarion Counties, respectively. This is especially useful to address system gaps between counties and establish increased flexibilities in providing services to residents of all involved counties.

Project Share
Due to the halt in increase of resources, the Project Share committee was established to facilitate collaboration to aid families in need. The committee is made up of 26 human services/faith-based groups that pull resources together to serve county residents.

Human Services Informer Newsletter
The county has dedicated resources to providing information to residents, making it easier to identify and obtain resources. The County produces “Human Services Informer” a biweekly newsletter that details all Human Services activities and services.

Working Committees
The county also has active working committees which meet on a regular basis to facilitate collaboration between human services departments. With ongoing involvement and feedback from established working committees like the Children’s Advisory Committee and Health and Human Services Sub-Committee, the county Human Services department is responsible for coordinating, collaborating, planning, and managing the delivery of services while continuously assessing needs through initiatives like “Indiana County Speaks Up!”
Montgomery County, PA

County Overview
Montgomery County has a population of 830,915 people and has a median age of 41.1 years. With a total county budget of approximately $428.46 million, the county spends approximately $162.7 million on Human Services. This is about 37.97 percent of its total county.

Community Connection Navicates Program
Through its Navicates Program, Montgomery County aims to provide compassionate assistance to its constituents via highly skilled staff members who navigate and advocate for those who are in need. The goal of this program is to foster partnerships with the community and providers to improve access to services. Navicates assists county residents with various needs like Veterans Affairs, Clothing, Childcare, Emergency Services, Addiction Services, Affordable Healthcare, Housing, Transportation, Taxes, Aging and Adult Services, Affordable Legal Advice, and more.

Braided Funding
In its Human Services Plan for the year 2019-2020, Montgomery County details how it utilizes a braided funding approach that includes the Human Services Block Grant, HealthChoices, and Reinvestment funds. The county can thus use private streams of funding to support baseline services offered from the restricted funds.

University Partnerships
Montgomery County also utilizes University Partnerships to bolster its cultural responsiveness for the LGBTQIAP community, provide training to staff with its relationship with Drexel University. It is also engaged with Rutgers University and University of Massachusetts Medical School to utilize the HYPE (Helping Youth on the Path to Employment) IPS based model.
County Overview
Home to approximately 305,285 people, Northampton County has a median age of 41.9 years and a median income of $74,328. It has an annual county budget of about $469.3 million and allocates roughly $240.85 million to Human Services activities which is 51.32 percent of total county budget.

Integrated Human Services Department
The Human Services Department in Northampton County is led by a Human Services Director. The department is then further classified into various divisions which collaborate on multiple levels to facilitate the planning, integration, and delivery of human services in the county.

Continuous Quality Improvement Unit
The County administration has deployed a Continuous Quality Improvement (CQI) Unit which meets monthly to review all aspects of quality management in the Northampton County Mental Health service delivery. Quality improvement is a prime focus with ongoing focus groups, surveys, and cross-system meetings.

Complex Case Coordination
Northampton County has also deployed a working committee named the Complex Case Coordination Committee that meets monthly to work on the coordination of complex cases. In addition to that, even though their Human Services Development Fund does not specifically allocate funds to interagency coordination, county divisions continue to work together to coordinate services that address each client’s complex needs and refer them based on those needs.

External Partnerships
A bi-county partnership between Northampton County Mental Health supported by community partners, resulted in the development and beginning of housing pairing and sharing model called “Roommate Roundup.” The initiative was a non-funded endeavor to increase housing opportunities to low-income clients involved in mental health care as mentioned in the County’s HSBG Plan. It has also partnered with the county’s skilled nursing facility, Gracedale, to develop an innovative Mental Health and Aging Program which won the 2018 Pennsylvania Coalition of Affiliated Healthcare and Living Communities Innovation Award.
Improving Human Services in Westmoreland County

Pierce County, WA

County Overview
Pierce County, Washington is a technology-forward county focused on system-building efforts. It is home to 904,980 people with a reported budget approximately $1.1 billion. The County dedicated roughly $88.13 million towards Human Services initiatives.

Transparent Governance
Pierce County, like Allegheny County, PA, provides transparent government to all its constituents. The online portal https://open.piercecountywa.gov/ houses interactive dashboards where citizens can track the county’s progress in real time. This initiative is administered via OpenGov, a cloud ERP software for government operations to support accounting, budgeting, and reporting.

Collaboration on Structured Goals
Human Services improvement is a county-wide issue of importance not only for department leadership and providers in the Pierce County ecosystem, but also for County administration and leadership. Coordinated committees with structured goals convene on a regular basis to close the feedback loop on services delivered in the county. The County DHS also maintains a strong Community Action presence to help scale the operation.

WSU Extension
Among many of the county’s partnerships, one of the most successful ones has been its extension of services via Washington State University (WSU). A committed partner in Pierce, WSU Extension, provides leadership with faculty-led programming in health and wellness, 4-H, positive youth development, agriculture, and natural resources.

The county successfully integrates the depth and expertise of WSU faculty and students with Pierce County residents and organizations through applied research opportunities, capacity building projects, direct service programs, and student learning opportunities. Graduate students from WSU often take part in a 10-week hands-on training program either directly with the county or via services to count towards their degrees.
County Overview
With a median age of 44.3 years, Washington County is home to 206,865 residents. A neighboring county to Westmoreland County, this has very similar demographics. The total county budget for Washington County is $98.73 million, as noted in its annual budget report. The county allocated roughly 28.7 percent to human services.

Integrated Human Services Goal
In its Human Services Plan for the year 2019-2020, the county identified a need for moving towards an integrated system of delivery and coordination both programmatically and financially. Washington County also aims to achieve this while maintaining a consumer-first perspective to make entry easier and faster while reducing administrative costs and diverting the cost savings towards providing services.

Washington County Human Services Mobile App
To further their mission of delivering Human Services to county residents in an integrated manner where constituents can be self-sufficient and have access to all services in one place, County DHS invested roughly 4 to 5 months of in-house development and as little as $450 in app development work to develop a mobile app. The Washington County Human Services Mobile App can be used on iOS and Android platforms and has a comprehensive list of services for constituents.

Human Services Development Team
Washington County is dedicated to integrating its DHS and as a result, after the appointment of a Human Services Director, a Human Services Development Team was formed. This team meets on a weekly basis to take measurable action on the phased integration of Human Services. The Washington County Human Services Mobile App was launched as a pilot to test the success of integrating services. After this success, the county now plans to launch a Centralized Call Center, Clinical Evaluation Unit, Care management Unit, and Specialized Services

This team aims to operationalize its integrated human services delivery model with the support of predictive analytics, human services advisory board, providing cross-system training to staff, and undertaking a website redesign project to provide information to constituents in a digestible and user-friendly format.
York County, PA

County Overview
York County had a population of 449,058 in 2019 with a median age of 41 years and median household income of $69,172. The county spends roughly about 20.81 percent of the total $579.7 million county budget on human services.

Highly Visible Human Services Department
The Department of Human Services in York County is highly visible in the community. The department conducts outreach in its planning efforts and involves internal and external stakeholder groups.

York-Adams County Partnership
Human services delivery in York and Adams counties benefits from a partnership that spans three key human services areas including Drug & Alcohol Commission, HealthChoices Management Unit, and Mental Health-Intellectual and Developmental Disabilities Program.

Inter-Departmental Collaboration
York County follows a coordinated and collaborative approach to its human services delivery efforts. It has deployed a Human Services Coordinated Planning Team to facilitate annual planning by engaging stakeholder groups on an ongoing basis. In addition, each division within the county also places significant importance on integration of services to best meet each client’s needs.

Communities of Hope and Other Initiatives
York County spent time developing the Communities of Hope initiative which also requires partnership of multiple county human service agencies, multiple service providers, and will focus on improving services to many different consumer populations. Other notable initiatives in the county are Family Group Decision Making, Child and Adolescent Service System Program, and Systems of Care. In addition to these initiatives, the employees in the department provide leadership and participate in a Human Services Leadership Team which is a systems-involved committee of the directors of all county human services agencies. This team works together to discuss various topics pertaining to human services in the county.