Proposed Health and Social Services Reorganization

Workshop Presentation

Presented to Board of Supervisors and public
on May 21, 2019
Presented by Gerald Huber, Director, H&SS and H&SS Team, and Loree Goffigon, Performance Works

Health and Human Services delivery marches toward integrated care to address increasingly complex needs

Within the the last 5 years, Shasta, Placer and Yolo Counties have transformed into integrated organizations to better serve their communities

San Diego County paved the way toward integration beginning in 1998

3

Our objective is a fully integrated agency, organized around the people we serve and delivering population-centric care

Changes in health and social services

Understanding where we are now

How we propose to improve H&SS

We've been successful delivering services in a less complex environment

- H&SS has **long history of providing critical support** to residents of Solano County.
- Historically, H&SS served a smaller, more rural county and a **less complex constituency**.
- Structure of H&SS at the time was **largely effective** and suitable for our work.

Our landscape is changing quickly

As of **May 2018, 24.5% of the County population was receiving public assistance** benefits, up from 19.2% five years earlier.

The unmet need for mental health and substance abuse services is leading to higher rates of emergency department visits and hospitalizations compared to state benchmarks: **75% higher for mental health issues and 84% higher for substance abuse issues.**

The **senior population is growing** and the requests for In-Home Supportive Services are increasing.

Single parent households have increased to 37% (2016) from 30% (2011) and **domestic violence rates are higher than the state** average.

The number of **homeless individuals is up 14% since 2015**, with 62% of those people saying they have a disabling condition such as physical disability, mental illness, alcohol or drug abuse.

We face different challenges today

- Solano County
  - Population size
  - Diversity
  - Complexity
- H&SS
  - Expanded locations
  - Programs siloed
  - Collaboration is more difficult.
- Client experience
  - Range of services, support

We have opportunities to become more customer-centric and more effective.

Complexity of health issues

- **Solano County compared to California**
  - Higher rates of obesity, smoking, inactivity
  - Higher rates of diabetes, heart disease, some cancers, STDs
- **Among Medi-Cal clients and undocumented persons**
  - Higher rates of chronic diseases, multiple conditions
- **Among the severely mentally ill, substance users, and chronically homeless persons**
  - Much higher rates of chronic diseases
  - Generally have multiple conditions, are medically complex
  - On average, die 20-25 years earlier than rest of us

Causes of complex health issues

- **Behavioral risk factors**
  - Poor nutrition, inactivity, smoking, substance use
  - Obesity, hypertension, self-care neglect result

- **Underlying upstream causes**
  - **Social determinants of health**
    - Barriers that operate at a community level
    - Examples: education system, poverty, employment options, single parent home, access to care, neighborhood crime, nearby green space and exercise options
  - **Adverse childhood experiences (ACEs)**
    - Traumas that cause harm at the individual level
      - closely correlate with later health inequities
      - significantly correlate with adolescent and adult chronic diseases, substance use, mental illnesses

Looking forward we need to approach service delivery differently

- Rethink organization of service delivery
- Focus on customer-centricity
- Group services by population.

Changes in health and social services

Understanding where we are now

How we propose to improve H&SS

We took a hard look at how we can improve

In the past 2 years we have taken substantial steps to identify how we can improve, we:

- Looked at the capacity of the organization
- Conducted an organizational assessment to help us identify the best organization model
- Researched trends and best practices
- Benchmarked similar organizations to capture learnings
- Talked to H&SS partner Community-Based Organizations

We engaged a significant number of employees to understand challenges

We directly engaged 500+ members of H&SS for input to find out how we improve

- Met with **90+** employees and managers, across 10 focus groups
- Interviewed **16** H&SS deputies and administrators
- Facilitated meetings on Leadership Principles
- Conducted listening sessions across H&SS locations with **400+** employees
- Met with **union** representatives

We've focused on increased employee communications and engagement

- Launched Leadership Principles, and will rollout organization-wide in Summer 2019
- Regular program-level meetings led by supervisor and/or manager
- Regular management-level meetings with managers and/or supervisors
- Periodic Division-level meetings for all staff

From Senior Leadership

8 update emails to all staff

5 quarterly **newsletters** to all staff

8 Brown bag meetings with staff through 2018-19

100 flyers distributed throughout locations

Occasional **videos**

We looked externally for trends and best practices

We spoke to similar CA counties and consulted sources across the nation

- Researched trends in the County, State and beyond
- Benchmarked 5 peer counties and interviewed their senior leaders
- Referenced 30+ research sources

What we discovered: H&SS in 2019

Programs and activities are siloed

- Collaboration for more effective service delivery is complicated by divisional silos.
- Success is enabled by employees' commitment to service, rather than systemic practices or approaches to integrated service delivery.

Organizational structure is inefficient and a barrier to collaboration

- Organizational structure reflects funding streams and legislative initiatives, rather than service requirements.
- Similar programs are scattered throughout H&SS despite shared populations and similar outcome goals.
- Management to supervisor to non-supervisory staff ratios are not appropriate or effective throughout H&SS.
- Work process redesign and/or streamlining are necessary for improving performance and unleashing productivity.
- Information sharing across groups is labored. Data management and sharing are seen as the key to positive client outcomes.

Client experience is often disjointed and complicated

- Significant opportunities exist for better linking services and enabling collaboration across programs to have a greater impact on client care.

We have opportunities to improve in five key areas

Structure

- Build a compelling vision around customer-centricity
- Design the organization to address specific objectives
- Build structured collaboration in key areas
- Increase cross-functional/program awareness

Work Process

- Design/redesign work processes
- Enhance onboarding and professional development training
- Clarify consistent work practices to improve efficiency

Culture

- Build an employee-centric culture
- Create a dedicated Workforce Culture role within H&SS
- Foster innovation and creative problem solving
- Prioritize commitment, trust, and engagement of employees

Job Design

- Assess relevance and impact of job classifications
- Shift deputy mindset from divisional oversight to H&SS leadership

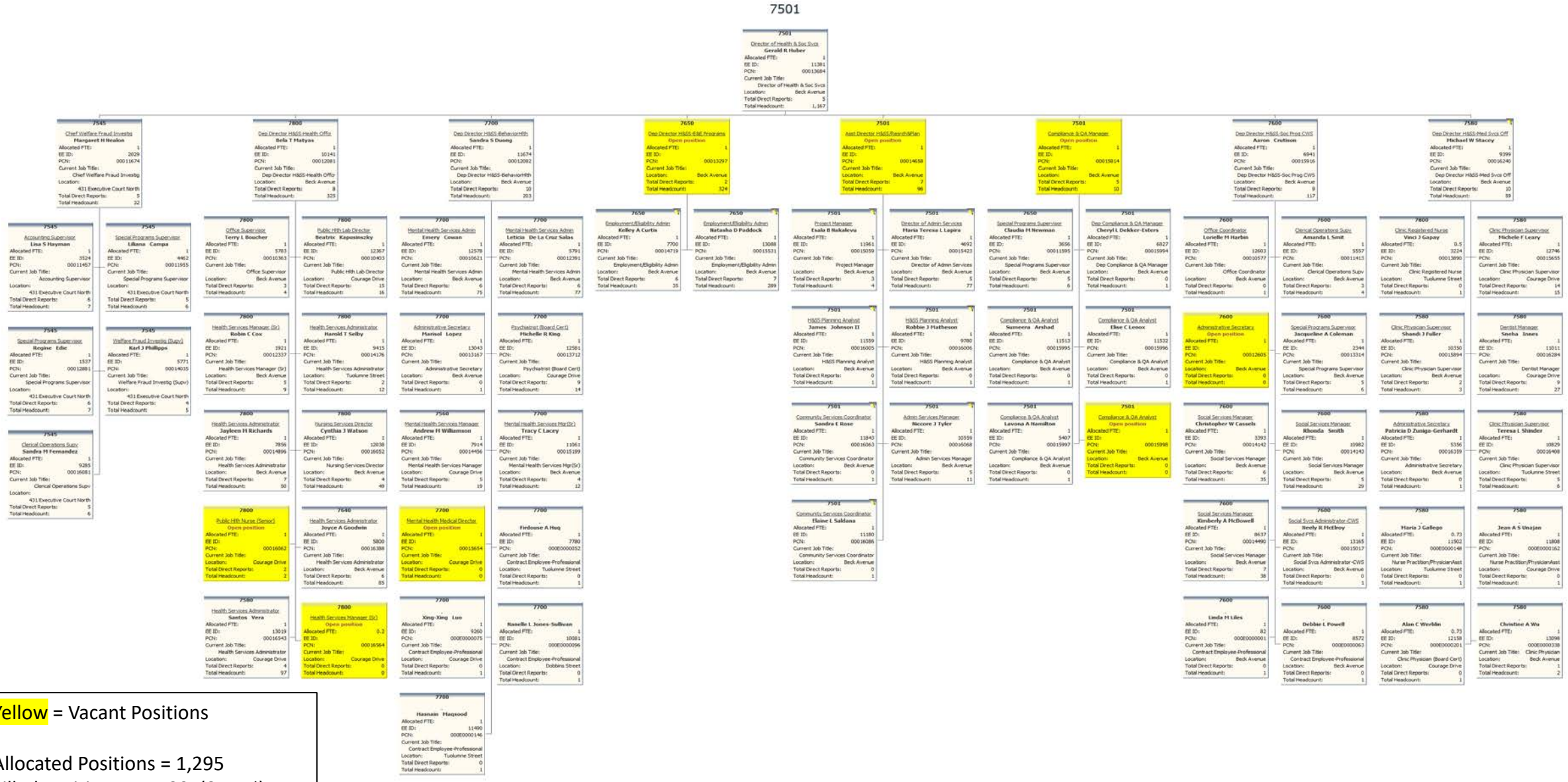
Resources

- Assess data systems and leverage existing best practices from peers
- Address employee workloads and caseloads

Vision for H&SS 2025

- **A system that is more efficiently organized**
  - Integrate like programs and activities; reduce duplication of effort
  - Modify organizational structure as necessary
- **Clients have easier service access, a better experience and optimal outcomes**
  - Implement client navigation services
  - Integrate appropriate programs
  - Collaborate across programs to optimize prevention strategies
- **Employees are more satisfied and retention improves**
  - Employees are engaged, informed and actively involved across systems
  - Monitor workloads and address when necessary
  - Provide professional growth and promotional opportunities

Current Organizational Structure



Yellow = Vacant Positions

Allocated Positions = 1,295
Filled Positions = 1,133 (87.5%)
Number of Classifications = 92

Current Programs

Selected New Programs and Key Regulations Since 2010

E&E	FHS	PH	BH	CWS
SSI Cash Out	New Guidelines for HRSA Audits	WIC Automation	Proposition 47 Housing Program	AB403 – CCR Requirements
CalSAWS Implementation	Changes in 340B Pharmacy Programs	Area Agency on Aging	Laura's Law	New Statewide Child Welfare Data System
1 And Done	Aging Population Demands	Healthy Families America program	Mental Health Diversion	Enhanced Case Review Requirements
Federal Immigration Impact	Managing Encounters to Enhance Revenues	IHSS New Assessment Methodology	Mobile Crisis Implementation	Resource Family Approval
Healthcare for Undocumented	Competition for Providers	Whole Childcare Conversion	Drug/Medi-Cal Organized Delivery System	Federal Family First Implementation
CalWorks Home Visiting initiative	Meeting Fiscal and QA Structure Requirements	Chronic Disease prevention	No Place Like Home and Other Homeless Initiatives	Transitions in Congregate Care for Youth
CalOAR	Service Demands	Strive2BHealthy	CCR Requirements	Presumptive Transfer
	Food pharmacy van	Whole Person Care		Bringing Families Home
		Trauma Center program		Family Team Meetings
		Solano HEALS		QPI

Emerging Issues

E&E	FHS	PH	BH	CWS
Employment First Implementation	Stability of Affordable Care Act	Community-wide Health Inequities	Forensics and Re-entry services	Continuum of Care Reform Implementation
Federal Immigration Policy	Healthcare for Undocumented Population	Social Determinants of Health	Homeless with Mental Health Issues	Foster Care Placements
Supplemental SSI Cash Out	Market Competition for Providers	Adverse Childhood Experiences	Housing Resources	New Statewide IT System
New Statewide IT System	Accountable Healthcare	Opiate Abuse	Insufficient continuum of Mental Health care	Transitioning Foster Care Youth
	Behavioral Health Services Integration	Chronic Disease Prevention, Including Dementia	Drug Medi-Cal Organized Delivery System	
	Telehealth	Aging Population	Mobile Crisis Implementation	
		Affordable Housing and Population Dislocation	Mental Health Jail Diversion	

Resulting constraints and challenges

- **The breadth of service delivery is expansive but depth of staffing is generally shallow** (driven by funding)
  - Most H&SS programs are relatively small and lack enough scale to adjust to surges in demand
  - Limits staff exposure to other programs and cross-training opportunities
  - In contrast, E&E and IHSS are larger in size and numbers with better opportunity for cross-training
- **Over past decade, managers have had to oversee more non-supervisory staff; additionally program and regulatory demands are greater**
  - Added 226 non-supervisory staff, 14 supervisors, 3 managers since 2010
  - Programs added since 2010 represent 44% of total programs; i.e., there has been a 78% increase in number of programs

Staffing changes over past decade

	Managers	Supervisors	Non-Supervisory Staff
2019	63	112	1118
2010	60	98	892
% Change	+5%	+14%	+25%

H&SS Services Accessed by Clients

[1] 1 or more services largely driven by Medi-Cal

[2] 2 or more services mostly Family Health Services, other Employment & Eligibility Services (CalWorks, CalFresh), WIC, IHSS, and Mental Health Services

[3] 3 or more services mostly Behavioral Health and Child Welfare Services

Service delivery is becoming increasingly complex

- **Client needs are becoming more complex, especially in Child Welfare Services, Behavioral Health, Family Health Services, nursing programs and senior services**

- **Programs are becoming more complex**
  - Federal and state requirements are being added all the time
  - Documentation requirements are increasingly burdensome
  - Service delivery requirements vary considerably across programs, e.g. E&ES vs. IHSS/APS vs. CWS vs. public health programs
  - H&SS operates over 40 different IT systems required to receive state and federal funds

Managing employee workloads and caseloads is challenging

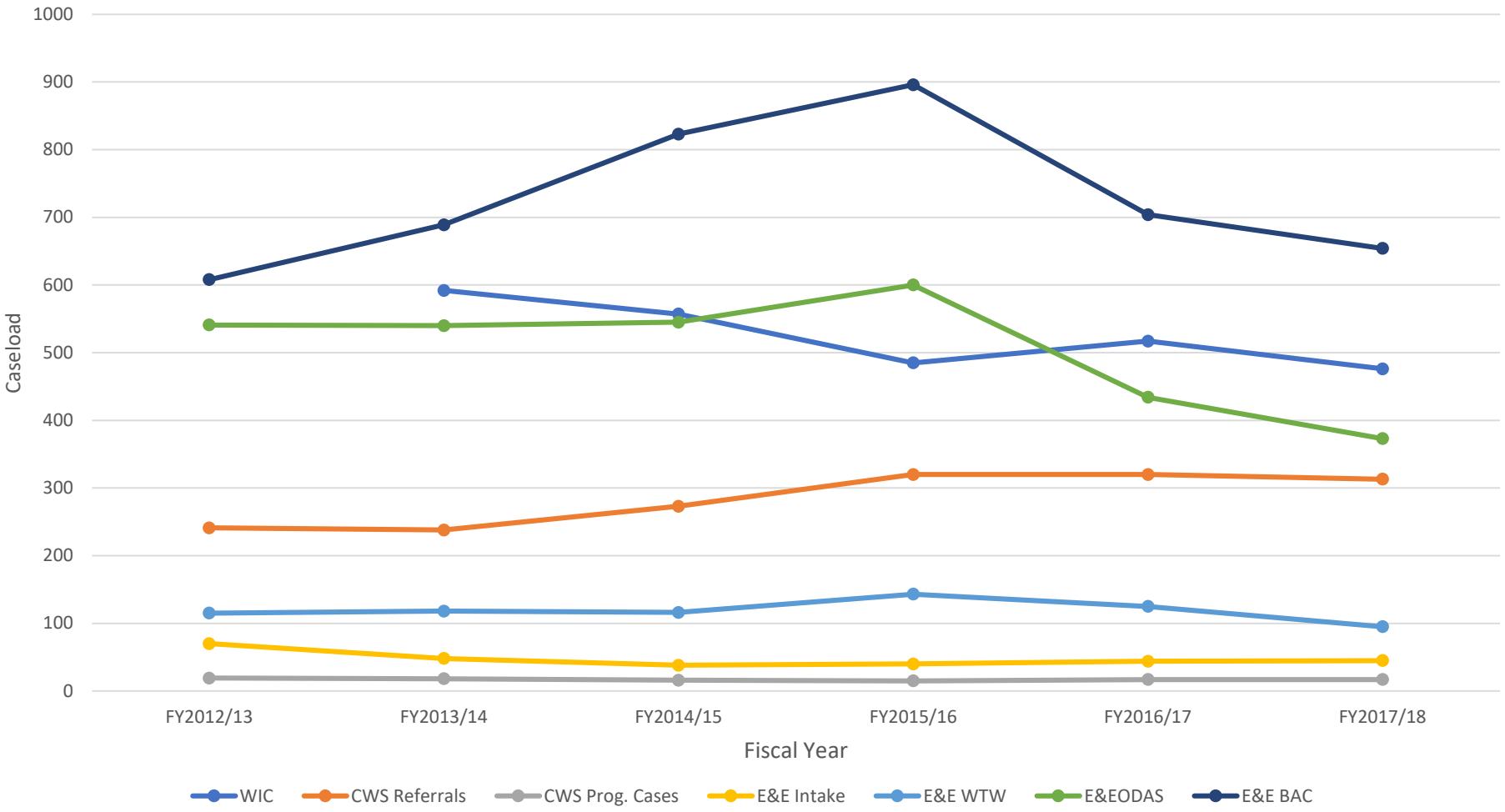
- **Workloads and caseloads are difficult to compare across programs; services are often very different and are affected by state and federal requirements**
- **They vary across counties; may be affected by a cap (e.g. E&ES) or local needs**
- **Workloads and caseloads are dynamic**
  - Can increase or decrease based upon the economy and other local factors
  - Some caseloads have grown; others have not
- **Workloads and caseloads are impacted by recruitment and retention**
- **Optimum caseloads are difficult to determine**

FY2017/18 employee caseloads for selected programs*

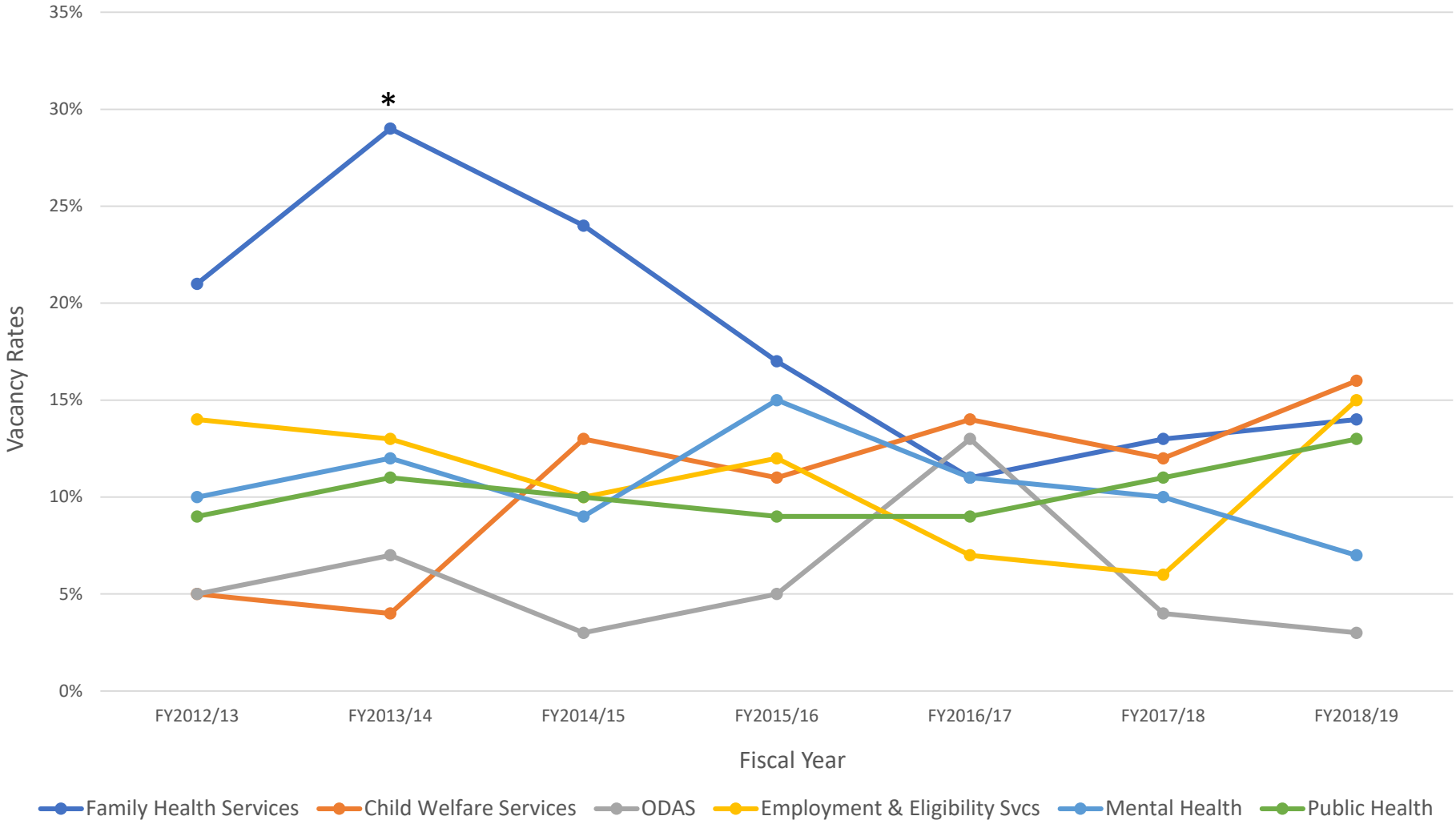
Area/Program	Number of clients/worker*
IHSS/APS	195
Public Guardian	57
CWS Referrals	313
CWS Program Cases	17
E&ES Intake	45
E&ES Welfare to Work	95
E&ES ODAS	373
E&ES BAC	654
WIC	476
FHS Primary Care	157 patient visits/provider/month

*Actual caseloads, adjusted for vacancies

Caseload Growth, selected programs



Vacancy Rates Trends, selected programs



*This spike is due to several dozen allocated positions being provided by the Board for opening the WJCGC and for staffing ACA-related expansion and time required for hiring staff.

Changes in health and social services

Understanding where we are now

How we propose to improve H&SS

We believe through organizational redesign and development…

- **Program efficiency can improve productivity and outcomes**
- **More combined and shared team approaches can create more comprehensive, integrated service**
  - Better client and staff satisfaction
  - Respond and adjust to changes in service demand
- **Collaborative leadership can promote collaborative care**

CA counties are achieving better outcomes through integrated org models

Placer County

2011: Moved to a Population-Centric Model organized around Adult and Children's Service branches.

Sample outcomes:

- Created 19 Whole Person Care Centers throughout the County.
- Reduced response time for adult mental health patients from 3 months to 3 weeks.

San Diego County

1998: Moved to Integrated Model organized around 6 programs and 6 regions.

Sample outcomes:

- Diverted 47% of individuals from hospitalization or incarceration through crisis intervention.
- Recertified 98% of seniors receiving benefits ensuring they are able to remain in their homes.
- Enabled 90% of youth enrolled in services to stay at home

Yolo County

2015: Moved to a Population-Centric Structure focused on Children's and Adult Service branches.

Sample outcomes:

- Doubled number of clients served by Senior Peer Counseling.
- Adult Wellness Program resulted in 40% reduction in hospitalization and 61% reduction in days spent homeless.

Shasta County

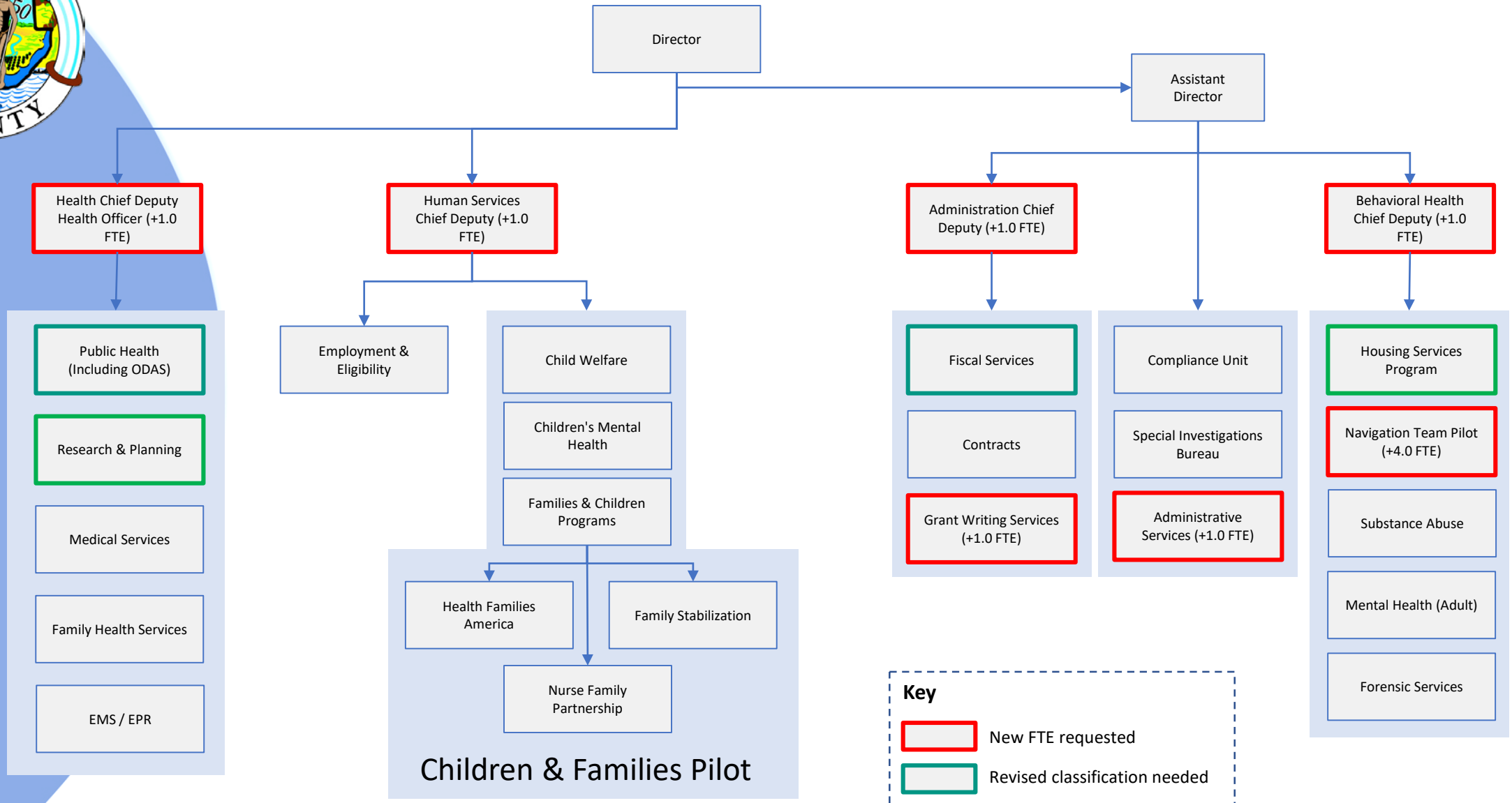
2007: Moved to a Population-Centric Structure organized around Customer Life Cycles and Region.

Sample outcomes:

- Increased fiscal efficiency
- Reduction in hospitalization costs
- Increased Agency director leadership capacity

Note: For additional details reference "Solano County Org Design Recommendations. 190122"

Organizational Structure by 2022



Note: Org Design also adds 3 FTE Administrative Secretary and 1 FTE MCAH Medical Officer positions, not shown

Our roadmap for change

Step One

Year 1

Plan for population-organized care, prioritizing complex care and child/family programs

Take early action to increase efficiency

Strengthen cross-functional leadership capacity

Step Two

Year 2

Integrate Child and Family programs

Continue to assess capacity and efficiency

Step Three

Year 3

Assess Child and Family integration

Integrate other areas based on lessons learned

Continue to assess capacity and efficiency

Service Integration to begin in the first 12 months

- **Begin moving toward population-organized care**
- **Prioritize complex care that crosses divisions:**
  - Establish pilot client navigation teams (4.0 FTE) to help clients with complex needs access the programs and services they need
  - Develop electronic client navigation, with web-based, kiosk and call-in options
- **Plan for consolidation of Child/Family programs**
  - Develop an implementation plan based upon a feasibility analysis

Infrastructure Actions in the first 12 months

- **Early actions already in place to increase efficiency:**
  - Consolidated Research & Planning with Epidemiology in Public Health
  - Combined homeless navigators as a unit in Behavioral Health
  - Refocused Compliance Program

- **Strengthen cross-functional leadership capacity**
  - Add leadership positions
  - Add administrative support
  - Begin to integrate, embed or co-locate “like” programs
  - Report to the Board on progress

In the Second Year

- **Begin integration of Children and Families Programs under shared leadership structure**
  - Driven by initial analysis and plan
- **Continue to assess the ratio of managers, supervisors and non-supervisory staff to achieve efficiency and integration goals**
- **Assess effectiveness of navigation teams and expand if successful**
- **Report to the Board on progress**

In the Third Year

- **Assess the integration of Children and Families Programs**
- **Integrate other programs based upon lessons learned**
- **Evaluate all levels of staffing in accordance with goals of efficiency and integration leading to better service delivery and outcomes**
- **Report to the Board on progress**

H&SS in the Future

- **Optimum integration of programs and activities create a streamlined client experience**
- **Coherent and effective client navigation services**
- **More efficient organizational structure with strengthened leadership infrastructure**
- **Population and community outcomes monitored for improvement; not just program metrics**

Questions & Answers